Sida Evaluation 07/48

Sida Supported Infant and Young Child Feeding Networks

An Evaluation of Activities, Achievements and Aspirations

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Department for Democracy and Social Development

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Executive Summary

Background

This evaluation was commissioned to review Sida's cooperation with two organisational networks that are part of the breastfeeding movement; IBFAN and WABA. The two organisational networks have a history going back to the 1970s and 1990s respectively. They were both created to protect, promote and support breastfeeding, albeit with different functions within this overall task. Sida has been a partner to the networks since their origin and has been one of the main funding agencies. The activities have been evaluated regularly; first in 1986, then in 1998. The project activities have also been assessed through regular annual reports that hold a high quality.

The Evaluation

This evaluation was commissioned to review progress since the last evaluation and in particular to assess how the networks have implemented its recommendations. The evaluation has a focus on strategic planning, governance, and organisational issues. It discusses to what extent the networks have systems to assess and report on outputs, outcomes and impact. The evaluation was undertaken by a team of three evaluators and it has been completed between September and December 2007. The evaluation team visited WABA and IBFAN ICDC in Malaysia, IBFAN Africa in Swaziland, IBFAN Asia in New Delhi and IBFAN GIFA in Switzerland. There were additional visits to partner organisations in Nepal, South Africa, Kenya and Mozambique.

Achievements

It is difficult and quite unnecessary to keep the results of the networks separate as they reinforce each other. What we can identify as results are often caused by all organisations in the network, plus often others as well. The main conclusion is that the results are considerable and range from global level changes in policy declarations, policy support and supervision of policy implementation at the levels of WHO, ILO and UNICEF, to projects with the health sectors and with NGOs at national levels. Activities such as the World Breastfeeding Week are organised around the world and have a high visibility. The networks support policy implementation through supervision and control of implementation of the International Codes at national levels; for example in respect of marketing of baby foods and in the protection of women's rights at work.

Knowledge of Results

The knowledge on impact is still sporadic and hypothetical rather than proven. The reporting systems have, through mutual consent between the networks and the funding agencies, focused on the output level of results. Hence the organisations do not really have the systems in place to document impact. We conclude that the amount of detailed reporting on outputs could be scaled down and some more resources devoted to evidence on outcomes and impact. The networks could use interns and guest researchers innovatively to supplement their own inquiry into results.

Strategic Planning

IBFAN and WABA are both in the process of completing their strategic plans for the period 2008 to 2012. The strategic focus is well in line with Sida's policies in respect of rights-based approaches, gender and equity, and poverty. The funds contributed by Sida are put to use in activities that reach poor people, albeit it is sometimes possible to focus more directly on poor and marginalised groups in specific

projects. The rights-based approach is followed up through advocacy at global level, but it has not so far been put to use in working with community groups to claim rights. At national levels the networks help people defend their rights to information and choice, and protection from unethical advertisement and commercial pressures. However, strategic planning is too much of a donor driven process and the networks need to plan for their own sake, as well as provide information to funding agencies.

Governance

WABA has a complex and ingenuous system of governance, with a clear division of labour between organisational units in its governance system. The organisations get the decision support, the advise and the benefits of outside representation from the different parts of its governance structure. It is innovative and at the forefront of organisational design. IBFANs governance structure is being reviewed. It is complex and there is a lot of variety between the different parts of the network. Variety is positive and should be encouraged as it is highly unlikely that one governance structure would function well in all regions and for the technical agencies. But the experiences need to be assessed and there is a risk that some governance functions are not realised in the present structures.

Network Design

Both organizations are described as networks and they can be assessed in network terms. Both IBFAN and WABA have appropriate network designs. IBFAN appears to be more richly connected and it is made up of regional and technical clusters. This helps give the network strength and resilience and is a good protection for its core functions. WABA is more centred and thus more cohesive overall, which serves the functions of that network well, but it is not, nor should it be, as tightly connected as the IBFAN network. In the past there has been some confusion around the differences between the two networks, but they have now clarified what they do differently and when they work better together (complementarity and synergy).

Organisation and Funding

Since the last evaluation, both networks have seen considerable change. Staff, management and the volunteers working as advisers and in steering committees have changed. There has been an influx of younger people and there is a balance between men and women overall. There has been continuity as well as change, and that is a healthy balance. The recommendations in the past evaluation were implemented almost to the letter – with one big and unfortunate exception. There have not been any successful attempts to date to diversify funding and seek additional sources of income. While Sida has contributed some 25% of the funding in both networks, the DGIS contributed around 70%, and then some projects were funded for shorter periods of time by other agencies. When the DGIS announced it had to cease the funding in 2007, both networks find they have to cut back on many activities and devote much more time to fund raising. To date there has not been any progress in finding contributions that could make up for the shortfall.

Recommendations

The evaluation recommends Sida to continue supporting the breastfeeding networks IBFAN and WABA at present or increased levels of funding. The organisations have worked efficiently and effectively. The activities are relevant in view of Sida's policies and strategies. The network organisations themselves are resilient and sustainable, although their effectiveness also depends on external finances. Their impact in respect of the prevalence of breastfeeding is also sustainable, but needs constant protection, promotion and support as there are also strong commercial pressures by the producers of breast milk substitutes. The different international codes and declarations need to be supervised at country levels otherwise they risk becoming empty slogans with limited impact.

Glossary of Abbreviations and Acronyms

ABM	Academy of Breastfeeding Medicine
AFASS	Acceptable, Feasible, Affordable, Sustainable & Safe
AIDS	Acquire Immunodeficiency Syndrome
BFCI	Baby Friendly Community Initiative
BFE	Breastfeeding in emergencies
BFHI	Baby Friendly Hospital Initiative
BNPI	Breastfeeding Promotion Network of India
CIDA	Canadian International Development Assistance
CRC	Convention of the Rights of the Child
DGIS	Directorate General for International Cooperation (Netherlands)
EBF	Exclusive breastfeeding
ENN	Emergency Nutrition Network
EU	European Union
GDP	Gross Domestic Product
GIFA	Geneva Infant Feeding Action Network
GSIYCF	Global Strategy for Infant and Young Child Feeding
HIV	Human Immunodeficiency Virus
IAAC	IBFAN Advisory Committee
IBCOCO	IBFAN Coordinating Council
IBFAN	International Baby Food Action Network
ICCO	Inter-Church Organisation for Development Cooperation
ICDC	International Code Development Centre
IFPRI	International Food Policy Research Institute
ILCA	International Lactation Consultant Association
ILO	International Labour Organization
IMS	Infant Milk Substitutes
IYCF	Infant and Young Child Feeding
LLLI	La Leche League International
MPC	Maternity Protection Convention
NGO	Non-Governmental Organisations
NEBPROF	Nepal Breastfeeding Promotion Forum
Norad	Norwegian Agency for Development Co-operation
RO	Regional Office
RRC	Regional Resource Centre

Sida	Swedish International Development Agency
SINAN	Swaziland Infant Nutrition Action Network
UNICEF	United Nations International Children's Education Fund
UNICEF-ROSA	UNICEF Regional Office for South Asia
USAID	United States Agency for International Development
WABA	World Alliance for Breastfeeding Action
WBTi	World Breastfeeding Trends Initiative
WB	World Bank
WBW	World Breastfeeding Week
WHA	World Health Assembly
WHO	World Health Organisation
WTO	World Trade Organisation

1. Introduction

Background

It has long been recognized that breastfeeding is crucial for the health and survival of infants, saving about 1,5 million infant lives each year. Recent research reveals that it makes a considerable contribution to maternal health, and to long term health of children even into adulthood. It can be claimed that breast milk is the only food that is available equally to both the poor and the rich and exclusively breastfed infants grow almost equally well in the poorest countries as in the richest ones. However, exclusive breastfeeding is rare, all over the world most mothers give unnecessary and harmful fluids including water from the first days or weeks of life, in some cultures giving the valuable colostrum or first milk is taboo and babies are unnecessarily exposed to inappropriate and even dangerous alternatives.

Exclusive breastfeeding has not been a priority for either health care systems. Neither has it been considered important in social systems, including unions and others struggling for workers rights and even for those aiming to achieve more gender equality. Moreover, breastfeeding is liable to disruption through psychological and social factors, particularly during times of rapid economic and social change. Increasing consumerism and globalization of trade in recent years has posed new threats. There has been a negative impact on the commitment to and support of breastfeeding due to the HIV/AIDS pandemic, particularly within the Baby Friendly Hospital Initiative (BFHI).

United Nations organizations began to hold meetings with international baby food companies as far back as 1969 to discuss ways of reducing commercial pressures on women. A decade later they met with government representatives in Geneva to arrive at tangible recommendations. At this meeting, a group of NGOs formed a network called the International Baby Food Action Network (IBFAN) to provide advocacy, lobbying, monitoring, and other support for this cause.

In 1981 at the World Health Assembly (WHA), the International Code of Marketing of Breast-milk Substitutes was formulated and found international acceptance, together with several WHA resolutions that closed some of the Code's loopholes. The international IBFAN network played a crucial role in this. This International Code and its resolutions currently remain a unique and important example of an international normative UN instrument that provides widely agreed-upon guidelines. These guidelines affect the way the free market operates in order to promote public health.

Much concern had arisen by the mid-1980s about the slow progress being made with the protection, promotion and support of breastfeeding. This concerned both the implementation of the International Code, and the improvements and support needed to help mothers to breastfeed in health care practices and in the community. Breastfeeding was only given lip service and did not have an established set of policies or activities that could guide governments and donor agencies in promoting it.

A series of technical meetings were then organized with WHO, UNICEF, USAID and Sida and finally at a policy-makers meeting in Florence, Italy in 1990 the first Innocenti Declaration was produced. The UNICEF Executive Board endorsed this in 1991 and the World Health Assembly endorsed operational targets in 1992 (WHA Res. 45.34). The Innocenti Declaration remains the leading international breastfeeding policy document. Although NGOs (except fro IBFAN GIFA) did not participate directly in this process nor in the Innocenti Meeting, they have become critical in actualising the Innocenti targets. Today IBFAN networks worldwide and coordinates with other groups with similar ideals.

A year later the World Alliance for Breastfeeding Action (WABA) was formed and was initially sponsored by UNICEF. The main mandate of this NGO alliance has been to forward the agenda set forth

by the Innocenti Declaration. In order to avoid duplication and to complement the efforts of IBFAN and the other breastfeeding organisations WABA focuses particularly on areas other than those related to the International Code. These include strengthening of maternity protection, advocacy on the Baby Friendly Hospital Initiative (BFHI) and mother support. WABA's main strategy has been large scale social mobilisation for bringing on board popular support for the Innocenti targets at the global level. It adds value to the Code work by its popular mobilisation themes through WBW and its website information

Purpose of the Evaluation

It was decided to assess the degree of result-oriented programme management and reporting that the Sida-supported networks have in place. Therefore it needed to be established what progress had been made towards the achievements of programme results at the output level and what impact these are having. The evaluation was designed to assess the administrative and financial capacity of the networks and whether they correspond to the Sida rules and regulations.

Also the extent of strategic planning and the implementation plans regarding key issues such as HIV/ Infant feeding, gender equality and outreach to new stakeholders including reaching poor people in accordance with Sweden's Policy for Global Development. It was necessary to consider the strategies in use regarding key issues and how well they correspond to Swedish policies including Rights Based Approaches.

The pictures below show a breastfeeding mother as well as one of the community based activities of the IBFAN Africa network.

Organisational design and in particular human resources, gender balance and rejuvenation of human resources, efficiency, effectiveness and long-term sustainability were all to be taken into consideration. The evaluation was designed to include consideration of the extent to which the recommendations from the previous joint Sida/DGIS evaluation had been addressed at various levels and to identify lessons learned, providing recommendations for opportunities for joint/coordinated and diversified funding strategies and applications. The plans and activities that the networks have for diversifying and coordinating future funding was also to be a point for deliberation.

Evaluation Methods

A team of three consultants was appointed to undertake the evaluation. Kim Forss has a background as an economist and has specialised in evaluation research. He works out of his company Andante – tools for thinking AB and has spent a number of years living and working in Africa and Asia. Elisabeth Kylberg is a nutritionist and a researcher at the University of Uppsala. Gaynor Maclean is a midwife by profession and has pursued an academic career with research in maternal and neonatal health. She has a long record of teaching and evaluation and has lived in Asia and worked as an international consultant across many regions of the developing world.

The evaluation team met in Stockholm in order to plan the approach and methodology. Then each was allocated an area for travel to undertake data collection. The method comprised interviews and observation visits along with a survey in one region amongst participants at a midwives' conference. Visits incorporated Penang and Kuala Lumpur, Malaysia in order to visit the WABA offices; and IBFAN offices in Delhi, India and Kathmandu, Nepal. In Africa the visits included Mbabane, Swaziland; Maputo, Mozambique, Pretoria, South Africa and Nairobi, Kenya. In addition to visits to the WABA and IBFAN offices and field trips to their some of their project areas, evaluators visited coordinating partners of the network including WHO and UNICEF offices in addition to Ministries of Health in these countries. The three consultants then visited Geneva for further interviews with staff at IBFAN-GIFA, WHO and UNICEF. There was also opportunity for us to meet as an evaluation team and compile the data from the various regions.

The evaluation follows several themes of enquiry, first we examine the context and relevance of the infant feeding networks particularly as they relate to some of the main premises of the Millennium Development Goals, as we focus on poverty, gender and equity issues and rights based approaches to development. Secondly we reflect on the history of the breastfeeding movement and consider the concept of networks in some detail. Thirdly we examine governance and consider how the organizations under review function in this respect. Next we look at strategic planning before focusing on implementation. In this context we first consider the previous evaluation and then look at each of the organizations that we have visited in some detail. This leads us into a discussion of synergies and complementary roles. Finally we examine further aspects of the organizations under review and their resources before drawing our conclusions and offering recommendations.

The draft evaluation was forwarded to Sida and to the IBFAN and WABA networks in December. The organisations were given the opportunity to comment on the text. Time was short, and there was only one week for them to read and send us their comments but both IBFAN GIFA, IBFAN Africa, IBFAN Asia and WABA did so. We got valuable inputs that helped us correct factual errors in background description, and we also got suggestions on where the text could be expanded to make the messages clearer. However it is necessary to recognize that an evaluation is evaluative and judgemental, and it is sometimes a matter of opinion whether you describe a glass as half full or half empty. We have tried to show our own opinions as well as stakeholders opinions. Furthermore, as we are the authors of the report it is also our decisions on how much descriptive detail to include to respond adequately to the terms of reference. We hope the report meets the requirements of all readers for transparency as well as clear and consistent conclusions.

A Guide to the Reader

This evaluation is the second external assessment that Sida has commissioned of its support to breastfeeding networks. The former was undertaken together with the Dutch agency for international cooperation, DGIS. The text of the former evaluation was quite extensive and it described the activities of both IBFAN and WABA carefully and comprehensively. We have not seen any need to repeat the organisational descriptions in that evaluation, nor do we see any need to describe the operations of the two networks again. However, as that evaluation had a number of recommendations to the networks, we do spend a part of our text analysing whether these recommendations have been put to use. This report is thus unusual as it will not have the same narrative structure as most other evaluations. We do not analyse outcome and impact either, as that was not part of our assignment. We were asked to look at what the organisations themselves know and report on results, which another question, but one equally important. We are assessing the organisations own knowledge processes, rather than results as such.

2. Context and Relevance

New Challenges, Trends and Patterns in Breastfeeding

Absence of adequate breastfeeding is today contributing to 13% of deaths of children under five in developing countries according to UNICEF. WHO and UNICEF have taken a number of global initiatives aiming at protecting, promoting and supporting breastfeeding. In 1981 WHA adopted the *International Code of Marketing of Breastmilk Substitutes* to protect and promote breastfeeding (WHO 1981).

A joint WHO/UNICEF statement: *Protecting, promoting and supporting breastfeeding – the special role of maternity service* (1989) was the base and start of the *Baby Friendly Hospital Initiative* (BFHI), which was launched in 1991. BFHI is based on breastfeeding friendly routines, the Ten Steps to Successful Breastfeeding (UNICEF 1991, WHO 1998).

A meeting in Florence, Italy in 1990 where WHO, UNICEF, Sida, governmental representatives and other UN-organisations resulted in the *Innocenti Declaration* (Innocenti Declaration 2005). In the year 2005 the Innocenti Declaration was revised at a meeting in Florence by among others WHO, UNICEF, IBFAN, WABA and ILCA (Innocenti Declaration 2005). The Declaration is recognising the benefits of breastfeeding for the infant, the mother and the family. Further it emphasizes the global goal for optimal maternal and child health: enabling all mothers to exclusively breastfeed for 6 months and thereafter continue breastfeeding with adequate complementary food for 2 years or longer. Another eleven operational targets for governments state that all governments should among other things establish national breastfeeding committees free from commercial influence, continue working with BFHI, enact the International Code and subsequent WHA resolutions, protect mothers with adequate maternity leave and implement Global Strategy for Infant and Young Child Feeding (WHO 2003).

The Global Strategy for Infant and Young Child Feeding (GSIYF) was jointly developed by WHO and UNICEF and was adopted by WHA in May 2002 and endorsed by UNICEF in September 2002. GSIYF is built on past and continuous achievements – especially BFHI (1991), the International Code of Marketing of Breast-milk Substitutes (1981) and Innocenti Declaration (1990). This means that many components are familiar, what is new about the global strategy is its integrated comprehensive approach and its guidelines for action. The development of the strategy was guided by two principles: it should be grounded on the best available scientific evidence and it should be participatory. Thus the draft strategy was considered at country consultations as well as by FAO, ILO, ILCA, IBFAN and WABA. The strategy is based on the evidence of nutrition's significance in the early months and years of life. It is stated that inappropriate feeding practices and their consequences are major obstacles to sustainable socioeconomic development and poverty reduction (WHO 2003).

Important steps in achieving the objectives in the global strategy are to reaffirm the relevance and urgency of the four operational targets of the Innocenti Declaration: 1) appointing a national breastfeeding coordinator and a multisectorial national breastfeeding committee, 2) ensuring every facility providing maternity services fully practice the "Ten steps to successful breastfeeding", 3) giving effect to the principles of the International Code of Marketing of Breast-milk Substitutes and 4) enacting imaginative legislation protecting the breastfeeding rights of working women.

An EU-initiative was presented in Dublin in 2004: *Protection, promotion and support of breastfeeding in Europe: a blueprint for action.* This EU project on promotion of breastfeeding in Europe offers a model plan outlining necessary actions at national/regional level in order to achieve effective protection, promotion and support of breastfeeding according to GSIYF (EU 2004). The EU document emphasizes the importance of allocating adequate human and financial resources at all levels for the above actions.

Regarding mother-to-mother support, the EU document accentuates a strengthened cooperation and communication between health workers and peer counsellors and mother-to-mother groups.

> *'If a new vaccine became available that could prevent one million or more child deaths a year, and that was moreover cheap, safe, administered orally, and required no cold chain, it would become an immediate public health imperative. Breastfeeding can do all of this and more, but it requires its own "warm chain" of support – that is, skilled care for mothers to build their confidence and show them what to do, and protection from harmful practices. If this warm chain has been lost from the culture or is faulty, then it must be made good by health services.'* (Lancet 1994)

The breastfeeding culture and the prevalence of adequate breastfeeding at various infant ages look different at different points in time, among disparate continents and countries, within a country and between different socio-economic groups. Prevalence figures on breastfeeding are collected in different ways and with various definitions, which implicates difficulties to evaluate the validity of the data and to compare the data both in time and between countries/continents. Available data on breastfeeding parameters are present since 1991 in the *WHO Global Data Bank* on Breastfeeding and Complementary Feeding (WHO 1991). In 2005 BPNI/IBFAN Asia created World Breastfeeding Trends Initiative (WBTi) and from 2006 there has been a database on early initiation of breastfeeding, exclusive breastfeeding for the first 6 months and complementary feeding (BPNI 2006). The WBTi is also useful for mapping and graphics for reporting. UNICEF's database ChildInfo is also an important source of information on breastfeeding parameters (www.childinfo.org).

Although prevalence of exclusive breastfeeding during the first six months continues to be low across the developing world, trend data indicate that exclusive breastfeeding rates have improved: Between 1990 and 2004, this figure rose from 34 per cent to 41 per cent. In sub-Saharan Africa, the rate over the same period doubled, from 15 per cent to 32 per cent. Exclusive breastfeeding rates in South Asia and the Middle East/North Africa also improved between 1990 and 2004, from 43 per cent to 47 per cent and from 30 per cent to 38 per cent, respectively (UNICEF 2006a)

These figures represent mean percentages and the data from WHO and BPNI show a big variation: The prevalence of exclusive breastfeeding during the first 4 months varies in the African region between 7 and 65% and in the South Asia region between 8 and 90% (WHO Global Data Bank, WHO 1991)). The percentage of children who are breastfed up to 20–23 months varies between 9 and 77% in the African region while in the South Asia region it varies between 23 and 88% (WHO Global data Bank, WHO 1991). Early initiation rate, percentage of babies who are breastfed within one hour of birth, is reported at 23% in India and 31% in Nepal compared to 95% in Norway (BPNI 2006).

Two photos from BPNI, to the left a painting that is to be used in promotional material and to right a photo of the First Lady of Eastern Timor, breastfeeding her infant child. The examples of educated women breastfeeding is meant to have spread effects to convince many other mothers of the benefits of breastfeeding.

WHO advises (in the HIV context) that unless replacement feeding is acceptable, feasible, affordable, sustainable and safe for the infant and mother, exclusive breastfeeding should be practiced. In resource-poor areas, where ideal preparation of formula milk is unlikely, women must be encouraged and empowered to make appropriate decisions about how to feed their babies. This recommendation is supported by the latest review of evidence made by Bulteel and Henderson (2007).

The big challenge today is the lack of exclusive breastfeeding during the first six months. In order to enable mothers to practice this by informed choice, there is a demand of support and empowering from:

1) a society which protects, promotes and supports breastfeeding on a national, regional and community level

2) appropriately trained health workers

3) mother's social network

4) mother-to-mother support group

Addressing Poverty Issues

Extreme poverty, which has been internationally defined as living on less than a dollar a day, is estimated currently to afflict in excess of a billion of the world's population (Göransson 2003; *Tomlinson & Landman* 2007). The first Millennium Development Goal aims to eradicate extreme poverty and hunger, halving both those who experience the former and those who suffer hunger between 1990 and 2015 (UN 2000). Sida, as an important contributor to global development, perceives poverty reduction as an integral part of a development process which is sustainable and contributes to enhancing the freedom, well being and dignity of all people within an equitable society (Sida 2002).

It has long been established that poverty has a direct effect on child mortality since it is inextricably associated with malnutrition and disease (Wagstaff et al 1991; Sen 1998; Wagstaff 2000). It has been reported that 70% of the deaths of children (aged 0–4 years) worldwide are due to diarrhoeal illness, acute respiratory infection, malaria, and immunizable diseases. Data collected from 53 developing countries with nationally representative statistics on child weight-for-age indicate that 56% of child deaths were attributable to 'malnutrition's potentiating effects', and that 83% of these were attributable to mild-to-moderate as opposed to severe malnutrition (*Pelletier* et al 1995). A recent major Canadian study concluded that interventions intended to promote and support breastfeeding should especially target mothers living in conditions of poverty (Coulibaly et al 2006).

In the context of poverty, aggravated by the prevalence of HIV, formula feeding has been shown to pose higher risks than exclusive breastfeeding in the first six months of life. Between 2001 and 2005, 2,700 babies were included in a major South African study which showed that by 3 months of age the death rate amongst babies who were exclusively breastfed was less than half that amongst those who received formula feed alone. For babies who did not breastfeed, 15% died by comparison with 6% of those who exclusively breastfed (Coovadia 2007). It has been established that for HIV positive mothers, the alternative to exclusive breastfeeding, complete replacement feeding with formula milk needs to be acceptable, feasible, affordable, sustainable and safe (AFASS). However, for those living in poverty this is not an option. Even if free milk is issued the feasibility and affordability of obtaining safe water and sterilising feeding equipment remains beyond the means of the poor.

The Global Hunger Index devised by the International Food Policy Research Institute (IFPRI) uses three indicators. It considers the food supply situation of the total population; takes into account the special vulnerability of children to nutritional deprivation and reflects what is described as *'the most tragic consequence of under nutrition'*, namely death (IFPRI 2007). The World Bank has reported a growing

international awareness that many of the MDGs will not be reached unless malnutrition is tackled. It has been proposed that *'this continued failure of the development community to tackle malnutrition may derail other international efforts in health and in poverty reduction'*.

In this context, there is clear evidence that the major damage caused by malnutrition takes place in utero and during the first two years of life and that this damage is irreversible. Such damage causes lower intelligence and reduced physical capacity, which in turn are reported to reduce productivity, slow economic growth and hence perpetuate poverty. Nutrition, it is claimed, is therefore *'the true foundation of sustainable poverty reduction, yet it is still neglected'*. In this situation it is believed that many countries, excluding several in Sub-Saharan Africa, will achieve the MDG income poverty target, namely the percentage of people living on less than a dollar a day, but less than 25 percent will achieve what has been described as *'the non income poverty target'*, that of halving the incidence of malnutrition measured by those who are underweight (WB 2006).

Underweight, wasting and stunting are recognised as indicators in assessing malnutrition and their prevalence amongst the under-five population has been estimated across the globe, furthermore under nutrition is implicated in almost half of all child deaths worldwide and poverty is acknowledged as one of the major contributors to this incidence of mortality (UNICEF 2007). Moderate and severe underweight prevalence is most evident in South Asia and Sub-Saharan Africa at 46% and 30% respectively. The same two regions demonstrate most wasting amongst children less than 5 years, rated at 15% and 10% and the greatest incidence of stunting at 45% and 41% respectively (UNICEF 2007). A recent estimate indicates that across the developing world 146 million children are underweight and that more than half of these live in South Asia (UNICEF 2006b). In addition there are large disparities between urban and rural and rich and poor children in the developing world. Underweight prevalence in rural children is almost double that of their urban counterparts with almost one-third of children being underweight in rural Sub-Saharan Africa. On average poor children are twice as likely to be underweight as rich children with the greatest disparities evident in the Caribbean and Latin America (UNICEF 2007).

The economic considerations of breastfeeding become very relevant in the context of poverty. Breast milk substitutes produced by the baby-food industry are included in national accounts and in the GDP, however breast milk production is not taken into consideration in this situation. The lack of recognition of assigning breast milk an economic value is in line with an absence of assigning economic value to reproductive work such as mothering, nurturing and taking care of children. This service is in most cases provided by women and is poorly paid. For instance in India the market value of breast milk would be over USD 1 billion even without taking into account the savings in terms of health-related expenditure (Holla-Bhar 2005).

The relevance of breastfeeding in the context of poverty worldwide therefore becomes clearly focused. Exclusive breastfeeding offers a simple, safe and economical approach to nutrition to the most vulnerable in any population and most particularly to those who struggle to survive in conditions of extreme poverty as well as in emergency situations.

Gendered Challenges to Breastfeeding.

Poor women of the world constitute 70% of the world's 1.3 billion absolute poor. They earn only 10% of the world's income and own less than 1% of the world's property. These women work two-third of the world's working hours (Holla-Bhar R. 2005)

It is naturally presumed that it is the woman who will undertake the breastfeeding and the one who has the biology to produce breast milk. At the same time breastfeeding itself is a socially controlled practice where it is the socio-cultural and economic realities which will have impact on the true opportunities and implementation of breastfeeding.

Women have multiple burdens and compared to men fewer social and economic rights. According to Radha Holla-Bahr (2005) the gendered expectations, which challenge breastfeeding can be summarized as:

- Multiple burdens that women face (financial and household responsibilities, resource management, care of children and elderly)
- Problems at workplace
- Women's own perception of their bodies
- Health status of women
- Domestic violence

All these challenges need to be addressed. Some of these have been recognised by global authorities, like health benefits for the woman when breastfeeding – WHO and UNICEF – as well as the workplace environment and the right to have maternity leave – ILO 2000, C183 Maternity Protection Convention (ILO 2000). The gendered expectations, which challenge breastfeeding can be summarized as:

- Multiple burdens that women face (financial and household responsibilities, resource management, care of children and elderly)
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Rights Based Approaches to Development

There can be little disagreement over the arguments put forward in the context of hunger, nutrition and human rights. Hunger has been described as *'but an extreme manifestation of poverty'* and since one of the core objectives of the MDGs focuses on freedom from hunger it has been purported that:

> *'Since hunger and famine are still widespread in parts of Africa and Asia, the international community is in violation of the right to food as a basic universal human right, according to a new study released by the United Nations.'* (One World South Asia 2007)

It is acknowledged that a rights-based approach to development perceives the achievement of human rights as an objective of development. It utilises thinking about human rights as the framework for development policy and:

> *'It invokes the international apparatus of human rights accountability in support of development action. In all of these, it is concerned not just with civil and political rights (the right to a trial, not to be tortured), but also with economic, social and cultural rights (the right to food, housing, a job).'*
> (ODI 1999)

The Swedish government is dedicated to the principle of human rights in the context of her international policy on sexual and reproductive health and rights (MFAS 2006). Respect for human rights, democracy, good governance and equity between women and men are amongst the fundamental components designed to filter through the country's new policy for global development (SR 2005).

It is the right to food that is relevant in the context of the topic under review. However, the practicalities have proved a little more complex during years of uncertainty with respect to the optimum approach to feeding the infants of HIV positive mothers. With the current clear message enshrined in the global strategy promoting the wisdom of exclusive breastfeeding, the situation becomes much clearer (WHO 2006).

However, in considering the literature on 'rights based approaches' there does not appear to be a single 'correct' understanding of the issue (Lutrell et al 2005) and UN agencies as well as international NGOs and have adopted various definitions. A common denominator seems to be the objective of ensuring the realization of people's rights as laid down in the Universal Declaration of Human Rights and other human rights instruments, in this context, the Rights of the Child. In referring to these documents international NGOs add a new dimension to their activities. A rights based approach can be more accurately considered as a shared and universal framework than a political position. It is a framework that governments have recognized and one to which civil society groups have contributed. Examples include anti-apartheid movements and groups that focus on women rights.

In considering rights based approaches there is an important distinction made between 'duty holders' namely those who have the obligation to ensure that human rights are respected, protected and fulfilled, and 'rights holders'. The latter refer to those who can legitimately claim rights and entitlements. In accord with this, NGOs have two main tasks, firstly to enhance the capacity of poor and marginalized people to become aware of and claim their rights, and secondly to assist local and central governments to deliver on their obligation. Utilising a 'rights based approach' international NGOs appear to prefer the first task, however the UN definition also highlights the need to build the capacity of the duty bearers as well as the rights holders.

In poor developing countries with legitimate governments, civil society organisations are best situated not only to help people claim their rights, but also assist governments to fulfil their rights. This is because governments may not be unwilling to do so but they may be unable to do so because they are poor and therefore lack the resources to do what a government ought to do in many circumstances. In order to have impact, NGOs should work with the government, not in parallel or in opposition to government plans. In the context of code monitoring, NGOs are needed to assist governments to draw up regulations to monitor the situation and advise them concerning enforcement of the legislation enacted. Once legislation is in place their role then properly focuses on monitoring, noting any contraventions of national regulations.

Finally, NGOs concerned with the most appropriate approaches to feeding infants and young children can be perceived as rights-based because they work within a field where the international community has now clearly identified the safest and most economical approach to reducing mother to child transmission of HIV (Coovadia et al 2007, Thior et al 2006)). There is also extensive evidence that early as well as exclusive breastfeeding saves newborn lives and contributes to emotional, mental and physical health. To withhold information, support and promotion of the safest methods of feeding when the evidence clearly exists, contravenes the human rights of the baby, the mother, the family and the community.

Conclusion

In this chapter we have tried to place breastfeeding within a contemporary global framework and so set the scene contextually and relevantly for the evaluation that we have been privileged to undertake. It is evident that in the 21st century, the world still faces many challenges in the context of poverty and inequity, particularly in respect to the environment in which most women exist and in which the majority of the world's children face a daily struggle for survival. The presentation of the Millennium Development Goals at the turn of the century bears testimony to this.

Our experience in evaluating the networks demonstrates attention being paid to gender issues especially as they relate to promoting maternity benefits including women's rights in employment. We witnessed the establishment of 'breastfeeding corners' in work areas and work with women's trade unions and women's lawyers' groups in addition to the major efforts being undertaken to design and enact legislation to protect women's rights in the workplace. Interestingly, we noted that involving men in the breastfeeding movement and making the men responsible for spearheading change in attitudes and practices at community level is proving a powerful approach in patriarchal societies such as that seen in much of Africa and Asia. Similarly, work amongst children and youth appears to involve as many male as female participants, so this bodes well for changing attitudes in future generations. Much of the evidence we examined demonstrated focus on the poorer sections of the communities who are also beneficiaries in a variety of aid related projects which are often involved in the IBFAN national networks. However, acknowledging that much work is done in the context of poverty there was a comment from one collaborating partner that there needs to be more emphasis on the 'better off' and educated in society as these people also need guidance on feeding issues and are influential in their own countries. This fact is borne out in other studies in that it is the educated women that tend to be the trendsetters.

Maybe the following statement enshrines an uncomfortable truth that summarises much of what has been presented above in the context of poverty, gender and equity and presents some facts that need to be confronted in the cause of saving the lives of millions of children worldwide using perhaps the most obvious, appropriate and economic solution that could ever be designed.

> *"Wherever women are in control of resources at family level, in general there is far less malnutrition. Wherever women are oppressed, wherever women are not treated as equals, then you tend to get more malnutrition."*
> Roger Shrimpton, Senior Nutritionist with UNICEF partner Helen Keller International.

It is our impression that the breastfeeding networks are doing much to make malnutrition a historical fact rather than a present reality. There is obviously a long way to go in this massive task. However, their work amongst women, men and children at community and hospital levels balanced by their advocacy and actions throughout the echelons of society incorporating regulations, rights and raising awareness is admirable in the light of limited funding. The commitment and enthusiasm that we have observed of those involved is commendable and does much to move the work forward.

3. The Breastfeeding Movement

A Self-organizing System

The organisations that are treated in this evaluation are usually described as networks. Their own presentations stress the network properties and many who comment on them also use the term network. The evaluation commissioned by Sida and DGIS that was presented in the year 2000 contains a solid analysis of them as network organisations (Carlsson et al, p 67).

Across the globe there are many organisations that work with breastfeeding issues; NGOs as well as bilateral and multilateral donor organisations and of course, health service providers in all countries, midwifes, doctors and nurses, nutritionists and many more. While IBFAN and WABA can each be seen as a network with its own typical network properties, they are also part of this larger movement and they are connected to other organisations that work on breastfeeding issues. Each of them is a network, but they are also part of a larger network of organisations. This is not the place to write a history of the breastfeeding movement, but we would like to stress that there a number of activities in research, advocacy, practices around infant feeding, and cumulative knowledge building through organisational action, that is properly described as a movement.

The starting point for the movement could be traced back to the mid 20th century when the advantages of breastfeeding were articulated in books and research papers. This is when the established practices and knowledge amongst women, mothers and many others who took an interest in the subject were codified, and tacit knowledge became explicit and also subject to research-based evidence. Other key moments in the history of the breastfeeding movement would be the formation of the first organisation that defended women's right to breastfeeding and worked to promote breastfeeding at the time when companies started large-scale introduction of formulae. These organisations (La Leche League and ILCA) were formed in the 1956 and 1984 and though they originated in the US they soon became international.

As the activities of the firms producing breast milk substitutes and promoting bottle-feeding became more aggressive and as the prevalence of breastfeeding was declining, the need for more action at global level rose. The IBFAN network was founded and it rapidly established a regional structure and a division of labour between its different sections. It is present at national level as well as in regions and at global levels, as illustrated in Carlsson et al (2000).

The breastfeeding movement as a whole is not organised in the sense of some group or some person deciding on how it should evolve. Instead, like many other social phenomena, it is best described as a self-organising system, that is, a system that evolves and responds dynamically to its environment[1]. As times change, new functions are added and the division of labour evolves, and so do the interactions between the parts of the network. These are necessary processes and make the network as a whole resilient and sustainable.

[1] The idea of self-organising systems is a relatively new phenomenon in systems research. In 1987 a group of researchers (Per Bak, Chao Tang and Kurt Wiesenfeld at Brookhaven National Laboratory) discovered that some physical systems had the strange, seemingly miraculous property of constantly reorganizing themselves. Since then, the study of self-organizing systems has become a rich field of inquiry in political science, organisation studies, economics, as well as in many of the natural sciences (See for example Bak, P. (1997) *How Nature Works.* Oxford: Oxford University Press.

A Network Approach

In this section we explore what kind of a network the breastfeeding movement, and within it IBFAN and WABA, is and what kind of a network they could develop to be. The very word "network" implies some form of a structure. It suggests that we are looking at a system composed of different parts – and that these parts are related to each other. The elements of network theory are simple. The elementary units are nodes (for example persons, organisations, regions, and countries) that are related to each other via links (for example friendship, transfer of funds, joint purposes). Together, links and nodes form structures that are networks. The premise that organisations are networks of recurring relationships applies to organisations at any level of analysis (Noriah and Eccles 1992). So, what kind of networks are these and how can one better understand them with the help of network analysis? A network can usually be depicted in the form of a graph. Figure 3.1 below presents two examples of network structures, and it readily gives rise to definition of at least three structural properties; (1) the size of the network, (2) the configuration of relationships and (3) their connectedness (these are illustrated in figures 2 and 3).

Network size

The size of a network is often given. In an investigation of network properties in aid, Forss (1988; 1990) found that the number of actors could vary from some ten and up to hundreds of actors. The networks that had most actors were those that were preliminary forms of sector wide programs, such as Swedish aid to the agricultural sector in Zambia, or to the small industry sector in Tanzania. The breastfeeding movement is certainly a very large network, and both IBFAN and WABA must be considered very large networks with hundreds of constituent parts. In both cases, it is also quite easy to define the size. In the case of WABA, the nodes of the network, its basic structure, are;

- The endorsers of the organisation, people who subscribe to its principles, more or less as members,
- The regional focal points,
- Country contacts.

In many cases the regional focal points and the country contacts would also be endorsers. WABA's working principles of September 2006 defines the roles and responsibilities of endorsers and the principles also determine the governance structure of the network. But the participants of the governance structure, for example members of Councils, Steering committee, task forces, must all be endorsers and hence the basic unit in the organisation and its constituent parts are the endorsers. WABA keeps a registry of endorsers and at present they amount to around 700,172 (September 2007) some of which are organisations and the rest are individuals.

In the case of IBFAN it is the national groups that make up the basic constituent parts of the regional organisations. The national groups are different in kind, but they are NGOs, so for example the national group in Swaziland is the Swaziland Infant Nutrition Action Network (SINAN). It was established already in 1983/84 when the Ministry of Agriculture and Health turned to the problem of increasing infant deaths and the group was formed within the Ministry. This lasted until 1991 when it was set up as an NGO. In other countries the local organisation is a research institute, but the point is that the national groups can take many forms and have different histories. However it seems to be clear who they are and there are no doubts about their participation in the network.

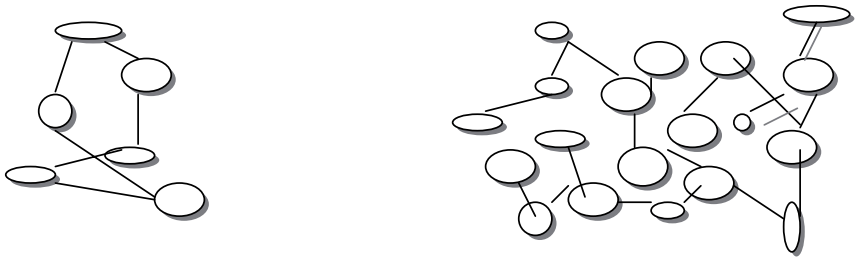
It is not always that networks are as clearly defined as IBFAN and WABA, other evaluations of networks have pointed to weaknesses in knowing who the network members are and what it means to be a member. A recent evaluation (Forss and Maclean, 2007) found that relatively small networks could still be quite vague and uncertain about who members were and what it meant to be part of the network. But in the case of both WABA and IBFAN it is clear who the participants/members are and their

relationship to the network is explained in working principles or in other documents of the organisation, such as agreements between the regional coordination offices and other parts of IBFAN.

Both IBFAN and WABA are very large networks and IBFAN could even be described as a series of networks within networks. The national groups have their own networks of members, steering committees, advisory councils, stakeholders, funding agencies, etc. Taken together the IBFAN and WABA networks in all likelihood consist of several thousand members (however that is defined, endorsers, stakeholders, advisers, etc.). The breastfeeding movement as a whole, including ILCA, LLLI, ABM, Wellstart, who together with IBFAN are core partners of WABA) is even larger.

The question is if the networks are large enough, or have an appropriate size? Sometimes a network could grow too much, at other times too slow or too little. It is not possible for us to assess the extent of the networks as such, they have the members they have, and that is quite a lot. There could be more members and it is probably desirable that the networks increase in size; the cause as such would gain by having more members in the network. It is important that the networks can expand and can take on new members. In WABA it is very clear how one becomes an endorser and thus a member of the network. This is well described on the webpage and there are also printed information leaflets. The IBFAN Constitution also defines membership and there is also information on the process through which you become a member/endorser of the network. Perhaps that is redundant and all those who wish to organize themselves to become members know what to do, the international contacts among those interested in breastfeeding would probably help any group that would wish to become a member to find its way into the network. It is also necessary to have some selection process, as there would be a risk for groups that are not committed to the principles of the organisation to seek membership so as to know what they work on.

Figure 3.1 Illustration of different size of networks



A small network

A large network

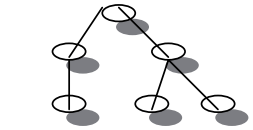
How the network is kept together

The configuration of the network is the second design variable. There are four possible network configurations. We have called them hierarchical, centralised, dispersed and clustered respectively (figure 3.2). There is no reason to consider any one superior to the others a priori. Utility and effectiveness would depend on the nature of the task that the network should accomplish and which actors are found at different levels.

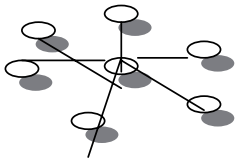
At a first glance, it would seem as if WABA is a centred network. The links between members in the network (endorsers) pass through the Secretariat, although this is of course not exclusively so. Nevertheless, the secretariat on Penang has a central place and it is from here that much of the communication originates and it is also here that the website is kept and updated. Is it better described as a hierarchical network? We don't think so, even though there is a structure to the network with a General Assembly and a Steering Committee, the organisation as a whole is based on endorsers and there is no sense of a commanding structure in the relationship between network parts, such as would be implied in a hierarchical network. WABA has regional focal points, and it would seem that these have more

extensive contacts with national groups and national representatives than does the secretariat. The contacts within the network, the frequency of communication and the work ongoing in task forces and in the program activities, make it clear that it is not a dispersed network.

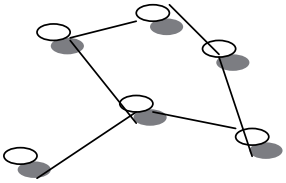
Figure 3.2 Illustration of four network configurations



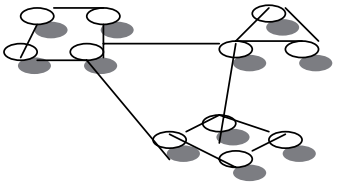
A hierarchical network



A centred network



A dispersed network



A clustered network

IBFAN, on the other hand, is best described as a clustered network. The regional coordinators are essentially independent and are accountable only to their own governing body (we will describe these in next chapter). There are now eight regional offices and two technical offices (GIFA and ICDC), and then also sub-regional offices. The Asia Pacific region, for example, has sub-regional offices for South Asia, East Asia, the Pacific, and Australia/New Zealand. The regional and technical offices have more intense communications with the international liaison function at GIFA, but it seems that most of their interactions are within each of the regions.

As the networks were not designed with any particular configuration in mind, our choice to describe them as centred and clustered is based on an estimate rather than an exact criterion. However, if we are right in our assessment, the next question is if the networks have the most appropriate configuration in light of their overall purpose. Both WABA and IBFAN must be considered to be grassroots movements, they have grown from groups of mothers and women concerned with infant health. They are not and should not be hierarchical networks. Both IBFAN and WABA are global in scope and the members in the two networks have many contacts with each other, and not only with a few of the other organisations. They are not and should not be dispersed networks.

It seems that IBFAN has chosen a structure where the regional offices are independent from each other and self contained – and the same applies for ICDC and GIFA – for strategic reasons. If any of the organisations would make a mistake and suddenly be exposed, for example, to prosecution in court, then other parts of the global network would not be thus exposed. The clustered structure thus gives the network resilience and sustainability. In their work on monitoring implementation of the International Code on Marketing of Breast Milk Substitute this was deemed essential as they confront powerful commercial interests. As far as we can see, this was prudent and we would not recommend any other kind of network configuration.

As for WABA, its activities are less vulnerable to legal prosecution and hence network can benefit from being cohesive and more strongly unified in one governance structure without the risks that follow. Nevertheless, it is likely that the regional focal points in WABA have closer ties in the region than in other regions or globally, and hence that network too, if subjected to a close analysis of all communications and contacts between the network nodes, would have some of the features of a clustered network.

In conclusion, the differences in network configuration are justified and we would not suggest that any of the networks should be configured differently from what it is at present. The overall picture is one of design appropriate to function. That does not mean the networks should always remain the same, it lies in the nature of a self-organizing system that the parts evolve as new challenges and opportunities arise.

Contacts in the Network

The third structural feature relates to the number of links among the actors in the network. There is a visual presentation of the differences between a loosely coupled and a richly coupled network in figure 3.3. Several authors have claimed that richly coupled networks may have strong advantages in coordinating behaviour and thus in responding to emerging opportunities or threats (Porter, 1990; Piore, 1992;). But there are also other viewpoints. Granovetter's (1973) theory of weak ties in sociological network theory casts an important light on the nature of co-operation. This theory explains how a social system organised by a greater number of acquaintances (weak ties) rather than close friends (strong ties) will exhibit greater aggregate innovativeness, cohesiveness and adaptability.

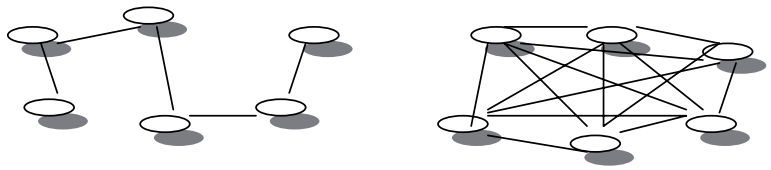
It is quite difficult for us to assess whether the links between network members are strong or weak, that is, whether they should be described as richly coupled or loosely coupled. Both IBFAN and WABA are such huge networks that the nature of contacts varies quite a lot within the networks. Some actors will be more centrally placed and will have frequent interactions with others and perceive that they are part of a richly coupled network. Others are probably more peripheral and perceive that they are part of a loosely connected network.

Nevertheless, there are several indicators that suggest that both networks should be considered as relatively richly coupled; that is, with many ties between the network members. First, there is a governance structure that is complex in itself. There are governing bodies at regional level for IBFAN, often the regional offices of IBFAN are also regional focal points of WABA. In the WABA network there is a General Assembly, Steering Committee and Task Forces as well as an Advisory Council. As the formal structures are filled with meetings, contacts are established and the network organisation unfolds in the processes that make up the links between members.

Second, there are several joint activities that involve the network members. The World Breastfeeding Week is organised annually by WABA. Its preparation, implementation and assessment engage the whole network and the communication around it is frequent. Similarly, the monitoring of the implementation of the Code involves many actors in the IBFAN network and requires frequent contacts between them. The many task forces also strengthen contacts between network members. On top of that, WABA has initiated a number of network building activities that could strengthen the capacities among members while at the same time reinforcing the richly coupled structure.

Third, during the visit of the evaluation to WABA the registry function was discussed. The Secretariat has seen a quadrupling of the incoming mail each year for the past three years. In 2007 there were some 80.000 incoming messages (E-mail, regular mail, fax) and each of these was recorded and forwarded to the person who would be in charge. The responses were noted. The magnitude of communications indicates that WABA is indeed a richly connected network.

Figure 3.3 Illustration of loosely coupled and richly coupled network designs



A loosely coupled network A richly coupled network

Is there any evidence then that WABA and IBFAN are best served by having strong links between its parts? As mentioned above, there is some research that points to higher innovation, cohesiveness and adaptability in networks that are loosely coupled? As far as we have seen, both IBFAN and WABA have been very innovative. They have come up with new program activities, they have constantly changed their governance structures, they develop new interactions with other civil society organisations, etc. We cannot know whether they had been even more inventive and adaptable through being more loosely connected, but as innovation and adaptability is not a problem, there is no reason to suggest a change. On the contrary, more tightly connected networks could probably increase their sustainability, as we will discuss below.

Sustainability

The evaluation completed seven years ago recommended that the organisations should diversify their funding so as to become more sustainable and less reliant on the two donors who then contributed the better part of the finances. Without going into details, DGIS and Sida have provided between 80% and close to 100% of the budget for the organisations over the past seven years, out of which DGIS contributed around 70% and Sida around 30%. The networks are thus heavily dependent on these two organisations.

In 2005 the Dutch government decided to change the funding policies for NGOs and neither WABA nor IBFAN would be eligible for funding any longer. The Dutch assistance comes to an end in 2007 and from January onwards the funding situation looks very bleak for both organisations. IBFAN has had funds from other organisations, Dutch churches, the Swedish Lutherhjälpen, UNICEF, and some others, but neither can in any way make up for the shortfall when Dutch aid is withdrawn.

It is in itself remarkable that neither organisation acted on the advice of the last evaluation. There have not been any significant change in funding and if there were any fundraising activities between 2000 and 2006, the results were anyway negligible. This should have been a much higher priority than it seems to have been.

During the evaluation we also found that the different organisations have had difficulties in the past in coordinating their fundraising efforts. At the moment of the evaluation, they seem eager to work together to develop one proposal to Sida, acting on a very clear directive to do so. During the past year, various IBFAN offices and WABA visited funding agencies to present proposals, for example to the Canadian CIDA. As far as we can understand, IBFAN and WABA, each presented its case with little or no coordination among themselves. Some of our interviews also suggest that people in the organisations think they compete for the same money.

We would suggest this is not so. On the contrary, many times funding agencies find it easier to deal with large and coordinated proposals than with tiny sums of money for a limited purpose. It may be easier to finance a proposal of USD 10 million than one of USD 1 million (figures hypothetical). Hence, the organisations could both reduce their costs for fundraising and increase the probabilities of success if they acted together.

Collaborating Partners

The IBFAN and WABA networks have worked quite closely with WHO and UNICEF for as long as they have existed since both these networks were founded in order to address tasks that were on the agenda of WHO and UNICEF. Since 1979 the year when IBFAN was constituted, IBFAN has been involved and has played an active and important role in the process of creating the WHO's International Code of Marketing of Breast-milk Substitutes, until the Code was adopted at WHA in 1981. It is not unreasonable to claim therefore that without IBFAN the WHO and UNICEF agendas would have looked very different.

During the evaluation we conducted interviews with personnel at organizations that collaborate with WABA and IBFAN. These were mainly face to face interviews and one telephone interview. The partners incorporated WHO and UNICEF regional and country offices. We also discussed network activities at government Ministries or Departments of Health wherever possible. We visited national organizations concerned with infant feeding and nutrition who were affiliated in some way to the IBFAN network.

Reaching out to other movements. During the evaluations visit to WABA Secretariat on Penang, there was also a visit by a members of a network of Muslim Feminists; Women Living under Muslim Law.

Partners' perceptions of the breastfeeding networks

The overall impression presented to us by collaborating partners was a very positive one. The networks were perceived as extremely important in the context of achieving safer infant and young child feeding (IYCF) especially amongst the poor and most vulnerable in the societies visited. Without exception, IBFAN personnel were perceived as an expert resource to collaborating partners and to many they were crucial in the cause of promoting good practice in IYCF and in moving forward issues relating to the Code. Some perceived them as a parent organization on whom they depended for guidance, wisdom and expertise. The advocacy skills of IBFAN personnel and the information dissemination of WABA were widely considered both invaluable and indispensable.

Collaborating partners categorically stated that IBFAN knows exactly what they want to focus on and have all the relevant research knowledge in each specific field in which they are working. IBFAN has been described as the most knowledgeable of all stakeholders; they are motivated, friendly, frank, constructive, transparent; always well prepared and a very active network which 'knows the rules of the game'. They serve to alert partners to what they need to be aware of and what to do and are always ready to be present to discuss and offer a clear plan of action. IBFAN is perceived as having the capacity to track what industry is doing when government does not have the resources for doing that..

The collaborating partners we interviewed in three continents considered it very useful to have systematic cooperation with IBFAN and the opinion was expressed that the IBFAN networks are probably the best protectors of breastfeeding. It was considered that if IBFAN were not there it would be a serious loss and that breastfeeding would suffer as a result. For these reasons Sida's support to IBFAN has been much appreciated. Whereas IBFAN is recognised as the protector of breastfeeding, WABA is perceived as the expert in promoting knowledge and producing resources to disseminate that information.

There was one comment by a collaborating partner that IBFAN's efforts should also concentrate on the more educated and more affluent in society as these people tend to influence trends in infant feeding as in other issues. This attitude was reflected amongst some IBFAN staff as well as considering the importance of encouraging and enabling youth to communicate to youth in acceptable ways amongst a new generation who are increasingly using 'texting' and other more modern methods of communication. It is clear that efforts need to continue to reach the remote and uneducated whilst moving forward too with a modern generation who are likely to become leaders as well as trendsetters in their countries in

the future. In respect of achievements of the breastfeeding networks, keeping breastfeeding on the agenda is perceived by the partners as being a major success and in the African region, keeping HIV on the agenda too.

Government cooperation and legislation issues

Government departments concerned with nutrition also perceived IBFAN personnel as experts and partners in their efforts to introduce and enforce regulations that will improve the situation for breast-feeding and working women as well as tackle the scourge of malnutrition. UNICEF India is part of the national breastfeeding committee and is actively working with the operational targets of the Innocenti Declaration regarding BFHI and the International Code of Marketing of Breast-milk Substitutes. India is enacting imaginative legislation designed to protect the breastfeeding rights of working women. A close collaboration with BPNI and the Government resulted in the adoption of The International Code as the 'IMS Act', The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act in 1992 and it was amended in 2003 (IMS Act 2003). It has been stated that: "We have the best legislation in the world, but we lack programmes to enforce and monitor the IMS Act." In South Africa, legislation to regulate the sale and promotion of foodstuffs for infants and children is still in draft form and is currently out for consultation. These countries provide examples of how IBFAN is working with collaborating partners towards achieving legislation and attempting to assist governments in enforcing and monitoring such regulations in respect of breast milk substitutes. While WABA does not work directly with governments per se, its WBW campaign involves numerous governments in the annual event often leading to new policies and or practices in favour of optimal IYCF such as setting up or awarding baby-friendly hospitals, issuing a new law, etc.

The Baby Friendly Hospital Initiative

Fifteen hundred hospitals have been assessed as Baby Friendly in India to date; funds to undertake further evaluations are not available at present. UNICEF is now working together with BPNI to widen the partnership with relevant stakeholders like the Indian Medical Association, the Indian Paediatrician Association, WHO and WABA. Training modules have been worked out on breastfeeding, complementary feeding and HIV and breastfeeding. BPNI has worked out 'Public health standards' where BFHI is included as a quality assurance standard. In order to proceed to implement these standards the next step will require more resources as well as more 'push'.

One African partner considered that IBFAN should now place more emphasis on community rather than hospital initiatives though our impression from the field visit to Mozambique, the study tour report from the Gambia and the monitoring reports to the RO was that there is considerable focus in this area by many sections of the African network (see chapter 6) with the intention of expanding the approach in the next strategic plan. However, it is a comment worthy of consideration in the global context if the efforts are going to have maximum impact. It is a fact that many poor families living in remoter areas may remain uninfluenced by what is happening at the health facility level. Turning to the eastern European region, BFHI is on the agenda in each country in the region and it is reported that infant and young child feeding is now looked upon 'in a more holistic way.' In Nepal cooperation between UNICEF-ROSA and IBFAN at a country level is considered successful, but there is concern surrounding the proposed closure of the UNICEF office there, the latest decision is that this will continue for another 2 years but in a slimmed down organization and that consequently the main focus will probably be in Bangkok.

The restraining effect of limited funding

There seems generally to be a considerable lack of funding for IYCF activities and collaborating partners were not well placed either to contribute substantially in this respect. We learned of some funding being made available through UNICEF offices especially when there were joint approaches to information and education activities in the region or nationally. A continuous struggle to get funds for

breastfeeding is reported amongst the partners, and some of the efforts reported above have been limited by inadequate funding. It was explained that available funding often stops with adopting the International Code, and it is necessary of course to enforce the code.

Right now in India there is an ongoing reconstruction of the national policy on nutrition to make it consistent with the global recommendations. UNICEF has supported this work with strong consultative input. One outcome from this is the decision by the Prime Minister in consultation with the Health Ministry and the Women and Child Development Ministry to provide monthly payments to pregnant and lactating women and a separate allowance for children during the first 3 months and then with a reduced payment for another 10 months (Hindustan Times, October 25, 2007). This implicates a greater demand for training and promotion and it is not reasonable to expect to achieve this within the current available budget.

Conclusions

This chapter shows that the organisational networks of IBFAN and WABA have many similarities but also some differences. In light of the common distinctions between networks, both networks are very large but WABA is larger and more inclusive than IBFAN is, which has a more focused set of tasks and functions within the breastfeeding movement. IBFAN is beast characterized as a clustered network and the parts of the network are richly connected with other. WABA is better characterised as a centred network, although it also has some tendency to separate clusters at regional levels. The network design in both cases appears to be appropriate for their tasks and functions. They are both open organisational systems and WABA in particular has extended its cooperation with other networks, reaching out in particular to the environmental movement, to feminist group, and to youth organisations. Even though the networks are large and open systems, it is clear who the members are and what it means to be a member in each of the networks.

4. Governance

Current Governance

The governance structure of IBFAN is described in the document IBFAN's Strategic Priorities, Funding Appeal 2008–2012 (pages 17–21). WABA's governance structure is described in the WABA Working Principles dated September 2006. It is risky to assess governance on the basis of structures only and we have had too few interviews to really develop an understanding of what happens in the meetings at various levels. Our analysis may be too focused on formal structures, while we don't have enough information to understand what is really happening in terms of policy development and strategic decision-making.

As for WABA, the General Assembly is the formal centre of the network – perhaps it is right to say the "highest" decision-making unit. The General Assembly elects a Steering Committee and this committee is accountable to the General Assembly. It is not specified whom the General Assembly is accountable to, but it is probably self-evident that it is accountable to the endorsers of WABA. The General Assembly is not elected, but it is decided in the working principles how it is to be established; (1) each core partner nominates 5 representatives, (2) each task force coordinator and co-coordinator takes part, (3) each regional focal point, and (4) each co-chairperson of the International Advisory Council. The General Assembly does not normally meet but carries out its work through correspondence.

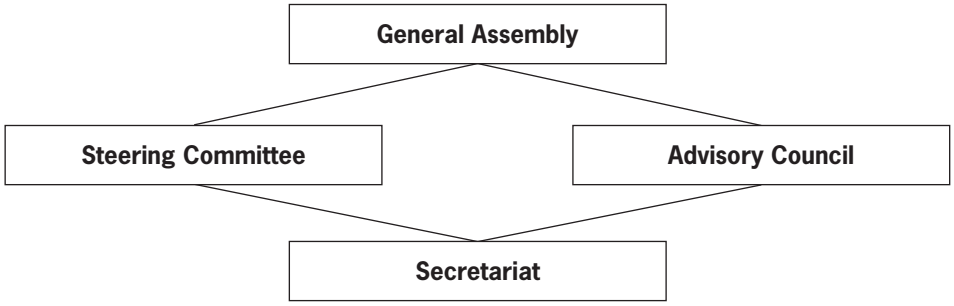
The WABA Steering Committee exercises the functions that are normally associated with an executive board. It establishes, oversees and supports the Secretariat, it decides on time, place and organisers of international meetings, and it should facilitate the growth and development of WABA work, especially campaigning, advocacy, fundraising, training and information exchange. The working principles of WABA contain a list of 8 functions of the Steering Committee. It consists of six persons and is accountable to the General Assembly.

Furthermore, WABA has an International Advisory Council. This consists of (up to) 50 "outstanding endorsers" involved with issues relevant to breastfeeding. They are appointed by the Steering Committee and should have a geographic as well as substantive and cultural diversity. *"The role of the Council is to bring prestige to WABA and, by their knowledge and wisdom, to contribute to WABA's development on request or on their own initiative"*. The Council members are appointed for three years at a time but their terms can be renewed if there is a mutual agreement.

The figure (a simplified version to bring out the feature of clarity and division of labour) below is one example of how the governance system of WABA can be illustrated. The working principles set out with great detail how the organisation is designed and there is a clear division of labour between the different governing bodies. The Secretariat is clearly accountable to the Steering Committee, which in turn is accountable to the General Assembly. The Director(s) of the Secretariat are appointed by the Steering Committee and take part in its meetings, but cannot vote. This is good practice and makes it clear what accountability means and how it is exercised. It is a complex governance structure, but it can be grasped and the rules and procedures are well described in the working principles.

While the governance structure as such is quite clear, WABA also works with the concept of core partners. These have the right to appoint five members each to the General Assembly. The core partners are organisations and networks that work internationally mainly on breastfeeding related issues, and which endorse WABA. They enter into a Memorandum of Understanding with WABA for mutual consultation, collaboration and support. WABA should facilitate a meeting with its core partners at least once every two years. Hence the whole IBFAN network, as well as ILCA, ABM and LLLI are core partners of WABA, so in a way, WABA encapsulates the whole breastfeeding movement – and it is also meant to reach out to other global organisations such as allies for human rights, health, environment and women's issues and to collaborate with these. The concept of core partners and the way these are brought into the governance structure – as well as into the operational structure – is ingenious, creative and innovative. We have not seen any examples of such an organisation in the field of other international NGOs and hence the governance of WABA is worth studying not only for its own sake but also for lessons learned more generally.

Figure 4.1. Governance structure of WABA



IBFAN has a different history and a different governance structure. The staring point here is the national groups, and these can be quite different. They are registered as local NGOs and they are made of up members who meet in some form annual assembly and elect their boards. It is anyway bound to be very different in different countries, depending for example on the size of the organisation and how

active it is. The national groups together form regional offices, but the process on how the regional offices are set up and how the people in office are elected and/or appointed also varies between regions. At a global level, it is the IBFAN Coordinating Council that sets the general policy guidelines for the whole global network.

When the Coordinating Council met in Penang in September 2006, it was decided to appoint a small team of Coordinating Council members to act as a Global Council with the responsibility to provide IBFAN with strategic leadership. This Global Council received a six-month mandate starting September 2006 and during this time it was expected to study a proposal for a revised governance model that should later be submitted to the Coordinating Council for approval. At the time of writing, we understand that the Global Council is still working and we have not taken part of any proposal for a new governance structure. However, it is sufficient to note that the governance is evolving for the time being, and its future will in all likelihood also depend on the funding of the network. Table 4.1 below lists the different governance structures at global and regional levels and also notes the number of members. There is a regional coordinator in each region and this person is accountable to the regional boards – whatever they are called.

Table 4.1 IBFAN governance structure*

* Code: The first column under each region tells the names of the different organisational entities of the governance structure. The second column provides some information on membership and the third column tells whether there is a link to an executive function.

IBFAN Global		
IBFAN Global Council	5 members from regions and GIFA	
IBFAN Coordinating Council		
IBFAN Africa		
Executive Board	5 members, for example from Ministries of Health, Ministry of Justice, Community based NGOs, etc. (plus one co-opted member)	Regional Coordinator, not one of the six members
Regional Council	All members including national coordinators	EB and RC accountable to the Council
IBFAN Afrique		
Conseil de Gouvernance	4 members, health professionals, paediatric doctors	Regional Coordinator, not one of the four members
IBFAN Asia		
Central Coordination Committee of BPNI	9 members, health professionals, paediatric doctors	
Managing Committee	3 members, one of whom is also on the Central Coordination Committee	3 Regional Coordinators; South Asia, South-east Asia. And East Asia
IBFAN Europe		
Advisory Board	6 members, all from NGOs at national levels	Regional Coordinator, not one of the six members
IBFAN Latin America and the Caribbean		
Regional Assembly of National Coordinators	18 members, national coordinators, sometimes coming from NGOs but sometimes the health profession. 3 countries vacant seats.	
Executive Board	6 members	Regional Coordinator, not on Executive Board
Regional Policy Council	10 members, some of whom are on one or the other of the above bodies	
IBFAN North America		
INFACT Canada	7 members	Regional Coordinator, not one of the seven members

IBFAN GIFA		
Executive Bureau	4 members, plus several ad hoc members including two midwives.	International coordinator, not one of the 4 members
IBFAN ICDC		
Executive Board	4 members	International coordinator, not one of the 4 members

First of all we would like to make it clear that we are not proponents of any "one size fits all" solution to governance. There is considerable variety within the IBFAN network and that variety should be encouraged and continued. However, we also strongly believe that there are lessons to be learned from this variety and that some organisational solutions will work better than others – depending on context of course. Variety is definitely not a problem as such, but it is a problem if one does not use it to experiment, assess, learn and continue changing practices. Is it, for example, better that a regional coordinator is a member of the board to which he or she is accountable? Perhaps it is, and perhaps it is one region but not in others. There is a need to ask such questions and to provide answers.

There are a few things we would like to comment on in table 4.1. The first is the difference between the Latin American region and the others. In Latin America, there is a Regional Assembly of all national organisations and we assume that this Assembly elects the Executive Board and perhaps also the Regional Policy Council. The Regional Coordinator in turn reports to the Executive Board. There is thus a clear line of accountability from the Regional Coordinator to the Executive Board and to the Regional Assembly. We are not quite sure how the Regional Policy Council fits into the picture, but we assume it is advisory and that it provides advice to the Executive Board and the Coordinator, and possibly to the Council itself.

The second observation relates to the names of the organisational entities; sometimes they are called Executive (board, bureau), a management committee or an advisory board. We are not sure whether that also means they have different terms of reference, different mandates or functions and a different division of labour in respect of the regional coordinator. We will turn to the functions of boards below in order to focus the question better.

The third observation relates to the regional coordinators and is connected to the above question. It is said that the regional coordinators are accountable to the boards (whatever they are called), but if the board's function is advisory, the question is if the board can hold anyone accountable at all? And if so, to whom? In the case of IBFAN Latin America it is clear that the Board represents the Regional Assembly. Although there are no regional assemblies described in the Strategy document, which is our source of in formation, we have been told there are also regional assemblies in the other regions.

Yet another observation relates to the size of the Boards. They range from 4 to 9 members. In public administration as well as in business, it is often said that boards should be small, say between 5 and 7 persons. It is also often said that an odd number of members is preferable as that leads to more stable decision-making in the long run. The most common here is to have 4 and 6 members, and it would be interesting to reflect on the reasons for this, and also whether people in these boards, and among members, think they have an optimal size.

The expertise that board members bring seems to vary. The BPNI Managing Committee appears to be dominated by paediatric doctors, the Executive Board of IBFAN Africa seems to have more participants from the government health structures, and IBFAN Europe is made up of NGO representatives. We want to underline that this variety is fine and provides a valuable ground for experience, but it would be interesting to know what motivates the differences and whether there is anything to learn from it. It is hard to say anything about the gender balance based on the names provided in the Funding

Appeal, but there is no obvious lack of men in the system, even though they are in a minority. It seems as if around 20–25% of the members in the governing structure would be male and that does not call for any immediate suggestions that it should be different.

The Functions of Boards

The question to raise here is why an organisation should have a board at all. The literature on governance provides three possible answers. The board could exercise power over the organisation on behalf of its members, that is, members elect a board to make sure that the organisation does what members (or owners, or endorsers) expect it to do. In that case the board takes decisions that the executive officers, whether he or she is called director, general manager, coordinator, or administrator does not matter, is expected to execute. There is usually a division of labour such that the board provides strategic guidance and decision, while the coordinator would take the daily decisions to run the organisation.

Sometimes the members/owners of an organisation decide that a board should be advisory, meaning that they appoint a board to provide good advice and creative ideas to the coordinator, but he or she would be free to accept or reject these ideas. In such cases, the board is like a group of senior consultants. But in that case the coordinator cannot be held accountable to the board, as the function of the board is only advisory. And the board itself can hardly be accountable either, at least not for the operations of the organisation. Many NGOs actually have advisory boards and it is also common in the public sector that boards are advisory. Finally, the owners/members could decide to set up a representative board. The main function of such a board is that it contributes with networks to other people, assist in lobbying, inform other stakeholders of the organisation's activities. It works outwards from the organisation rather than into it, as the two others do. The three roles are illustrated in the table with some indications of the organisational consequences.

Table 4.2. The different functions of a board

Type of board	Decision-making	Advisory	Representative
Key task of the board	The board decides on major issues in the organisation, for example strategy, personnel, finances. It follows activities closely and it can be held accountable by members.	The board is not responsible for operations, but is elected to provide advice to management, which is accountable to owners/members. Management decides whether to act on the advice or not.	The board members primarily work in relation to the outside world, that is, they represent the organisation and its cause outside the organisational boundaries.
Some organisational consequences	Small board, meets often, works closely with management	Board can be larger, members can circulate, less frequent meetings	Board can be quite large, should not meet often, and management works selectively with members

In the case of WABA it is quite clear how the governance structure works; there is a decision-making Steering Committee to whom the Directors are held accountable. But the endorsers and core partners have also seen the advantage of having a body that is both representative and advisory and hence the International Advisory Council was set up. Otherwise it is not uncommon that owners of an organisation try to combine all functions within one and the same board, thus having members that represent a decision-making structure, others that provide advice and others that could be expected to represent the organisation in other contexts (Sida itself may well be an example of this, where the government of Sweden has appointed board members to reflect all three functions of the board).

As for IBFAN, it may be clear to the people on the various boards what is expected of them, but it is not clear from the names of the different committees, councils and boards, it is not clear from their relationship to the coordinators, and it is not clear how this relates to the members of the organisation. But as we have seen there is a Governing Council that has been asked to review the governance system and to present proposals, so perhaps some of these concerns have already been addressed.

Conclusion

The governing structure in an organisational network is important and may be decisive for its long-term survival. A well-designed governance structure should make the organisations resilient and sustainable. But unfortunately there is no solid body of knowledge in organisational theory or in the management sciences of what constitutes good practice, at least not any comprehensive set of knowledge. It is fairly well established that effective boards tend to be small, people rotate, and board members should usually circulate and not stay on forever. It is better to have mixed competences, etc. But that is also the extent of knowledge, more common sense than empirical evidence, fragmented rather than comprehensive.

We have found WABA's governing system interesting and innovative. It seems to serve the organisation well. It needs to be followed closely to make sure that the expected benefits are realised, but there is – a priory – no reason to expect they will not be. IBFAN's governance structure is far more complex and it varies a lot between different parts of the network. This variance is healthy and should be encouraged. It is very unlikely that the regional organisations would benefit from having the same governance structure. But the regional organisations could learn from this diversity and develop governance through local adaptation of jointly established good practice. As the governance is presently subject to an internal review we do not provide any specific recommendations, but the text above has pointed to some issues that could be addressed; the main functions of the report, the lines of accountability, the size of boards, and finally that the designation of the board should reflect its function. A steering committee should steer and an advisory board provide advise – not the other way round.

5. Strategic Planning

The terms of reference for the evaluation ask us to look specifically at strategic planning in the networks. At the time of writing this report, both the IBFAN and the WABA network are engaged in strategic planning, in fact, they appear to be in the midst of the process of preparing their strategic plans for the period 2008–2012. The assessment provided here is based on the first drafts that we have taken part of, and we have discussed these during our meetings with both organisations. Our assessment may well be out of date as our impression is that the content and process of planning in the two networks can readily be adapted to new needs and challenges.

Purpose of Strategic Planning

In spite of the significant effort that goes into strategic planning, we have come to discuss the purpose of these strategic plans. It is not really possible to assess the plans if we don't understand how and why they were developed.

Strategic planning is, in theory, meant to be a management tool. Much has been written on the nature of the planning exercise and a number of different schools of thought have emerged. The point is that they all provide guidance for planning as a managerial tool, meant to make important decision on the future of the organisation explicit and to help employees and partners to act in line with the long-range interest and purpose of the organisation. This means that strategic plans are primarily meant for internal consumption. The plans are to be put in the hands of new employees and partners to guide them on the job. Management and staff should use the plans to remind themselves of the purposes of their activities and to check that they are moving in the right direction.

However, the strategic planning exercise in both WABA and IBFAN appeared to be driven to a large extent by what actual and potential funding agencies wanted to see. It is natural that for example Sida and the DGIS are interested in the strategic plans of the organisations they support, but they should be interested in these plans as managerial tools in the organisation. If the plans are written primarily to convince potential funding agencies of the virtues of the organisation, they will in all likelihood not serve as the internal steering documents they are meant to be. IBFAN's draft strategic plan actually has the subtitle "Funding Appeal", and that points clearly to the problem.

In order to develop the strategic plans in both IBFAN and WABA it is first and foremost necessary to define why they are written at all, why all the effort goes into planning. We would advise that the documents needed to solicit funds are kept apart, and to the extent that funding agencies ask for strategic plans, they should look for plans that have executive strength and that articulate the real choices and priorities in the organisations. Many funding agencies use some variant of the Logical Framework Approach for project planning, but this can of course not be made synonymous to long-term strategic planning for a complex organisational network. If the funding agencies need to structure their support to the networks in the shape of a logical framework that is one thing and it is not all the same as the organisations own needs of strategic planning.

Content of Strategic Plans

A good strategic plan should possess a number of qualities; it should be brief, to the point, and provide relevant information. It should be "strategic", that is, it should not go into the details of operations, whether that be project activities or other specifics. It should communicate well.

WABA's draft strategic plan is relatively short at 13 pages of text. Actually there is a cover page and a list of acronyms, so the text itself is even shorter. A total of 8 pages describe six strategic objectives that are also program areas. The strategy sets out the purpose, outputs and activities of each of these objectives and it is done in the form of Logical Frameworks. The LFA may be an appropriate tool to plan the program activities (though it is usually said to suit projects with relatively uncomplicated activities in stable environments better than complex and uncertain activities of a typically non-linear nature), but the question is if it should feature in a strategic plan? Our advice would be that project and program planning occurs at another level of abstraction and to bring it into the strategic plan takes the focus of this away from the long-range view and the overarching priorities and decisions of the organisation.

The remaining three pages of the strategic plan is structured as follows; first page, basic description of the organisation; second page, summary of "our vision", "our mission", "our values", and "our role". Second page; a brief section entitled "our goal", then half a page on "strategic response", and finally "strategic program objectives 2008–2012". Reviewing this critically, we came to the conclusion that it does not communicate well. There are too many concepts (vision, mission, goals, objectives, values, roles) squeezed into a small space. Each of them may in themselves be relevant, but here it is probably too much for an ordinary reader to take in and understand the significance of what is being said, particularly as most of the text is in the form of bullet points.

WABA's strategic plan probably looks different now so the criticism above is in a way unnecessary to put on paper here[2]. However, we think there is a more general lesson to be learnt and hence we note it for the sake of future planning by organisations in the network. In sum, a possible approach to WABA's strategic plan could be to take out all information on program areas and to present the plan on some five to six pages, structures as follows:

[2] WABA Secretariat emphasizes that the planning process has been highly participatory and thus helped build ownership throughout the network, and it is also said to have been useful for the formulation of LFAs and annual workplans.

1. Very brief introduction to the organisation and the plan
2. A combined mission/vision statement, which could also include the goal, as these are all at a similar level of abstraction and long-range in nature
3. Key values
4. The roles of WABA
5. Strategic response and programme objectives

It is difficult to know whether it will work until it has been put to practice, but we think such a structure could be more readable and could give a more comprehensive review of the activities. Yet another question mark concerns timing. Both IBFAN and WABA present five year plans. Five years is a very long time, and for an organisation that does not have funding guaranteed it is very difficult to make meaningful plans that far into the future. The plan should have some relation to the resources that are put to use, even though it can of course provide directions for how to mobilise funds.

IBFAN's strategic plan is a very different document and as we mentioned above it is actually called "IBFAN's Strategic Priorities. Funding Appeal 2008–2012. It is a document of 121 pages plus annexes. The text is divided into six chapters but starts with a problem statement on the first page, which describes the problem of malnutrition and the need to protect infant breastfeeding. A large part of the text in the following chapters describes the issues and challenges in breastfeeding, for example on monitoring the code, infant feeding in emergencies, breastfeeding and obesity, the rights of women to breastfeed. The other significant block of text is a descriptive review of the regional coordinating offices and the technical liaison offices.

The first narrative part (on problems and issues) should provide a powerful motivation for funding agencies to react to the issues, and the second part (description of the organisation) should provide the confidence that IBFAN is a trustworthy organisation that can do something about the problem. Which is all well and fine. But, it is not really a strategic plan for the organisation in the sense analysed above.

Planning Process

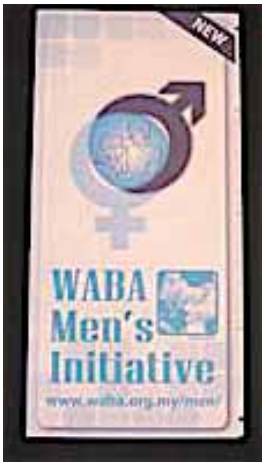
For some years now, there has been an emerging consensus in the literature on planning that it is not the document itself, the strategic plan, which is useful and worthwhile but the planning process[3]. It is the process that allows an organisation to mobilise energies, develop creative solutions to problems, and make well-informed choices about its future. The most important capacity in strategic planning is the networks capacity to think and act strategically and to respond to challenges in its environment. The bureaucratic competence to produce a piece of paper is less important in practice. As should be clear from the text above and from what follows in chapter 6, our assessment is that both IBFAN and WABA are much better at thinking and acting strategically than they are at writing it all up in documents.

The planning process in both networks appears to have been transparent and open. WABA included all parts of the organisation, and so for example the core partners have all had an opportunity to contribute to the plan – and, as far as we know, they still have as the process is not completed. The IBFAN Funding Appeal is also produced by the network as a whole, and as far as we can understand it is also shared with other partners. There is a difference though, IBFAN is a core partner of WABA and is thus naturally involved in WABA's strategic planning, but WABA, while a partner, is strictly speaking not a part of the IBFAN network – at least not the network consisting of the regional offices and technical liaison offices.

[3] There is much recent literature, but Henry Mintzberg, "The Rise and Fall of Strategic Planning" is a classical text that sets out the problems and the opportunities (New York: The Free Press, 1994).

Exactly at what stage in the process different organisations and networks should come in may require some more reflection in both IBFAN and WABA. In our opinion, the sooner the better as that will help and facilitate the work in both networks – and in service of their joint cause to protect, promote and support breastfeeding.

During the period 2000–2007, both IBFAN and WABA have made significant efforts to reach out to new groups, for example to young people and to men. Both networks conduct special projects on these issues.



Sida's Priorities

How do the priorities set out in WABA's and IBFAN's strategic plans correspond to Sida's policies? This question is put in the terms of reference but the answer will be tentative as the plans are still being developed. There are five policies in particular to consider; (1) poverty orientation, (2) rights-based approaches to development, (3) the policy on sexual and reproductive health, and (4) the policy on gender and equity[4].

Chapter 2 described the challenges around poverty and it also discussed gender and equity and the rights based approaches to development, and it analysed the progress of IBFAN and WABA as well as some aspects of their work in these fields that could be developed, in particular making sure that there is poverty focus at the program and project level. There is no doubt that the global efforts to protect, promote and support breastfeeding have a clear poverty orientation. Poor families are probably among the most vulnerable to the commercial efforts to promote breast milk substitutes and are also most likely to suffer from the effects. The 1.5 million infant deaths that could be saved are mainly among the poor in Africa and South Asia.

Sida's policy on sexual and reproductive health states that Sida should support activities that promote good care of infants through early and continued breastfeeding and that make it possible to promote breastfeeding with a working life (page 21). This is exactly what these two networks do, and their strategic plans could be read as an elaboration and development of the Sida policy in this respect.

Both IBFAN and WABA are conscious of the gender aspects of their work, both in promoting and strengthening women's rights and in involving men to assume their responsibilities. Chapter 6 below describes some of these activities. From the policy point of view, it is clear that in this respect as well, both networks clearly work in line with Sida's policies. The annex to IBFAN's funding appeal contains

[4] As for the first two, we refer to Sida "Perspectives on Poverty, 2002" and to the Government Bill 2002/03:122 Shared Responsibility – Sweden's Policy for Global Development; and for the third we refer to Sweden's International Policy for Sexual and Reproductive Rights, Ministry for Foreign Affairs 2006; and for the fourth, "Promoting Gender Equality in Development Cooperation", Sida 2005.

budgets for the regional offices. These budgets are split into allocations for strategic priorities first and priorities with regional focus second. Sida's policy concerns are seen as budget lines under each heading and it is thus easy to get an overview of how these areas are reflected as real priorities – that is, they are allocated funds – in the whole network. It is quite clear that the issues of poverty, gender, human rights, and the other policy concerns are strongly reflected in the management of the network.

Conclusions

IBFAN and WABA are in the process of finalising their strategic plans for the period 2008–2012. The evaluation found that the planning documents are well in line with Sida policies in these respects and they articulate and elaborate objectives that Sida may have in these fields. There is also solid evidence that the ambitions in the long-range plans are realised in the decisions on allocations of funds. The evaluation commented on the planning documents and we would emphasise that the strategic capacities are more important than the planning documents. Furthermore, the strategic planning process seems to be driven by potential funding agencies and the need to communicate with these. The strategic plans are not tools to help the directors/coordinators and their boards give strategic direction to the organisation, and there is a need to further reflect on this function in both networks.

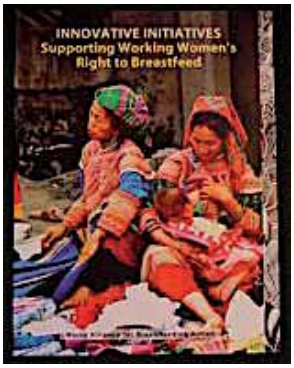
6. Projects and Programs

In this chapter we take a brief look at some of the many activities the IBFAN and WABA network engaged in during the period 2000–2007, either together or independently. In the course of the evaluation we had many presentation from staff members of the different projects and programs they were working on. In fact, we probably spent too much of our time being informed about what the networks do. Even if few of the questions in our terms of reference would call for a description of activities, we think it is appropriate to devote some pages of text to these. First, because our conclusions on outputs, outcomes and impact will benefit from these examples, and second our discussion on relevance in chapter 2 will become clearer with these examples, and third, because our analysis and conclusions on strategic capacities get some empirical support. We organize the presentation according to our visits to IBFAN Africa, IBFAN Asia, GIFA and WABA.

IBFAN Africa

Progress has been made in the African Region yet it is recognised that numerous challenges remain across the Region in implementation of the WHA Global Strategy, the International Code of Marketing and Codex and Maternity Protection for working women. There have been activities in 'awareness creation', ensuring 'best Quality Care' through the Baby Friendly Hospital Initiative, timely and effective breastfeeding and complementary feeding, prevention of HIV transmission from mother to child, infant feeding in emergencies, gender mainstreaming; men and youth involvement and in capacity building. As for progress in implementation of the WHA Global strategy, some countries show progress, others do not. The National strategies and comprehensive national policies/guidelines on how to implement the Global Strategy have been developed in about 10–15 countries. It is believed that these countries can serve as an example for the ten countries that have still not yet made such progress. It is considered that the majority of countries still have to improve their implementation and it is the rural areas that are mostly lagging behind.

Recent publications, one from WABA and one from IBFAN ICDC. They can be taken to represent the functions of control on the one hand, and supporting/promoting on the other hand, in respect of breastfeeding.



In the field of Maternity Protection for Working Women, IBFAN Africa has since 2000 trained national coordinators in 17 countries on the ILO Convention 183 and its benefits for family protection and strengthening the workforce. IBFAN Africa has also developed and disseminated guidelines on how to implement the ILO Convention 183 and recommendation 190 in about 30 countries. They have supported 4 countries to review their labour laws (Ghana, Zambia, Uganda and Sao Tome). Other countries have been supported with conducting national tripartite training (government, employers and workers) to speed up implementation (Uganda, Zambia, Tanzania, Mozambique, Sao Tome, Sudan, Namibia).

In the field of preventing the transmission of HIV from mother to child, well informed counselling for HIV + ve mothers, has been hard to achieve. Out of 34 countries, only 14 developed policies on IYCF in the context of HIV that will support proper counselling. Around 20 of the network countries still have to come up with one. IBFAN Africa members, active in the field, perceive large scale investments in the prevention of HIV transmission during pregnancy and delivery by applying ARVs alone.
In general little progress has been made in prevention of postnatal transmission from mother to baby through quality counselling on appropriate feeding options using the WHO AFASS criteria (Available, Feasible, Acceptable, Sustainable and Safe).

By 1997, at least 25% of health facilities had been sensitized to the BFHI in Africa; but with the advent of HIV, like nowhere else, the efforts declined, although IBFAN continued its advocacy in favour of the BFHI 'as a lonely voice in the wilderness'. As from 2002, with the endorsement of the Global Strategy for Infant and Young Child Feeding by the WHA, other traditional partners began to come back and now there are many efforts favouring a re-vitalization of the initiative. This has already resulted in certifying 25% of health facilities in most countries. The IBFAN Regional Conference in August 2007 targeting this activity area, and updating members on all other issues, has paved the way for a regional scale up of BFHI and other infant and young child nutrition work by IBFAN members and partners in the future.

As for Progress in implementation of Infant feeding in Emergencies (IFE), Many emergency situations exist in Africa. Most countries have emergency coordinating committees assigned, but they lack applicable guidelines and are ill prepared for effective reaction. IBFAN Africa activities in Tanzania, Mozambique and Angola have provided evidence that it is feasible for humanitarian NGO's and IYCF-advocates to work together in emergencies but coordination needs to be nurtured and skills of health-care providers and humanitarian field workers need to improve.

In the field of the gender mainstreaming, The African region is described as 'largely patriarchal' and IYCF is often seen as a women's issue. However, there is growing appreciation for gender mainstreaming and many IBFAN-men groups have been formed to support women in achieving optimal infant and young child feeding. This is crucial, as it will change attitudes regarding IYCF. Youth involvement has

resulted in active groups in Zambia, The Gambia, Mozambique and Swaziland, who developed a regional IBFAN-youth program that is supporting and servicing youth groups throughout the region. There was also progress in implementation of the International Code of Marketing and Codex; first as all countries approve a national law on the Code of Marketing and frequently monitor compliance of baby food companies; and secondly southern partners' input is acknowledged in all Codex Alimentarius commission and special committees meetings.

Capacity building has also been a focus area since 2000. IBFAN is implementing a pilot approach for capacity building in its 5 focus countries from 2006 to 2008. Activities are directed at strengthening the five in-country networks in: Zambia, Tanzania, Uganda, Mozambique and The Gambia, as well as its Regional Office. This has resulted in the registration of IBFAN Uganda, strong government participation in IBFAN-related activities in The Gambia and an 'IBFAN-umbrella' in Mozambique. In all countries strategic planning, programming and monitoring and evaluation have substantially improved. Technical training and advocacy skills training have also been conducted.

During this evaluation one of the evaluators was afforded the opportunity to acquire first hand information from two of the five focus countries. A member of IBFAN Uganda was interviewed and a field visit was undertaken to Mozambique. In addition numerous reports were made available including the report of a study tour to the Gambia earlier in 2007 which enabled members from Mozambique, Tanzania, Uganda and Zambia to learn from the experience. The major objective of the study tour was to gain from the successes of the Gambia in initiating and sustaining the implementation of *Baby Friendly Community Initiative* that has not taken root significantly in many other countries (IBFAN Africa May 2007).

IBFAN Asia

There have been many achievements and activities as well as challenges in the IBFAN Asia network and it is possible to share just a few here. BPNI has developed a tool, World Breastfeeding Trends Initiative (WBTi) in order to assist in establishing the state of breastfeeding in each country/state in the region. The tool has identified 15 key indicators which are documented and assessed in each country. The key indicators cover the following: the initiation of breastfeeding, the exclusive breastfeeding rate during the first six months, median duration of breastfeeding, bottle feeding during the first six months, complementary feeding (6–9 months) and then another 10 indicators dealing with the national status of different global initiatives. The indicators are graded so that it is possible to identify the gaps, where it is most urgent to put energy and resources to make improvements. This is an excellent tool which has had the intended effect to activate all eight countries in the region at the national level and improvements, progress and strengthening have been achieved regarding, for example: BFHI, the Code, and IYCF. A 'tool kit' for assessment and monitoring the status and progress of the GSIYCF has also been developed.

Advocacy to policy makers, health workers and other partners, on implementation of the Global Strategy for Infant and Young Child Feeding (GSIYCF) has continued. There have been efforts to promote the use of indigenous food in the Asia Pacific Region at national and community level. Workshops have been held in order to raise awareness about gender issues and reaching the poor, this complies with Sida's position in respect of equity and poverty reduction as a crucial approach to global development.

National breastfeeding strategies in have been developed in Afghanistan, Bhutan, India, Maldives, Nepal, and Sri Lanka and regional breastfeeding strategies have been agreed in 15 states of India in partnership with UNICEF. As a result of training of health professionals to effectively implement IYCF strategy there has been dissemination and sharing of information in the form of reports, newsletters and articles via the website: www.ibfanasia.org. The exclusive breastfeeding rate has increased in South Asia and it has been attributed to this increased dissemination and sharing of information.

All governments in South Asia have been involved in assessing their status of the "Global Strategy". It has added impetus to the cause in that the First Lady of Timor Lesté has joined the campaign and is affiliated with IBFAN. Policies on infant feeding and HIV in the region have been strengthened and personnel have been trained in Nepal, Bhutan, Bangladesh, Maldives, Sri Lanka, Laos PDR, Philippines, Timor Leste and Indonesia.

BPNI added 1.315 new members during the years 2003–2005, including seven organisational members. The total membership now stands at 3.617 with 51 organisational members. Capacity building of about 100 field groups has been undertaken to assist them to be effective in promoting Infant and Young Child Feeding (IYCF) in India and other South Asian countries at district and provincial level. Volunteer groups now exist in 25 states and 318 districts.

Nepal is challenged by a lack of knowledge and skills in supporting mothers in breastfeeding. The existing a national committee on breastfeeding is not active and formula feed is easy to get. A regulation is needed to monitor and enforce the International Code and it appears that there is no uniformity between WHO and UNICEF who need to collaborate and be stronger to withstand the commercial pressure. A challenge exists to find a way to influence the government to promote, protect and support breastfeeding and newborn care. There is good collaboration and support between the Nepal Breastfeeding Promotion Forum (NEBPROF) and BPNI. In India, BPNI faces a shortage of staff due to lack of funds.

IBFAN GIFA

IBFAN GIFA functions as a support centre for other IBFAN regional centres as well as individual IBFAN groups; it supports the whole IBFAN network and acts as a liaison office for the international organizations based in Geneva playing a central, crucial and important role. The Geneva office receives the endorsement forms from the regional networks and approves them using the criteria for becoming an IBFAN group, all groups needing to adhere to the seven principles or seven rights of IBFAN. IBFAN GIFA now facilitates weekly meetings of the IBFAN Global Council via Skype.

There are efforts to make GIFA more visible in Switzerland through the website and through developing a French website to reinforce the network with people working in the field. There are currently about 37 Baby Friendly Hospitals in Switzerland and IBFAN GIFA has translated information into French concerning this scheme. A mother-to-mother support group was initiated 2 years ago from the Geneva premises; the group of five to ten mothers meets once a month. GIFA has established relationships with some local midwives who advise and have become active in the work of promoting and supporting breastfeeding. Work is currently proceeding on developing a Swiss breastfeeding strategy. A pilot project on breastfeeding friendly crèches has been initiated and this includes five crèches. GIFA is also active in informing pharmacies about the International Code since there is a great need in Switzerland to raise awareness in this sector about these critical issues..

There are links between IBFAN GIFA and WABA with Geneva staff forming part of the Women and Work Task Force Group in WABA. There have been joint efforts together with WABA on maternity protection and a training tool-kit has been prepared to assist work with this. It is expected that ECOSOC will make a decision in January as to whether IBFAN GIFA will be accorded organisational status such as that granted to WABA.

The central hub of the network at GIFA complements the different roles of regional and smaller IBFAN groups by initiating, activating and monitoring issues concerning IYCF on the agenda. The work of IBFAN GIFA has influenced the agenda of UN organisations such as WHO, UNICEF and ILO and resulted in many WHA resolutions. The impact of the work done by IBFAN GIFA is enormous in terms of decisions taken at WHA and at UNICEF and ILO in favour of protecting, promoting and supporting breastfeeding world-wide.

There is also considerable and impressive work proceeding on human rights and maternity protection under the "umbrella" of the Convention on the Rights of the Child (CRC) and GIFA is the only NGO working with CRC. Each year the situation in 27 countries worldwide is reported to the CRC Committee; after country reviews the information is reported back to the IBFAN groups in each country, with the Committee's recommendations; these recommendations are tools for improvement at national level. Workshops on human rights and CRC have been carried out in a number of countries by GIFA staff and there is an intention of developing some education materials for use in such workshops to promote better understanding and the use of rights based approaches.

IBFAN GIFA collaborates with UNICEF across many different fields including CRC, and maternity protection producing materials, arranging workshops and contributing as resource persons. IBFAN functions as a vital source of information in this. Valuable work is also proceeding in areas concerned with HIV and infant feeding and infant feeding in emergency situations. The latter includes representation of the global IBFAN network in the IFE interagency Core Group (WHO; UNHCR, UNICEF, WFP, Emergency Nutrition network, CARE USA, Action Contre la Faim), a member of the Nutrition Cluster of the Inter-Agency Standing Committee for humanitarian response, policy development, writing and producing policy documents, training and informational material as well as holding international meetings and workshops on these subjects in collaboration with other members of the IFE Core Group.

WABA's documentation centre is a resource for the interns who come and do part of their research projects with WABA, as well as for guest researchers who can spend time there. To the right the chart from a workshop which looked at the past, present and future of the breastfeeding movement.

WABA

WABA's reports to Sida delineate three project activities; this stems from the fact that Sida does not provide core funding to WABA – the funding goes to only these three of the seven project activities that WABA is engaged in. The three Sida supported activities were:

1. Maternity Protection at Work. This project aims to promote and facilitate the strengthening and implementation of maternity protection laws, regulations and practices in both formal and informal sectors, and to prevent backsliding.

2. Gender Awareness/Mainstreaming and Outreach to Women's Organisations. This project aims to facilitate gender awareness and mainstreaming to WABA network, and promote collaboration between the women's and breastfeeding mov ements, as and when strategic.

3. Mother, Father and Community Based Support Networks. The objective of this project is to coordinate globally and facilitate more diverse and stronger mother/father support activities and community based support networks.

The progress report to Sida lists 16 outputs of the projects in 2006, for example seedgrant support to 11 projects in Maternity Protection in eight countries; a case study review of the experiences of how different initiatives to promote maternity protection at work by women's groups around the world, a number of advocacy products had been finalised; and there were gender sensitisation workshops on the gender project, a revival of a Men's Working Group, etc. It is obvious that progress in some areas is quicker than in others, and in some fields it may be necessary to close down activities when there is no progress in sight.

The progress reports to Sida appear to be frank on these subjects and they do clearly show which activities are more successful than others and they describe when there are changes in the projects, that is, when some projects are discontinued. WABA sums up the achievements in the latest progress report as follows:

> *"2006 sought to sustain and move ahead on some of the progress made in 2005 such as promoting the three gender publications; using the annual gender training workshop as an opportunity to build and strengthen the Men's and Youth working groups; and increasingly maximizing the use of the Mother Support e-newsletter as an avenue for information sharing and networking beyond its primary purpose. In terms of outreach, new links were made with women's and other groups working on HIV and sexual and reproductive health and rights leading to a Joint Statement on Gender, Child Survival and HIV. Matwernity Protection at Work has also started a compilation of about 30 case studies documenting over a decade of seedgrant experiences on working women and breastfeeding. In addition, emphasis was put on reformulating the Men's Working Group with regional focus persons, supporting the GIFS seedgrant and launching the new seedgrant project on community based support."*
>
> WABA Progress Report to Sida for 2006

WABA has always recognised the importance of the internet in mass communications and mobilization and has since the first WABA Global Forum in 1996 launched and managed a website from expertise outside the office. Now with the current funding cycle where we have had the resources and in-house expertise (IT person and graphic and web designer), WABA's main and WBW websites are high up on the google ranking. We have been able to maintain our ranking at the first page over the last year. As part of the new Strategic Plan, WABA will embark on maximizing the use of e-activism and plans to train its partners to increase their capacity in this area

Conclusion

The few excerpts from the activities of IBFAN and WABA in no way convey a picture of what the two network organisations accomplish. In particular the advocacy work is rather complicated and technically difficult. There is no doubt that it had an impact, but the impact is often due to several combined efforts. The question of attribution is difficult to answer and in most cases it would certainly be more realistic and more true to speak of contribution rather attribution. On the other hand, contribution is very real and can certainly be explained with social science methodologies. But it is neither well described nor assessed with the help of logical framework models. These build on an assumption of linear connections between causes and effects, but impact from advocacy work is always non linear and complex.

The network organisations do an astonishing amount of work considering the relatively small amount of money they obtain. The strengths of an organisation built on volunteers and many voluntary inputs is considerable; it becomes very efficient and effective.

The focus is very much on the activities themselves and on the immediate outputs. This is also what dominates in the reports to Sida and that is also based on the recommendations from the past evaluation and thus it responds to the demand for information. The two networks have received funds from

Sida for long, and it may be time to seek some more information on the outcomes and impact. WABA has for example organised the World Breastfeeding WEEK since it was founded, and it might be time to assess its impact. The is bound to be different types of impact, and it will also vary between countries It is likely that the themes from some years have been stronger and served better to mobilize support than they did other years. But there no such assessment of experiences, but we are convinced that the event could be improved if it was evaluated and we also think that it could create more of an impact if it was explicitly steered to achieve an impact – based on evidence of what works and what does not work. While this could be useful evaluative information for Sida, it could above all be used to strengthen the impact of the activities of both IBFAN and WABA immediately.

7. Organisation and Resources

Both IBFAN and WABA are extensive networks and complex organisational structures. There are many issues of management and organisation that can be discussed and reflected upon. We have no comprehensive view of strengths and weaknesses, but in this chapter we would like to point to some aspects of management that seems to be particularly relevant, particularly in light of the recommendations made in the last evaluation.

Locations

We have not found any discussions around location of any of the offices in the network except in one case. IBFAN Africa was founded in 1981 and is the coordinating office serving the English and Portuguese speaking countries in the Region. The network is constantly growing and currently incorporates over 70 groups in 33 countries. The Regional Office (RO) was in Nairobi between 1981 and 1989 but experienced considerable difficulties associated with its location during that time. At present the RO is situated in Mbabane, Swaziland. A sub-regional office (IBFAN FAN) is situated in Burkina Faso serving about 14 groups in the French speaking countries. IBFAN Africa and IBFAN FAN coordinate IBFAN concerns and build capacity of national groups in the Region.

The location of the IBFAN Africa regional office has been a matter of debate recently. A cost benefit analysis was carried out earlier in 2007 in an attempt to identify a preferable location for the RO. It was considered that the RO would be better situated in closer proximity to potential donors though acknowledged that the number of donors within the vicinity of the office would not guarantee easy access to them. Communication and access by air were the other considerations in relocating the RO. Telecommunication did not appear to be a problem in any of the options considered but air travel to maintain contact with countries in the region was considered easier from Kenya or South Africa (Langeslag 2007).

Moving the RO would inevitably reduce the output for some months and therefore impede the effectiveness of the office for a considerable time. The welfare of the current staff, continuity to ensure some institutional memory and consideration for staff who cannot or do not wish to move are issues that will need careful consideration in relocating the IBFAN Africa Regional Office. While the consultancy report on the different locations is accurate per se, it does not address all the issues that need to be addressed. It has no assessment of the direct costs of moving personnel and offices, and it has no estimate of the indirect costs, which are bound to be considerable. We find it rather strange that an organisation that is so much constrained by its budget resources – to the extent that its survival might be questioned – that it considers a highly uncertain and very expensive shift of location. We are not sure whether the decision to move is definitely taken, but if it is, it needs to be reconsidered.

Personnel

The evaluation of 2000 emphasised the need for personnel policies in the networks. Three aspects of personnel policies were analysed; (1) a need to rejuvenate the organisations, (2) the need to have – if not a gender balance – then at least some presence of men, and (3) capacity development. Both IBFAN and WABA have made considerable progress on each recommendation. WABA's secretariat is a young organisation and new professionals in their late 20s and early 30s have joined the organisation. IBFAN – GIFA has also recruited young employees and volunteers. The gender balance on boards and in the secretariats is adequate, although there are more women than men, but the latter are definitely not absent. WABA's secretariat has not managed to recruit any full time male employees, but there have been male interns and there are a significant number of men among endorsers and in the governing structure.

The level of competence and capacity is high indeed, but it is many times a problem that there are few opportunities for training and professional development. It is generally said that a learning organisation should set aside around 10% of resources (often time) for learning – including then reflection and self-assessment. The practice here appears to be much below that figure and that is a threat for the competence and capacities in the long run. Given the critical resource dependence, there is no easy solution. Management is well aware of the problem.

IBFAN Africa is widely recognised in the Region as the expert source on technical advice, advocacy and resources. All contacts made during the evaluation regarded the RO and its personnel as invaluable though there was some suggestion that their emphasis now should concentrate more and more on community issues. There are five professional staff including the Regional Coordinator and two support staff in post at the RO. IBFAN Africa is working with a shortage of staff with two posts still not filled due to financial shortage. The commitment of the staff and their diligence in the work is very commendable and accounts for the efficiency and effectiveness of the network at this level. A need to increase the staff level as well as fill the vacant posts has been expressed with the possibility of employing a young project officer with specific responsibility for youth work. However, with the anticipated relocation of the office, the future will depend very much on how many staff transfer and the selection and training of replacements where necessary which will be further complicated by the replacement of the present coordinator who is due to step down next year.

IBFAN Asia office (BPNI) is a resource centre for all IBFAN-groups in India and in the region. UNICEF regards the office as a place where the latest updated information can always be obtained, it is supportive and a reliable collaborative partner. Unicef India describes BPNI thus: *"If I had free hands I should multiply BPNI – there is a need of a technical resource centre in each state, a nucleus of quality circles with mutual support groups"*. There are seven professional staff including the Regional Coordinator and three support staff. Only the Regional Coordinator is working full time. Due to insecurity of future funds the 'job security' is difficult.

Administrative and Financial Capacities

An evaluation is not an audit exercise and hence we have not looked at the bookkeeping of the organisations we visited. However, we have asked for financial information, for example on budget, annual turnover, expenditures according to different types and allocations for different program purposes. We have always received satisfactory information, and the information has been provided instantly.

The past evaluation commented on WABA's Steering Committee and its involvement in financial management. The Steering Committee now discusses and decides on the annual budget, and it also receives and reviews the auditors' reports. This appears to be an appropriate level of detail for a Board to work, and it should not need to get more closely involved, unless, of course, the auditors would point

to a problem. So far, they have not; the auditors have approved of the organisations' bookkeeping and financial management.

The day-to-day financial and administrative duties of the IBFAN Africa RO are efficiently managed by an administrative officer with the support of the coordinator. The Regional Council is responsible for considering, and if acceptable approving the audited financial statements of the RO at the Regional Conference. The Board is responsible for ensuring that true financial accounts are kept in respect of all monies received or expended and that audited financial statements are prepared for presentation at each Regional Council Meeting.

The responsibility of the financial management within IBFAN Asia is undertaken on a day-to-day basis by the accounting assistant to the Core Team (the Regional Officer and 3 technical staff at the BPNI office) and then to the highest level of decision by the Central Coordination Committee.

Salaries and Conditions of Service

Salaries and conditions of service are important if the organisations are to recruit new staff members. WABA has recruited several new staff members since the last evaluation, and we did not hear of any particular problems in relation to either salaries or other conditions.

IBFAN – GIFA has also recruited new staff members and nor did we hear of any particular problems here. GIFA has an interesting salary policy. There is a flat monthly rate that applies to all staff members, based on the logic that "we all share what we get in an equal manner". The consequences would be that those who have long experience and much knowledge and are past the middle of their careers probably have a lower salary than they could get elsewhere. However, for a young person this flat rate would probably be considered quite high. Whether it is enough to compensate for the uncertainty in the organisation due to the fundraising problem is another question, but in the past seven years it must have been relatively attractive for young people to enter GIFA. We have no advice to offer whether the approach taken is the best, but it is interesting and needs to be assessed by others in te network.

Terms and conditions of service are identified in the IBFAN Africa Constitution for each member of the Regional Office staff and presented in a *'Conditions of Service Manual'*. The Regional Coordinator is appointed for a period of three years and this is subject to renewal by the Board who determine the terms and conditions of the appointment, but the period of service should not exceed six years.

A Central Coordination Committee manages BPNI and advises on how to achieve its goals and objectives. This committee consists of a Chief Coordinator, National Coordinator, Financial Coordinator and five executive members; BPNI members select them on the basis of an election for a period of three years.

Internships

WABA has since a few years back an internship program. Young people working on their masters' or Ph.D. thesis can come and spend time there and use the documentation centre or otherwise be part of program activities. It is also possible for professionals to spend part of a sabbatical doing research at the Secretariat. In the past few years that has brought several new people to the organisation, which benefits the learning of the full-time staff members, brings new ideas, adds to the resources, and it has a number of positive side effects. On the other hand, some of the staff members must be prepared to take time off to counsel and support the interns, and this is a risk as not all will contribute equally much during their internship. At times it may cost more than the organisation gains.

We never heard WABA staff and personnel say that it was too cumbersome to take on interns. However, in the IBFAN network we found that experiences were mixed. IBFAN Africa had interns

since 2002 and found that they could combine their own research with helping out in the secretariat with various tasks. IBFAN Africa took interns from abroad as well as from the University of Swaziland. IBFAN GIFA had experience of questionable value, at least it took more time than expected and hence was a drain on resources rather than a gain. This is a pity, as organisations that are so constrained by resources need to make use of all capacities that are offered. Interns can add strength to the organisation, and if well received, they leave and become good-will ambassadors in the future. Perhaps it is question of capacity to take on and receive interns; both IBFAN Africa and WABA could share their experiences and approaches with other partners.

There are some tasks in particular that interns could be used for. We have commented on the lack of monitoring and evaluation, but such tasks are ideal for people fresh from universities, where most have received the methodological training necessary to do interviews, mail surveys, case study research etc. that is necessary to follow up results. This would not be final solution to how the networks should monitor and evaluate their activities, but it could provide a good starting point.

Fund Raising Activities

One of the key recommendations of the last evaluation was that the networks needed to increase their fund raising activities and diversify their funding. We have not found any evidence of significant fund raising activities – to the extent that the overwhelming dependence on DGIS and Sida has changed. It seems that it is only after the Dutch decision to cut back funding in 2005 that these activities have taken on some urgency.

We must ask why the organisations could not act successfully on the recommendations of the last evaluation? Perhaps they had adjusted to working with the annual budget that DGIS and Sida provided and had little incentive to go beyond that. We must also remember that there is a job to be done in program management, and that is a job that is more interesting, more rewarding and possibly also better in line with existing capacities, than fund raising is. It is thus not surprising that fund raising was neglected – as we believe it was – until it became an acute emergency.

There has been evidence of increased efforts in fundraising activities in the five focus countries of IBFAN Africa, namely the Gambia, Mozambique, Tanzania, Uganda and Zambia but it is recognised that much of the network is supported by individuals who do not have the means to contribute to the work financially. The RO and many of the country networks currently face a narrow donor base and it has been recognised that capacity in fundraising needs improvement. Fundraising being an essential part of network coordination and professional effectiveness requires a well coordinated fundraising approach and time allocation. For this purpose technical assistance has been acquired for the RO and also for some country network activities in order to further build capacity. Efforts are currently being made through approaching more potential donors and also considering reaching out to ethically acceptable businesses in order to gain support.

The Core Team of BPNI/IBFAN Asia is responsible for planning and policy. Planning includes fundraising. Since DGIS decided to withdraw their financial support from the year 2008 IBFAN Asia has become more active in looking for other sources of financial support and has done so during the autumn 2007. The Regional Officer has visited Cida in Canada and Norad in Norway for fundraising.

Follow-up on Recommendations

The table provides a brief summary of the how IBFAN and WABA has followed up on the recommendations of the joint DGIS/Sida evaluation. As we can see, the most important recommendations have been carried through – with the exception of fund raising.

Table 7.1. Follow up of recommendations

Summary of recommendation	Accomplishment
General recommendations (pages 83 and 84)	
Clarify roles and relationships	Partly done, good progress
Conscious about salary situation, coordinate	Done and there are sound contracts of service
Promote gender equality in breastfeeding organisations	Done, program activity in several of the organisations
Influence research agenda on HIV/AIDS	Done, more programmatic efforts
Monitoring Innocenti targets	Done, uniform system in place
Recommendations to the IBFAN network (page 84)	
Budget and accounting system useful for management purposes	Done, the system are transparent and useful
Penang Board should look into responsibilities of Board and employees	Done
ICDC Board should put on record a contract with Director	Done
ICDC Board should reconsider its function and include policy and functional matters.	Done
Recommendations to the WABA network	
Board more responsibility for financial management	The boards role is appropriate as it is now
WABA Steering Committee needs to work on organisational set up to assure participation	Done, but also an ongoing task
Alliances with feminist and gender equity oriented NGOs	Done and also ongoing
Evaluation of seed grant projects	Not done (but documented and published for lessons learned to be public)
Comprehensive budget in line with financial analysis	Done

As for the rather important issue of roles and responsibilities, we will turn to that below. There is more to be said on that subject. There is the question of evaluating the seed grants projects that was recommended. We are in principle in favour of evaluation, but the seed grant projects are very small, often only a few thousand USD to each project. The costs for an ordinary, external evaluation, such as this for example, would be much to high to be justified. The travel cost itself would amount to much more than the project and it would be unethical to spend so much on evaluation and so little on the substance of activities. The grant recipients should provide feedback on how they use the money, and if it is possible at times to verify that through visits from national or regional coordinators, if they happen to be in the vicinity anyway, should be sufficient. Else this could be a task for interns. It should not be a task of the regular organisations, there are more important things to do and more important issues to evaluate than the seed grant projects.

The Question of Roles

It was very encouraging that people in and around the IBFAN and WABA networks were quite clear on the different functions and mandates of the two organisations. As the last evaluation found that there was a need to clarify roles and relationships, this has evidently been done and accomplished. Actually, the two organisations did much to clarify their relationship more or less immediately and agreed, in 2002, on a document of mutual understanding and how to work together.

There is undoubtedly some rivalry, but that is not due to any uncertainty regarding roles and responsibilities as such. That sense of rivalry appears to be rare and we only found some limited evidence of it during interviews. In addition, we think the rivalry as such is not real either, but more the consequence of a lack of insight into how funding agencies work and what the opportunities for collaboration are. We have commented on that in chapter 3.

In the continuing discussions between IBFAN and WABA the two organisations have come up with a review where they pinpoint functions where the complement each other and where synergetic effects could be realised. This is very useful; sometimes it is better to divide labour and do different things – but of course in relation to the overall objectives. That is where they complement each other. At other times they need to work together, and in such cases there should also be an added value, the cause is promoted more strongly when the organisations act jointly. These discussions are based on a concrete and practical understanding of what the organisations do.

The question of roles is more difficult, in theory at least. There is no such thing as roles in the managerial and organisational sciences. Organisations have mandates and functions and they do things; such as implement various projects and programs, in the course of which they train people, organise breastfeeding weeks, monitor marketing of international formulae producing companies, assess progress on targets in the Innocenti declaration, or make sure that the World Health Assembly adopts texts that refer to infant feeding, etc. We do not necessarily understand these activities better by talking about them as roles of the organisation.

In fact, as there is no commonly agreed definition of what roles are and should be in management, it can often be quite confusing to start speaking of roles, and hence there is often a need to clarify roles. Nevertheless it can be useful to introduce roles as a form of intermediate concept in organisational analysis, but it is not obvious and if it is useful there are at lest two conditions that must be fulfilled. First, there must be a comprehensive list of the potential roles that the organisation could play. Second, these roles must be clearly defined and verifiable in practice, distinct from each other.

We have noted that the words "protect, promote and support" are sometimes used to talk about the roles of IBFAN and WABA, and also to distinguish them from each other. IBFAN would do more in terms of protecting, WABA more in support and promotion. But it is obvious that both organisations do a little bit of all three, and besides, they cannot be easily distinguished in practice. Also, a role is not really a cocenpt that should be expressed in verb form. A role ought to expressed as a noun, and a role could be for example "gate-keeper", "financier", "promote" or something similar. Roles in development cooperation have been analysed by Forss, Sassa and Birungi (2002), and roles in multinational organisations by Forss and Kruse (2002 and 2004). The recent report on the UN the reform of the UN secretariat also introduces the concept of roles and develops a vocabulary around it (Ministry of Foreign Affairs, 2007).

With this we would like to say it is possible that it is useful to speak about roles and to use that to delineate what organisations do and how they should relate to each other. But it is not obvious, and if it is to be clarifying rather than confusing it is necessary to develop a useful and practical vocabulary. Maybe IBFAN and WABA are better advised to use the words that are already found in their mandates and that practically describe their tasks?

Conclusion

The previous evaluation presented a number of recommendations to IBFAN and WABA. With one exception, the two organisations responded quickly and efficiently and implemented the recommended changes. That exception is the recommendation to intensify funding efforts and to diversify the sources of funding. If IBFAN and WABA had acted on that six years ago, they might have faced a less uncertain future than they do today. Otherwise the evaluation concludes that the organisations work efficiently. They have managed to attract and retain competent and capable personnel. They also have some staff turnover and that is a healthy sign. There is an adequate gender balance and many young people have been engaged in various capacities in recent years.

There has been some rivalry between IBFAN and WABA but that seems to belong to the past. In spite of the rivalry IBFAN is a core partner of WABA and many of WABA's regional and country focal points are also IBFAN coordinators. The organisations have done much to clarify their relationship, sort out their different functions, and identify areas where they should work together and where they supplement each other. There is no question but that they work for a common cause. The two organisations are also well developed and have become stronger (apart from financially) and are poised to work well together in the future. The evaluation found only one cause for serious concern and that is the discussion to move the regional office of IBFAN Africa. This is bound to be a costly exercise and it comes at a time when the organisation could ill afford it. The efficiency will be sharply reduced for several months, possibly even years. Whether the final answer is that it is better to move than to remain in Swaziland, that we do not know. But, as far as we can see, the necessary information for a well informed decision is not in place.

8. Conclusions and Recommendations

This evaluation has covered several areas. We have thought it necessary to treat many issues and to treat issues from theoretical as well as more practical and pragmatic perspectives in order to respond to the aims of the evaluation. The text above has brought each chapter to a conclusion in respect of the subjects in the chapter. When we now conclude the whole evaluation report it would not be very useful to sum up these sections. Instead we return to the terms of reference of the evaluation and summarize our findings in respect of each question there, and also provide recommendations in each, and finally in respect of future collaboration between Sida and the breastfeeding networks.

The first evaluation question was to assess the degree of result-oriented program management and reporting that the Sida-supported networks have in place, in particular; (a) what progress has been made towards the achievements of program results at the output level? the outcome level? impact? and (b) how well does the administrative and financial capacity of the networks correspond to the Sida rules and regulations?

Conclusion. The last evaluation recommended that the reporting system should be strengthened to report results to Sida at the output level. The organisations followed the recommendation. The progress reports have detailed and reliable information on outputs and activities, and that is also according to instructions and agreement. However, the question is if the information is not too detailed to be of much use to Sida. It would be more relevant for Sida to have some information on outcomes and impact, and Sida probably needs less information on outputs and activities. The organisations use the DGIS approach to log frame planning and apply it diligently to all activities. Staff and management have taken part in training, and we could not find any shortcomings in their ability to use the system. Our concern is not with the system as such, but with the fact that it does not, in this form, go far enough to identify impact. Finally, the administrative and financial capacities are well developed and correspond to Sida rules and regulations.

Recommendations. Both IBFAN and WABA should continue to use the capacities they built up in logframe planning. However, there is a need to assess the limitations of logframes and to assess when the environment and the tasks are so complex that this format does not provide answers to planning questions. In particular, outcomes and impact in non-linear environments are better described in less rigid forms and with more qualitative and narrative approaches. The annual progress reports to Sida (and possibly other donors) could be less detailed at the output level and, over time, say more about outcomes and impacts. The monitoring and evaluation capacity to provide more information on these aspects of results needs to be strengthened.

The second evaluation question was to assess the extent of strategic planning and the implementation of plans regarding key issues such as HIV/Infant feeding, Gender Equality, outreach to new stakeholders i.e. reaching poor people in accordance with Sweden's Policy for Global Development (PGD), and in particular (a) what strategies exist regarding key issues? And (b) how well do they correspond to Swedish policies including Rights Based Approach?

Conclusions. Both WABA and IBFAN spend considerable efforts on strategic planning and they have produced draft strategies for the period 2008–2012. These plans (though not finalised yet, the evaluation looked at the draft plans) are well in line with Sida strategies and policies. There is no contradiction in any field. Still, the networks' approaches to both poverty and rights-based development can be further developed. Whereas activities in general certainly should have a major impact on poverty and concern poor peoples rights, the concrete project activities could at times be focused more directly on poor people. Both organisations have intensified their efforts with programmatic activities regarding HIV/Infant feeding and gender equality. WABA in particular has reached out to new groups, in particular feminist movements and the environmental movement, and that is also WABA's task more than IBFAN's.

Recommendations. The organisations should continue their work in these programmatic areas and their efforts at reaching out to other social movements should be encouraged. The results so far are good, but may risk being scaled down if the funding situation does not improve.

The third evaluation question was to assess the efficiency, effectiveness and long-term sustainability of the BF networks in terms of organisational design in particular in human resources, and to assess; (1) what strategies are in place to cater for gender balance and rejuvenation of human resources, and (b) has there been an active effort to bring in new and younger persons into the BF networks?

Conclusions. Both IBFAN and WABA have worked hard to rejuvenate staff and personnel and to obtain a better gender balance than they had in the year 2000, and they have been successful in this. Both networks have a mixture of men and women in their governance structure and among personnel in the secretariats. They have also managed to attract younger persons to the organisations. There is no need to make any further recommendations in this respect, apart from making sure that the results achieved are sustained.

The fourth task in the terms of reference was to assess the extent to which the recommendations from the previous joint Sida/DGIS evaluation have been addressed at international, regional and organisational level.

Conclusion. Both IBFAN and WABA have made good progress on the recommendations in the past evaluation. Most important, they have done much to clarify the tasks and functions of each organisation, and it seems that other stakeholders who come into contact with the networks are well aware of the differences and the similarities between them. There is no confusion where it matters, at field level and among members and endorsers in the two organisations and in respect of their representations at regional and national levels. There is only one important recommendation that was not followed and that was the one to expand and diversify the funding of the organisations; to the extent the organisations tried they did not have much success.

Task number five was to identify lessons learned and provide recommendations for opportunities for joint/coordinated and diversified funding strategies and applications, and specifically; (1) how has the funding situation of each organisation/network functioned over the last project cycle? (2) which partnerships have been formed where has there been shared funding for common events and how did these come about? (3) What plans and activities do the BF networks have for diversifying and coordinating future funding?

Conclusion. The funding between 2000 and 2007 has been stable and, even though the amounts of money were relatively small, the funds were sufficient to let the organisations function well with the staff, the capacities and the ambitions they have had. There were no major changes in funding during the past seven years, even though some minor funding agencies did contribute money on and off. It is DGIS and Sida that consistently provided the lion's share of resources. That is also part of the problem and when DGIS decided to end its funding of the networks, these have – to date – not come up with any alternative source of funds. There were efforts to contact other bilateral agencies but the collaboration between different parts of IBFAN and WABA have not been intensive enough, and besides the efforts to coordinate funding started much too late.

Recommendation. The two networks have to work together to seek finances; they must be able to present joint proposals and in all likelihood they stand to gain from presenting relatively large joint proposals rather than small but separate proposals.

In summary, our recommendation to Sida is to continue financing the networks – both IBFAN and WABA. Sida's support is very important and crucial for the organisations to maintain activities while they are now in process of changing their funding base and looking for funds to substitute the shortfall when DGIS ceases its support. Furthermore, both networks have reported good results and they have followed the recommendations of the last evaluation, almost to the letter. There are many indicators that IBFAN's and WABA's work has a considerable impact, although in the future it will be necessary to create more evidence-based evaluation results of this.

There is one outstanding concern from the evaluation and that is the possible move of IBFAN Africa from Swaziland to Kenya. In respect of this, we would like to offer the following words of advice.

(a) Timing

Acknowledging that relocating the regional office will be a major upheaval at a critical time in the life of the network, it is urged that due care should be taken to achieve the move with maximum efficiency to assist the organization to continue functioning efficiently and minimum trauma to the staff. In order to achieve this, the following options are proposed:

Option a

Initiate the move soon so that adjustment and handover to the newly appointed coordinator and initiation of any new staff can be achieved within the term of office of the current co-ordinator. This option would demand an early detailed assessment and plan and depend on a ready source of adequate funding.

Option b

Defer the move until a new coordinator is appointed and appoint the current coordinator as a consultant to assist the initiation of the new person and then to oversee the move to the new location.

Option c

Several months before the present coordinator is set to stand down, establish the complete team who will work in Nairobi whilst the office is in Swaziland. This should include the new personnel who will relocate. Then undertake the move with the new team in place.

Option d

Given the cost implications and inevitability of losing some experienced staff at a time when IBFAN Africa needs to be very pro-active in a climate of high incidence of HIV/AIDS, child malnutrition, infant mortality, poverty and states of emergency, reconsider the wisdom of uprooting the office from its present location.

b) Relocation preparation

Prior to the move, it is important that senior personnel from the regional office undertake a fact finding mission to Nairobi and assess the needs for relocation and an accurate estimate of the funding needed for this. It is anticipated, for example, that it will prove more cost effective to acquire new IT equipment in Nairobi than to ship it from Swaziland.

(c) Care of the current staff

Whether or not current staff elect to transfer to Nairobi, *good employment practice* should be evident. This should include:

1. A package to cover the expense of relocation to Nairobi or
2. Appropriate assistance to those who choose not to move. This could involve consideration for employment in a national IBFAN office (see (d) below)

(d) Maintaining some expertise in the area

Acknowledging the considerable esteem in which IBFAN Africa is held within Swaziland and the fact that no equivalent organization is able to offer the expertise of this network, either within Swaziland or in close proximity, it is strongly recommended that when IBFAN Africa relocates, *a country office for IBFAN Swaziland* be set up. Some existing staff who opt not to relocate may be well placed to staff this,

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Annex 1 Terms of Reference

Health Division/DESO, Gunilla Essner

External Evaluation

Sida-supported Networking Organisations (IBFAN-GIFA, IBFAN Africa, IBFAN Asia-Pacific and WABA) on protection, promotion and support of optimal breastfeeding and infant/young child feeding, 2000–2007

Background

Breastfeeding has long been recognized as crucial for the health and survival of infants, saving approximately 1,5 million infant lives each year. Recent research that it makes a substantial contribution to maternal health also. Breast milk is the only food that is equally available to poor and rich alike. Breastfeeding is so physically robust that exclusively breast-fed infants grow almost equally well in the poorest countries as in the richest ones. But it is rare, most mothers all over the world give unnecessary and harmful fluids including water from the first days or weeks of life. Exclusive breastfeeding has been a priority for neither the health care system nor for social systems, including unions and others struggling for workers rights, nor even for those aiming to achieve more gender equality in society. Furthermore, breastfeeding is subject to disturbance through social and psychological factors, particularly in periods of rapid social and economic change. In recent years trends toward increasing consumerism and globalization of trade constitute new threats.The negative impact of the HIV/AIDS pandemic on the support and committment to breastfeeding has also been observed, particularly within the Baby Friendly Hospital Initiative.

Origin of the breastfeeding networks

Starting in 1969, United Nations organizations began to hold meetings with international baby food companies to discuss ways of reducing commercial pressures on women. In 1979 they met with government representatives in Geneva to arrive at concrete recommendations. At this meeting, a group of NGOs formed a network called the International Baby Food Action Network (IBFAN) to provide advocacy, lobbying, monitoring, and other support to this effort.

The international IBFAN network has played a crucial role in the formulation and international acceptance in 1981 at the World Health Assembly (WHA) of the International Code of Marketing of Breast-milk Substitutes. Together with several WHA resolutions that closed some of the Code's loopholes, the International Code and its resolutions is today still an important and unique example of an international normative UN instrument providing widely agreed-upon guidelines that affect the way the free market operates in order to promote public health.

By the mid-1980s, there was much concern about slow progress with the protection, promotion and support of breastfeeding, both with implementation of the International Code, and with *improvements* in health care practices and community support needed to help mothers to breastfeed. Breastfeeding was only given lip service and had no agreed-upon set of policies or activities that could guide governments and donor agencies in promoting it. WHO, UNICEF, USAID and Sida then organized a series of technical meetings and finally a policy-makers meeting in Florence, Italy in 1990 that produced the *first* Innocenti Declaration[5], still the leading international breastfeeding policy document. NGOs did not directly participate in this process nor in the Innocenti Meeting, but have become critical in actualising the Innocenti targets.

[5] the Innocenti Declaration was endorsed by the Unicef Executive Board in 1991; operational targets endorsed in World Health Assembly in 1992 (WHA Res. 45..34).

The World Alliance for Breastfeeding Action (WABA) was formed, and initially sponsored by UNICEF, a year later. The main mandate of this NGO alliance has been to forward the agenda set forth by the Innocenti Declaration, focussing in particular on areas other than those related to the International Code to avoid duplication and to complement efforts of IBFAN and the other breastfeeding organisations. These include strengthening of maternity protection, advocacy on the Baby Friendly Hospital Initiative (BFHI) and mother support . Large scale social mobilisation at the global level has been WABA's main strategy for bringing on board popular support for the Innocenti targets. In 2005, WABA played a leading role in organising the second Innocenti meeting, and the Declaration that resulted.

IBFAN

IBFAN formed several regional coordinating offices and divided up tasks accordingly.

BFAN-GIFA continues to host the regional office for the European Region, with emphasis on information sharing, networking, outreach, and NGO capacity building. IBFAN-GIFA serves as liaison office for the whole IBFAN network with the UN and international organisations. IBFAN-GIFA also took on the roles of being a watchdog over marketing practices of the infant feeding industry and have closely followed WHOs activities in relation to the Code. IBFAN-GIFA has played key roles in building up IBFAN's capacity in French-speaking countries, as well as providing earlier support to Africa and more recently also to the Arab World region. Since 1991, IBFAN-GIFA has administered successive global grants from DGIS in the Netherlands to the increasing number of IBFAN regional coordinating offices and has established participatory mechanisms for management oversight. Since 2006, IBFAN-GIFA was confirmed by the entire IBFAN network as its international administrative and fundraising office.

IBFAN Africa has worked for many years to build up a regional network of national groups that are engaged in awareness-raising, health worker training, information giving, monitoring, lobbying for legislation, policy change and many other tasks. Today it coordinates national groupsfrom the Anglophone and Lusophone sub-regions. From 1990 to 1997 it had also coordinated the French sub-region, which became independent in 1997, but remained under GIFA soon after. IBFAN Africa has grown from one group to 8 groups between 1981–1990; from 8 to 20 groups in 20 countries by 1997; and to 70 groups and 33 countries by 2007 despite the fact that the Africa region was the most severaly affected by the effects of the AIDS pandemic. It was IBFAN that raised the alarm about the ill effects of the HIV pandemic on infant and young child feeding through a UNICEF-sponsored study conducted by Pauline Kisanga (IBFAN Africa) and Michael Latham (then WABA Steering Committee member) in 2000. It has worked to build separate but linked networks within each of the three large language groupings on the continent, English, French and Portuguese, but more working as one within the Lusophone.

IBFAN Asia Pacific in New Delhi, India is the the regional office for Asia. It plays a similar role to the IBFAN Africa regional office and coordinates four sub-regional offices. There is a strong element of working with health professionals to further the cause of the global instruments.

WABA

At its inception, WABA established a global secretariat based in Penang, Malaysia. It engages breastfeeding activists, health workers, and other groups concerned with health, nutrition, consumersim, women' and environmental issues in collaborative efforts at the international, regional and local levels through social mobilisation activities and advocacy. It coordinates the annual World Breastfeeding Week (WBW) which mobilises thousands of individuals and organisations all over the world to act on the Innocenti and Global Strategy for Infant and Young Child Feeding recommendations.

WABA works through issue based Task Forces on Health Care Practices, Mother Support, Women and Work, Breastfeeding and HIV, Code Compliance, and Research; and Working Groups on Education and Training (of health workers), Gender, Men, Youth, and Environment. The Task Force on Women

and Work made a major contribution to advocacy at the 2000 ILO Maternity Protection Convention. With the Secretariat, it has also run a 12-year women and work seedgrants project to enable national and local groups do work on international instruments at the local level and to reach women in the informal sector. In addition, WABA continues to contribute to improved health care practices, training for health professionals as resource persons and as trainers for health and community workers.

WABA works at regional level through its Regional Focal Points (RFP). These are mainly IBFAN regional offices, which are also the offices of other local NGOs, as well as La Leche League International. WABA's RFP for Africa is IBFAN Africa, for North America is LLLI, for Latin America and the Caribbean is IBFAN-LAC, which is also the local NGO CEFEMINA and for Asia is IBFAN Asia, also the Breastfeeding Promotion Network of India (BPNI). WABA's RFP for Europe is now IBFAN-GIFA. WABA's Country Contacts are local groups and individuals who are endorsers and actively work on WABA programmes e.g. WBW activities. RFPs coordinate with country groups in their region, so that they can implement activities at the grassroots level and make the best use of WABA seed grants. This close collaboration extends WABA's reach and adds value to the activities of regional and country groups, by enabling them to expand their activities and build their capacity. As part of WABA, RFPs also benefit from having access to a wider network and resources to further the common agenda.

WABA adds value to the breastfeeding movement by providing a common platform to unite advocates and enable them to be more effective. It has organised two Global Fora, and annual Global Breastfeeding Partners Meetings. A colloquium on HIV and Infant Feeding at Global Forum 2 in 2002 brought UNICEF, WHO and UNAIDS and the NGOs together and contributed to the widespread adoption of the HIV and Infant Feeding Framework for Priority Action. More recent contributions to the breastfeeding movement include gender awareness and mainstreaming, outreach to women's organisations, involving men and youth in breastfeeding issues and advocacy, and promoting mother and father support through the two Global Initiatives for Mother and Father Support (GIMS/GIFS).

Swedish International Policy

The last decades have provided new global instruments for the promotion, protection and support of breastfeeding, for example the Global Strategy for Infant and Young Child Feeding (GSIYCF), the UN HIV and Infant Feeding: Framework for Priority Action; and more recently the Innocenti +15 declaration, MDGs 4 & 5, Convention on the rights of the child, CEDAW, the Swedish Policy on Global Development , the Swedish International SRHR Policy. These rights-based instruments serve as guiding documents for the breastfeeding movement and for this evaluation.

Currently there is an on-going review of all Swedish Development aid by the new government. The review is aiming at concentrating Swedish development cooperation to fewer countries and fewer sectors. The budget proposition will be released in September 2007, only then will it be known if funds will be available for global program funding, under which heading the planned continued support will be applied in a compiled application for the 4 BF-Networks.

SWEDEN has a long history of support to civil society movements, both nationally and internationally. The Swedish Government/Sida support to the breastfeeding networks has been longstanding and consistent. Sida plans to continue supporting the networks but this is dependant on the new governmental directives and corresponding budget allocations. It is also dependant on a more coordinated project application procedure by the networks themselves.

The Swedish support to IBFAN was evaluated in 1986 by International Health Care Research (IHCAR) at Karolinska Institute. In 1998, there was a joint Swedish and Dutch commissioned evaluation of the breastfeeding networks (see annex for details of recommendations from the previous evaluations), and published 2000.

The undertaking is considered as an opportunity to review Swedish Government assistance for protection, promotion and support of breast feeding through various organisations: and to redefine the rationale for continued assistance and to identify the key issues to address in future Sida-support for breast feeding activities.

Aims of the Evaluation

1. To assess the degree of result-oriented program management and reporting that the Sida-supported networks have in place
   a. what progress has been made towards the achievements of program results at the output level? the outcome level? impact?
   b. how well does the administrative and financial capacity of the networks correspond to the Sida rules and regulations?

2. To assess the extent of strategic planning and the implementation plans regarding key issues such as HIV/Infant feeding, Gender Equality, outreach to new stakeholders i.e. reaching poor people in accordance with Sweden's Policy for Global Development (PGD).
   a. what strategies exist regarding key issues?
   b. how well do they correspond to Swedish policies including Rights Based Approach?

3. To assess the efficiency, effectiveness and long-term sustainability of the BF networks in terms of organisational design in particular in human resources.
   a. what strategies are in place to cater for gender balance and rejuvenation of human resources?
   b. has there been an active effort to bring in new and younger persons into the BF networks?

4. To assess the extent to which the recommendations from the previous joint Sida/DGIS evaluation have been addressed.
   a. at international level
   b. at regional level
   c. at organisational level

5. To identify lessons learned and provide recommendations for opportunities for joint/coordinated and diversified funding strategies and applications
   a. how has the funding situation of each organisation/network functioned over the last project cycle?
   b. which partnerships have been formed where has there been shared funding for common events and how did these come about?
   c. What plans and activities do the BF networks have for diversifying and coordinating future funding?

Methodology

The evaluation team will consist of 3 consultants with the following qualifications:

- Scientific knowledge and experience of infant and young child feeding issues
- detailed experience with breastfeeding advocacy
- knowledge and experience of civil society networks
- experience of qualitative evaluation, including analytical skills in applying Sweden's PGD
- experience of applying result-oriented (LFA) methodology

Preparation:

– Review of project document, annual work plans as compared to annual progress reports, and internal organisational documents by consultants and previous evaluation report 2000.

– Desk studies to summarize projects supported by Sida.

– Development of focused questions for interviews with key informants and key regional groups and donor organisations.

Field Work:

– Visits will be made to Penang, Mbabane, New Delhi and Geneva. Structured interviews will be carried out with key individuals and semi-structured group discussions will be held with key partners. Sida (responsible program officer in breastfeeding) and other potential donors, relevant UN and academic institutions providing technical support e.g. IMCH. One consultant is proposed to visit IBFAN-Africa in Mbabane in Swaziland, UNICEF-ESARO Nairobi and UNICEF country office in Swaziland & Pretoria, South-Africa, to contact by conference telephone WHO-AFRO in Brazzaville (inquiring financing from UNICEF & WHO, their view on the networks). Another consultant is proposed to visit IBFAN-Asia & Pacific, New Delhi and also to visit UNICEF-ROSA in Kathmandu. The third consultant is proposed to visit WABA in Penang and to contact UNICEF Kuala Lumpur or regional office in Bangkok. In addition to this, .all three consultants will visit IBFAN-GIFA in Geneva, WHO Headquarters and UNICEF regional office for CEE/CIS.

Reporting

Reporting of conclusions and main findings of the evaluation in each of the 4 visiting country offices of WABA & IBFAN (Penang, Mbabane, Geneva, and New Delhi) before departing from these countries.

A Seminar will be arranged by Sida where the evaluators will present the evaluation as part of the overall evaluation assignment.

The evaluation report shall be written in English and should not exceed 20 pages, excluding annexes. Format and outline of the report shall follow the guidelines in *Sida Evaluation Report – a Standardized Format* (see Annex 1). The draft report shall be submitted to Sida electronically and in 2 hardcopies (air-/surface mailed or delivered) no later than 2007-12-15. Within 2 weeks after receiving Sida's comments on the draft report, a final version shall be submitted to Sida, again electronically and in 5 hardcopies. The evaluation report must be presented in a way that enables publication without further editing. Subject to decision by Sida, the report will be published in the series *Sida Evaluations.*

The evaluati*on assignment includes the completion of Sida Evaluations Data Work Sheet (Annex 2), including an Evaluation Abstract* (final section, G) as defined and required by DAC. The completed Data Worksheet shall be submitted to Sida along with the final version of the report. Failing a completed Data Worksheet, the report cannot be processed.

Timeframe and Budget

1 week preparation per consultant incl briefing by Sida´s program officer in charge of BF, 2 weeks in field inkl travel, analysis of findings from fieldwork, 2 weeks writing up report of individual visits, and compilation of full report, debriefing and seminar. Budget estimate is inquired for the following: prepare and submit a work plan for the assignment, and 2 weeks in field for each consultant and analysis, and 2 weeks for compilation of full joint report, debriefing and seminar.

Annex 2 Lists of Persons Met, Programs of Visits

People interviewed, Malaysia

Felicity Savage, Chair of the WABA Board, Julianna Lim Abdullah (International WBW Coordinator/ Coordinator of Information, Education and Communication), Sita Letchmi (Coordinator, Administrative and Governance Services), Lynn Emmanuel (Coordinator, IT/Information Services), Koh Kah Ling (Project Officer), Harjeet Kaur (Admin Officer/Project Assistant), Derchana Devi (Admin Assistant), Cheah Ling Ling (Project Assistant/Graphic Designer).

Sarah Amin, co-Director, WABA

Susan Siew, co-Director, WABA

Anwar Fazal, Chairperson Emeritus, WABA and Co-Founder of IBFAN, Penang

Annelies Allain, Code Compliance Task Force coordinator, ICDC Penang and Founding member of the International Baby Food Action Network (IBFAN)

Norjinah Moin, President of the Malaysian Breastfeeding Asociation, Kuala Lumpur

Program directors and all staff members of WABA secretariat gave presentations according to program of visits, next page.

Meeting with NGO visiting WABA headquaretrs; "Women Living Under Muslim Law".

Program of visits: Malaysia

Monday, 29 October

Arrival–10.15am	Pick up from airport to hotel
AM/PM	Rest and settle in
6.00–8.00 pm	Early dinner

Tuesday, 30 October

9.30–10.00 am	Coffee with the WABA staff – Introductions and visit of WABA office
10.00–11.00 pm	History of WABA (Anwar)
11.00–1.00	Introduction to and Summary of WABA Programme Areas a) Social Mobilisation/WBW (40 mins) b) Information, Education and Networking (40 mins) c) Working Women/Maternity Protection (40mins)
1.00–2.00	Lunch (with the staff)
2.00–4.00 pm	WABA Programme Areas (continue) d) Advocacy and Outreach (40 mins) e) Gender (40 mins) f) HIV (40 mins)
4.00–5.00	Questions and Reflections of the Day

Wednesday, 31 October

9.30–11.00	WABA Programme Areas (continue) h) Mother, Father and Community Support g) Governance and Development
11.00–12.00	Overview Analysis of All Programmes/ Cross Cutting issues
12.00–1.00	Monitoring Tools – discussion
1.00–2.00	Lunch
2.00–3.30 pm	Visit and meet with IBFAN/ICDC
4.00–5.00 pm	Visit to WABA by the group "Women Living Under Muslim Law"
5.30–6.00 pm	Questions and Reflections of the Day
6.00 pm–	Dinner

Thursday, 1 November

9.30–11.00 am	Visit with PAN
11.00–1.00	WABA Organisational issues, Administration and Financial Systems
1.00–2.00pm	Lunch
2.00–3.30	WABA new Strategic Plan (2008-2012)
3.30–5.30	Issues on future Funding Strategies & Partnerships
5.30–6.00	Questions and Reflections of the Day
7.30 pmDinner	

Friday, 2 November

PM	Wrap up meeting (if you leave Friday evening)

Saturday, 3 November

10am–12 pm	Meeting with Norjinah Moin (Malaysian Breastfeeding Association)

People interviewed India, Nepal

India

BPNI /IBFAN Asia

Dr Arun Gupta	(National Coordinator, Regional Officer)
Dr Kuldeep Khanna	(Finance Coordinator, Project Coordinator WBW and Social Mobilization)
Dr JP Dadhich	(Project Coordinator, Infant feeding in difficult circumstances (HIV and infant feeding in emergency situations)
Mrs Radha Holla Bhar	(Project Coordinator, Programs, Gender)
Dr J C Sobti	(Project Coordinator, Education and training)
Mr Subrata Dutta	(Project Officer, Communication, Human Rights)
Mrs Beena Bhatt	(System Manager – IT)
Dr Rita Gupta	(Former staff member and Project Coordinator, Programs)

Mrs Maria Edna Martin (Executive secretary)

Mr L R Gupta (Project Officer, Finance and Administration)

Mr Amit Dahiya (Project Assistant, Technical)

UNICEF – India

Dr Deepika Shrivastava (Project Officer, Child Development & Nutrition) Delhi

Nepal

UNICEF – ROSA

Dr Ian Pett (Regional Health Adviser) Kathmandu, Nepal

Dr Geetha Rana (Project Officer)

NEBPROF

Dr Prakash Shreestha President of NEBPROF

Program of visits: India and Nepal

IBFAN Asia Evaluation programme

Ass Professor Elisabeth Kylberg

23 October India, Delhi

BPNI, Interviews with:

Dr Arun Gupta (National Coordinator, Regional Officer)

Mrs Radha Holla Bhar (Project Coordinator, Programs, Gender)

Mrs Beena Bhatt (System Manager – IT)

Evening get-together party in connection with a Workshop on Gender arranged by BPNI

Interviews with two participants:

Dr K Keasvulu (State-Coordinator of BPNI in Andhra Pradesh)

Dr Sunita Katyayan (Paediatrician, Lactation Consultant in Jharkand)

24–25 October Nepal, Kathmandu

UNICEF ROSA, Interviews with:

Dr Ian Pett (Regional Health Adviser)

Dr Geetha Rana (Project Officer)

Interview at Hotel with:

NEBPROF (NEpal BReastfeeding PROmotion Forum)

Dr Prakash Shreestha (President of NEBPROF)

26 October India, Delhi

UNICEF – India, Interviews with:

Dr Deepika Shrivastava (Project Officer, Child Development & Nutrition)

BPNI, Interviews with:

Dr Kuldeep Khanna (Finance Coordinator, Project Coordinator WBW and Social Mobilization,)

Dr JP Dadhich (Project Coordinator, Infant feeding in difficult circumstances (HIV and infant feeding in emergency situations)

Dr J C Sobti (Project Coordinator, Education and training

Mrs Maria Edna Martin	(Executive secretary)
Mr L R Gupta	(Project Officer, Finance and Administration)
Mr Amit Dahiya	(Project Assistant, Technical)

27 october **BPNI, Interviews with:**

Mrs Radha Holla Bhar	(Project Coordinator, Programs, Gender)
Mr Subrata Dutta	(Project Officer, Communication, Human Rights)
Dr Arun Gupta	(National Coordinator, Regional Officer)
Dr Rita Gupta	(Former staff member and Project Coordinator, Programs)

People interviewed, Africa

Nairobi

Dr Elamin Sid Ahmed	(Sudan, Committee member representing Eastern Africa Bloc on IBFAN Africa Executive Committee)
Dr Gelasius Mukasa	(Director IBFAN Uganda)
Dr Suba Mabrahtu	(Nutritionist, UNICEF, Eastern & Southern Africa Regional Office, Nairobi)

Swaziland, IBFAN Africa Regional Office

Mrs Pauline Kisanga	(Regional Coordinator)
Mr Ray Maseko	(Administrator)
Mr Vulindela Kunene	(Information & Youth Project Officer)
Miss Armanda GANI	(Programme Officer)
Mr Peter Oomen	(Technical Assistant for Capacity Building & Fund Raising, from ICCO Holland)
Mrs. Busisiwe Maphanga	(Secretary to the Regional Coordinator)
Mr Thulami Maphusa	(Acting Director, Nutrition Council, Ministry of Health, Mbabane)
Dr Victor Ankrah	(Health & Nutrition Specialist, UNICEF Swaziland)
Ms Dudu Dlamini	(Family Health Programme Officer, WHO Swaziland Office)
Mrs Eugenia Ntombie Mngomezulu	(Director SINAN, Mbabane)

Mozambique

Ms Edna Possolo	(Nutritionist, Department of Nutrition, Ministry of Health, Maputo)
Ms Diogo Mboa	(Fund Raiser & Information Officer, Department of Nutrition Ministry of Health, Maputo)
Ms Mercia Tembe	(Biologist, Department of Nutrition, Ministry of Health, Maputo)
Ms Lourdes Fidalgo	(Chairperson IBFAN Africa Executive Committee & Consultant – ANSA – Food Security & Nutrition Association)
Ms Ulinda Mugabe	(Coordinator Reencontro)
Ms Cesta Chiteleca	(Coordinator Women's Trade Union Organization)

IBFAN/Reencontro Groups: 10–30 individuals in each of 3 focus groups:
Women's Organization
'Men against AIDs'
'Youth against AIDs

Republic of South Africa

Ms Ann Behr,	(Deputy Director, Directorate Nutrition, Department of Health, Republic of South Africa)
Ms Sophy Mabasa	(Assistant Director, Directorate Nutrition, Department of Health, Republic of South Africa)
Ms Joan Matji	(Nutrition Specialist, UNICEF South Africa)

Program of visits: Africa

IBFAN Africa Evaluation programme
Dr Gaynor D. Maclean

5–9 November Kenya
AMRN Conference, Nairobi, Interviews with:

Dr Elamin Sid Ahmed	(Sudan, Board member representing Eastern Africa Bloc on IBFAN Africa Board)
Dr Gelasius Mukasa	(Director IBFAN Uganda)
Dr Suba Mabrahtu	(Nutritionist, UNICEF regional office, (Nairobi)

Survey carried out amongst conference participants.

10 November Swaziland
Meet with

Mrs Pauline Kisanga	(IBFAN Africa Regional Coordinator)

12 November

Power point presentation by Mr Vulindela Kunene concerning IBFAN Africa Regional programme IYCF

Interviews with:

Mrs Pauline Kisanga	(IBFAN Africa Regional Coordinator)

Interview with Staff team at RO:

Mr Ray Maseko	(Administrator)
Mr Vulindela Kunene	(Information & Youth Project Officer)
Miss Armanda GANI	(Programme Officer)
Mr Peter Oomen	(Technical Assistant for Capacity Building & Fund Raising, from ICCO Holland)
Mrs. Busisiwe Maphanga	(Secretary to the Regional Coordinator)

pm Interview with

Dr Victor Ankrah	(Health & Nutrition Specialist, UNICEF Swaziland)

Depart for Mozambique

13 November **Mozambique**

Visit to Maputo to see projects coordinated by Reencontro

Ms Ulinda Mugabe (Reencontro Co-ordinator)

Visit to Women's Trade Union Organization interview with

Ms Cesta Chiteleca (Coordinator)

Interviews with:

Ms Lourdes Fidalgo (Chairperson IBFAN Africa Executive Committee & Consultant – ANSA – Food Security & Nutrition Association)

Ms Cesta E. Chiteleca (Co-ordinator Women's Trade Union Organization)

Visit to Reencontro main centre – meet staff and children's group 'Little IBFANers'.

Meet representatives of women's group, Men Against Aids group, Youth Against Aids, youth in vocational training

Presentations by each group and discussion

Meeting at Nutrition Department, Ministry of Health

Ms Edna Possolo (Nutritionist)

Ms Diogo Mboa (Fund Raiser & Information Officer)

Ms Mercia Tembe (Biologist)

pm Return to Swaziland

14 November **am Interviews with**

Mrs Eugenia Ntombie Mngomezulu (Director SINAN)

Ms Dudu Dlamini (Family Health Programme Officer, WHO Swaziland)

pm Dr Thulami Maphusa (Acting Director, Nutrition Council, Ministry of Health)

Debriefing with Mrs Pauline Kisanga (Regional Coordinator)

Debriefing with RO team

15 November **am depart for Johannesburg**

South Africa

Interview at the Department of Health, Pretoria with

Ms Ann Behr (Director) &

Ms Sophy Mabasa (Assistant Director Nutrition Department)

16 November **Interview at UNICEF Pretoria**

Ms Joan Matji (Nutrition Specialist, UNICEF South Africa)

17 November **Depart for UK**

People interviewed Geneva

IBFAN-GIFA

Mrs Alison Linnecar (Regional Officer)

Mrs Elaine Petitat-Côté (Program Officer Human Rights Codex)

Mrs Daphne Lachavanne (GIFA Coordinator, Documentalist)

Mrs Susan Shubber (President GIFA)

Mr Jorge (Fundraising Officer)

Mr Bernard Nyffenegger

WHO Department of Child and Adolescent Health and Development

Dr Elizabeth Mason (Director)

Dr José Martines (Team Coordinator)

Dr Constanza Vallenas

WHO, Department of Food Safety, Zoonoses and Foodborne Diseases

Dr Jorgen Schlundt (Director)

Dr Peter Karim
Ben Embarek (Scientist)

WHO Brazzaville

Dr. Charles Sagoe-Moses Regional Adviser, Infant and Young Child Feeding.

UNICEF

Dr Sanjiv Kumar (Representative for Central & Eastern Europe)

Program of visits: Geneva

IBFAN WABA Evaluation programme: Geneva

Dr Kim Forss, Dr Eisabeth Kylberg, Dr Gaynor Maclean

21 November	**Arrival of team in Geneva**
Interviews at WHO Department of Food Safety	
22 November	**Introduction to the work at IBFAN-GIFA and** Interviews with staff at IBFAN-GIFA & at WHO Department of Child and Adolescent Health and Development
23 November	**Interviews with staff at IBFAN-GIFA continued and with** representative of UNICEF
24 November	Team discussion on data collection and analysis and planning of strategies in the week ahead prior to report submission on 3 December.

Annex 3 Interview Guidelines

Interview Guidelines 1, Board members (individual or group interviews)

1. Introduction; purpose of the evaluation, team and agenda, anonymity. Reporting

2. Facts about the board:

- Who are the board members
- Where do they come from
- What organisations do they represent
- How many board members
- How long have they served on the board
- How often do they meet
- Protocol of meetings

3. Working process of the board:

- Is there any division of responsibilities among board members
- What is the role of board (executive, advisory, representative?)
- What are the priorities in board work?
- How and to what extent is the board involved in strategic planning
- Appointment of executive and personnel
- The board's accountability

4. Knowledge of results

- What are the main achievements of the organisation, what has it done that is really important?
- What are the shortcomings, anything which the organisation failed to achieve?
- What are the sources of information for the above, how does the board know?
- Any special difficulties/progress working on gender and equity issues, poverty, with rights based approaches

5. Follow-up on the last evaluation

- What were the recommendations to the organisation?
- What did the board member(s) think about these
- Was there any formal response?
- What has been done?
- If there is a reason why some of the recommendations were not implemented?

6. Turning to the future

- Opportunities for future action
- Threats and challenges
- Collaborative networks, need to extend?
- Confronting sustainability issues?

Interview Guidelines 2, Management and staff

1. Introduction; purpose of the evaluation, team and agenda, anonymity. Reporting
2. Description of activities, new developments,
3. Organisation; division of responsibilities, manager – staff, board members' roles,
4. Personnel and personnel policies, staff turnover, rejuvenation, gender balance, learning and staff development
5. Finances, sources of funding, initiatives for new funding, joint funding? budgeting, accounts, auditing
6. Strategic planning; what strategic plans are there, planning horizon, contents
7. How are the plans implemented; if we pick one of the areas of the plan, how does the organisation work with that? How do they plan, how are decisions taken, how do they seek partners? Time spent on the task?
8. Planning for the future, what would they really want to do in the organisation? If they had free hands, what would they do? What is stopping them?
9. Monitoring and evaluation; what has the organisation achieved? Where has it failed? Sources of information? Reliability?
10. Changes in the organisation since the last evaluation was done?

Interview Guidelines 3, Collaborating partners

1. Introduction; purpose of the evaluation, team and agenda, anonymity. Reporting
2. Information about the respondent, position, role, work content

- How does your organisation work with poverty issues? Is it a priority?
- Rights-based approaches to development

3. Relationship to BF network, special projects, collaboration, what

- What are the organisations doing together
- Organisational strengths
- Weaknesses of partner organisations, things that need to be developed

4. Results and achievements

- What are the main achievements

- Project/programme results
- Sources of information; how do you know?
- Are the findings trustworthy

5. Future

- Challenges and opportunities
- Ideas on how to develop collaboration, with network and others
- Special areas of work, eg. Childfriendly hospitals
- Sustainability

Annex 4 Questionnaire used in the survey in Nairobi

Evaluation of Sida supported networking organizations on protection, promotion and support of optimal breastfeeding and infant/young child feeding 2000–2007

AMRN conference: November 2007

Dear Colleague,

I am part of a team on the above evaluation and would very much appreciate your help through answering the questions set out below. It will only take a few minutes but it will be very useful. The survey is anonymous and so your replies will not be associated with you or your organization in reporting this research.

Please return this to me by 6pm on WEDNESDAY this week. Thank you, *Gaynor D. Maclean.*

1. Have you heard about **IBFAN**?
Please indicate: **Yes/No** -If **No** please go to **Q.3 >>>>>**
2. a) If yes – in what connection?

Please tick ✓ *appropriate statement(s)*

- Through being involved in a national group concerned with baby feeding
- I have received training through IBFAN
- Other – please explain **……**

……

b) For how long have you been aware of **IBFAN**? -

Please tick ✓ *appropriate statement:*

- I first heard about IBFAN during this conference
- I was aware of IBFAN activities before the conference

Please go to Q 3 in the box to the right >>>>>

3. Have you heard about **WABA**?
Please indicate: **Yes/No** (If **No** please go to **Q.5** below)
4. a) If yes – in what connection?

Please tick ✓ *appropriate statement(s)*

- Through being involved in a national group concerned with baby feeding
- I have received training through WABA
- Other – please explain **……**

……

b) For how long have you been aware of **WABA**?

Please tick ✓ *appropriate statement:*

- I first heard about WABA during this conference
- I was aware of WABA activities before the conference

[Please go to Q 5 below]

5. Have you heard about World Breastfeeding Week?	Please indicate: Yes/No
6. Are you aware of the World Health Organization International Code of Marketing of Breast-milk Substitutes?	Please indicate: Yes/No
7. Do you know about the Baby Friendly Hospital Initiative?	Please indicate: Yes/No
8. Have you worked with the Baby Friendly Hospital Initiative?	Please indicate: Yes/No
9. Is there an advantage in exclusive breastfeeding over mixed breast and formula feeding during the first 6 months of life?	Please indicate: Yes/No
10. Are you aware of any risks to babies who are fed with breast-milk substitute formulae?	Please indicate: Yes/No
11. Do you see an increasing presence of companies marketing breast-milk substitute formulae in your country?	Please indicate: Yes/No
If Yes would you say they are getting more competitive?	Please indicate: Yes/No
12. What is the status of breastfeeding in your country? (Please tick to indicate which statement is most accurate in your country:) • The status is high – most educated women breastfeed in my country	
• The status is low – most uneducated women breastfeed in my country	
13. Please indicate whether the following statements are considered TRUE or FALSE in your country: • To exclusively breastfeed a baby stigmatises a woman TRUE/FALSE	
• To exclusively bottle feed a baby stigmatises a woman TRUE/FALSE	

14. **About yourself**: (please tick ✓ appropriate)

*I am a nurse-midwife/midwife…… other (please specify) …… Post held……

*What is your age range?

- under 25 years……. *26-35 yrs……* *36- 45 yrs……* *46-55 yrs……* *over 55yrs……*

*In which country do you work? ……

Thank you very much for your help

Annex 5 Documents Reviewed

BPNI (2007) *Bulletin*. New Delhi, India

BPNI's 3 years report April 2003-March 2006, New Delhi, India.

Hindustan Times, New Delhi, October 25, 2007 *"Coming, new mother-child care plan"*

IBFAN Africa (2000) *Infant and Young Child's Right to Adequate Nutrition: Challenges and Prospects Beyond 2000*. Proceedings of 5th IBFAN Africa Regional Conference 4–8 September.

IBFAN Africa (October 2003) *Terms and Conditions of Service Manual.*

IBFAN Africa (May 2003) *Programme for implementation of the global strategy on infant and young child feeding at the national level: Enhancing the role of families, communities, men and youth*. IBFAN Africa Regional Programme. Funding proposal for collaboration with Sida, Sweden July 2003–June 2007.

IBFAN Africa Strategic Plan 2004–2007 Log frames.

IBFAN Africa Programme Progress Report January–June 2007.

IBFAN (2007) *IBFAN's Strategic Priorities 2008–2010. 25 years international code.*

IBFAN's *Strategic Priorities Funding Appeal 2008–2012*

IBFAN Africa *Constitution of IBFAN Africa.*

IBFAN Asia (2007) *TheSstate of the World's Breastfeeding, South Asia Report.* February 2007-12-01

IBFAN Asia Pacific *Strategic Plan 2003–2007* New Delhi, India

IBFAN Asia Pacific *Annual Donor Report (July 2005–June 2006)* for Sida

IBFAN Pacific *2003–2006 Newsletters.* New Delhi, India

IBFAN-GIFA (2007) Elements for Analysis of Progress towards Intended Results, Sida Project with GIFA, 2002–2007. IBFAN-GIFA, Geneva.

Langeslag J. (2007) *Analysis of benefits and costs of various country locations for the IBFAN Africa Regional Office in order to improve its resource mobilisation role and better positioning for the current challenges.* Consultant's final report June 2007 carried out for ICCO, Utrecht.

Radha Holla-Bahr (2005) *Against All Odds – Gendered Challenges to Breastfeeding.* Published by WABA.

Richter J. (2005) *Conflicts of Interest and Policy Implementation*. IBFAN-GIFA, Geneva, 2nd printing June 2005.

RSA (2007) *Government Gazette, Republic of South Africa, Regulation Gazette* Vol 508, No. 30402 October 2007.

Sida (2002) Perspectives on Poverty. Swedish International Development Cooperation Agency, Stockholm, October 2002.

Sida (2005) *Policy Promoting gender Equality in Development Cooperation*. Department for Democracy and Social Development, Stockholm, October 2005.

Sida (2006) *Sweden's International Policy on Sexual and Reproductive Health and Rights.* Ministry for Foreign Affairs, Stockholm, June 2006.

WHO/UNICEF (2006) *Consensus Statement.* WHO HIV and Infant Feeding Technical Consultation held on behalf of the Inter-Agency Task Team on Prevention of HIV Infections in Pregnant Women, Mothers and their Infants. Geneva 25-27 October 2006.

Websites visited

www.bpni.org

www.childinfo.org

www.ibfan.org

www.ibfanafrica.org

www.ifpri.org

http://www.ilo.org

http://www.innocenti15.net

http://www.unicef.org

www.waba.org

http://www.who.int

www.worldbreastfeedingtrends.org

Recent Sida Evaluations

07/37 Reconciliation and Development Program (REDES)
Sida – UNDP Partnership for Peace in Colombia 2003–2006
Elisabeth Scheper, Anders Rudqvist, María Camila Moreno
Department for Latin America

07/38 The Policy Research Capacity Strengthening to Implement Vietnam's 2001–2010 Socio-economic Strategy Project
Adam McCarty, Mathew Greenwood, Tran Ngoc Diep
Asia Department

07/39 Swedish Support to the Menstrual Regulation Program of Bangladesh
ZA Tahmina Sarker, Nazme Sabina
Asia Department

07/40 Organisations in the Field of HIV/AIDS and Human Rights
AIDS Consortium (AC) and AIDS Legal Network (ALN)
Carmel Marock
Department for Africa

07/41 Institutional Cooperation between Furniture Technology Centre, South Africa and Tibro Training Centre, Sweden
Per Hellström, Philip Hirschsohn
Department for Africa

07/42 The Red Cross – Lake Victoria Program (LVP) 2004–2006
Fred Opio, Per-Ulf Nilsson
Department for Africa

07/43 Review of Development Cooperation between Sri Lanka Police and Swedish National Police Board
Knud Olander, Camilla Orjuella, Rohan Edrisinha
Asia Department

07/44 Programme of Cooperation between the Government of Sri Lanka and UNICEF
Final Report
Hugh Goyder, Alison Lochhead, Lalili Rajapaksa, Raghav Regmi, Frank Noij
Asia Department

07/45 Swedish Support in the Education Sector in Zanzibar, 2002–2007
Mike Wort, Suleman Sumra, Paul van Schaik, Elifuraha Mbasha
Department for Democracy and Social Development

07/46 Replicating the Model of Land Administration under the One Stop Shop (OSS) Mechanism in Five Provinces in the Central Region of Quang Tri Public Administration Reform (PAR) Project
Adam McCarty, Do Duc Hao, David Fallows, Nguyen Van Dinh
Asia Department

07/47 Assessment of Comparative Advantages of Swedish ICT Support in Tanzania
Alan Greenberg
Department for Africa

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