

Mainstreaming

by Organizations to Improve Infant and Young Child Feeding



September 2006

One of LINKAGES' goals is to assist global and local organizations in integrating results-oriented behavior change interventions, technical information, supportive policies, and other project innovations into their own programs to improve breastfeeding and related complementary feeding and maternal dietary practices. LINKAGES developed a mainstreaming framework to better define, observe, track, and guide the process. This issue of *Experience LINKAGES* describes what mainstreaming means and how mainstreaming lends itself to the replication, scale up, and sustainability of project innovations.

Mainstreaming as a Process

LINKAGES defines mainstreaming as making routine an innovation that successfully addresses an opportunity or problem. Mainstreaming is done by—not for—organizations. Replication, scale up, and sustainability are mainstreaming goals within an organization's "geography" of headquarters, regional centers, national offices, and field projects.

Our mainstreaming framework is derived from the following theories and practices that deal with innovation and change:

- **Diffusion of the innovation.** The organization introduces trials and pilot-testing to prove and promote an innovation that is found appealing (i.e., of acceptable risk) and recognizes and accepts the innovation's value within the organization's business.
- **Adoption of the innovation.** The suppliers of the innovation (e.g., LINKAGES), an organization's front-line workers and executives, and "networkers" champion and sustain the routine use of the innovation.
- **Application of behavior change.** The organization identifies barriers to and benefits of adopting the innovation (behavior change), recognizes the importance of testing the efficacy of the innovation, and endorses a variety of communication and other interventions to foster change.

An organization's mainstreaming process involves the following steps:

1. Identifying a priority problem or opportunity
2. Selecting or developing a relevant and acceptable innovation to address the problem or opportunity
3. Testing the innovation to determine its efficacy, impact, and appropriateness
4. Promoting the tested innovation among influential members of the organization
5. Accepting the innovation as routine business practice

The mainstreaming process requires financial and human resources, technical and program prowess, organizational will, staff stability, and time. LINKAGES supplies innovations and resources (personnel, funds) for the front end of mainstreaming, with the partner organization using its funds to champion and promote the resulting innovation (see Figure 1, page 5).

Mainstreaming as an Experience

LINKAGES found that mainstreaming could take place with organizations at the global level as well as at the country level. However, no mainstreaming experience occurred the same way, diffused the same innovation, or received the same kinds of resources to do so.

Mainstreaming at the global level yielded a worldwide network to test and diffuse innovations with coverage as an outcome. At the country level, innovations were more targeted for infusion by one or more local organizations and focused on behavioral results as a primary outcome.

Mainstreaming at the global level

The following examples illustrate the process of mainstreaming with international organizations that have a strong headquarters role, an innovation that fits their mission, and a close working relationship with their field offices and partners.

Experience LINKAGES is a series of publications on the strategies, tools, and materials used by the LINKAGES Project to achieve results.

Improving maternal nutrition

Undernutrition and malnutrition are endemic among women in developing countries. People with multiple deficiencies in vitamins, minerals, and other nutrients could benefit from multiple micronutrient supplements.



LINKAGES & PSI/Bolivia

In 1999 LINKAGES formulated a multiple vitamin and mineral supplement for women of reproductive age in Bolivia, especially women of lower socioeconomic status. Population Services International (PSI) headquarters, in partnership with PSI/Bolivia and PROSALUD, a Bolivian network of 31 clinics nationwide,

conducted a social marketing campaign to promote this supplement, called *VitalDía*, with LINKAGES funding.

Results of a survey showed that 11 percent of women overall used a multivitamin supplement at baseline and 25 percent at follow up, one year after the introduction of *VitalDía*. PSI/Paraguay launched the same product in 2000. Both Bolivia and Paraguay continue to increase production to meet current demand.

As sound business practice, PSI headquarters has long offered successful products, marketing materials, and strategies to its country programs worldwide. Through an internal “request for proposal” competition and cost-sharing incentive, PSI ensured that its field offices recognized the efficacy of a multivitamin social marketing program. PSI has since introduced multivitamin social marketing in five of its program countries—India, Pakistan, Togo, Venezuela, and Zambia. Multivitamins and nutrients are still part of PSI’s global social marketing portfolio.



PSI/India

Enhancing adult education on nutrition

In 1998 Freedom from Hunger (FFH)’s Credit with Education program worked in 9 countries serving close to 100,000 people (mostly women). FFH headquarters saw an opportunity to refine and promote its Credit with Education training modules on infant and young child feeding throughout its network of credit associations by working with LINKAGES.

With funding and technical expertise from LINKAGES, FFH coordinated the development of modules on breastfeeding, complementary feeding, and LAM that incorporated the agency’s high-quality adult learning principles. The modules were pilot tested with local Credit with Education practitioners, who contributed time and

funds for this process. In Madagascar the breastfeeding module was tested by Catholic Relief Service’s Credit with Education Program. The complementary feeding module was tested in the Philippines with the Center for Agricultural and Rural Development. Additional tools and materials emerged from these tests to improve the efficacy and effectiveness of the original modules in the context of Credit with Education training. By this time (2002), FFH’s credit with education program worked in 14 countries with 40 organizations serving nearly 250,000 people.

FFH used the following methods to diffuse the innovative modules:

- Direct training of Credit with Education field staff in Africa and Latin America
- Launch of the modules through regional training of trainers courses in Ghana, Mali, and Togo for 24 associations and rural banks from 8 countries
- Training of trainers of local organizations in Ecuador and the Philippines
- Establishing and training a local technical service provider to train local trainers or field staff in Ghana, Haiti, Mali, and the Philippines
- Training United States-based trainers of private voluntary organizations interested in Credit with Education programs in Indonesia, Malawi, Pakistan, and Rwanda

The FFH Credit with Education modules are now available through its members, whom FFH plans to expand to 3 million people by 2010.

Strengthening policies and programs

In 2000, with cost-sharing and technical expertise from WHO’s Department of Nutrition for Health and Development, LINKAGES began to develop an infant feeding scoring and assessment tool to help countries determine the effectiveness of their promotion, protection, and support of optimal infant feeding practices, policies, and programs. This joint effort resulted in the draft “Infant and Young Child Feeding: National Tool for Assessing Practices, Policies, and Programs.” Technical inputs and review were provided by global experts from the United Nations Children’s Fund (UNICEF), the U.S. Agency for International Development (USAID), Wellstart International, and the World Alliance for Breastfeeding Action (WABA).

One of the advantages of working with WHO was its ability to mobilize its country offices in Bolivia, Chile, Ghana, India, Indonesia, Russia, Sri Lanka, Thailand, and the United Kingdom to pre-test and refine the tool. The final version of this innovative tool was introduced during the World Health Assembly in 2003, distributed to WHO and counterpart ministry of health representatives in all 192 WHO member states, and reprinted for global use in 2006.

Mainstreaming within the country level

LINKAGES country programs worked with national and local organizations to mainstream a variety of approaches, materials, and tools throughout their field offices and projects. The four examples below show different configurations of local partnerships.

With the Ministry of Health

In Jordan the LAM user rate in Ministry of Health Maternal and Child Health (MCH) clinics increased from 0.1 percent in 1999 to 13.3 percent in 2003 as a result of a partnership with LINKAGES to integrate LAM as a family planning option into the national birth spacing program. The program involved all 351 government MCH clinics throughout the country, serving 1 million people—about 20 percent of the population. Because of the project's intensive in-service training and advocacy, LAM counseling was mainstreamed as a regular component of family planning service delivery. LAM is now included in the family planning registry form and in the Demographic and Health Survey questionnaire.

In 2003 the Ministry approved the establishment of a national institution to sustain nationwide offering of LAM as a modern contraceptive method for Jordanian women who breastfeed. The National Breastfeeding Center is responsible for providing training and support for monitoring, counseling, promotional materials and activities, and policy change to protect and promote breastfeeding and LAM. In 2004 the Center collaborated with UNICEF/Iraq to share the Jordan LAM Project experience with Iraqi health policy makers, a step toward a potential regional advocacy and training role.

With private voluntary organizations (PVOs)

In 1997, at the request of CARE International, Catholic Relief Service, and World Vision in India, LINKAGES collaborated in developing a community model to improve infant and maternal nutrition in the PVOs' programs. Through 2001 the PVO partners and their government counterparts and community-based staff applied the infusion phase of mainstreaming in each program site, serving a total population of 300,000. By 2004 the innovations reached almost 7 million beneficiaries.

During the infusion phase, the PVOs field-tested and adapted behavior change communication (BCC) methodologies to introduce and reinforce simple, culturally appropriate, and effective infant and young child feeding practices. Emphasis was placed on training PVO and government staff in formative research, counseling and negotiation, BCC strategy development, and monitoring and evaluation. Positive impact results helped validate the efficacy and effectiveness of the BCC innovation for further use throughout India.

Through 2004 PVO partners replicated the approach more broadly in their programs in India. This diffusion phase focused on capacity building of senior PVO staff, managers, and trainers in the BCC methodology, formative research, and monitoring and evaluation. World Vision, for example, planned to turn its demonstration site into a "center of excellence" for staff from around India to experience BCC training while observing ongoing program activities.

As a result of these efforts, the PVOs and their partners introduced the systematic, results-oriented BCC approach in additional sites and states and applied the approach in other technical areas such as safe motherhood, family planning, and HIV prevention. CARE, Catholic Relief Services, and World Vision health programs now include BCC training modules on negotiation for their front-line health workers.

Mainstreaming follows the geographic coverage of the organization, which may be limited to a district or provincial level. But projects can achieve scale up by bringing several mainstreaming organizations together to ensure national coverage.

With an NGO Consortium

Twenty-eight percent of all Bolivian children under three years old suffer from chronic malnutrition. This situation prompted USAID through LINKAGES to engage PROCOSI's network of NGOs implementing integrated and reproductive health services to design a program to improve infant and young child feeding practices and expand access to LAM.

The 194 health projects of the 24-member PROCOSI network cover 253 municipalities and serve 3.4 million people. These projects provided a unique opportunity for mainstreaming. To begin the mainstreaming process, PROCOSI engaged 16 of its members, which covered almost one-third of the network's potential catchment population.

In the formative phase of mainstreaming, in 1998 COTALMA (the Technical Breastfeeding Support Committee) conducted a needs and resource assessment of PROCOSI members. Ministry of Health staff at all levels and NGO community and technical staff attended later regional behavior change workshops. PROCOSI members and the Ministry reached consensus on priority behaviors for improved infant and young child feeding, analyzed factors that influence these behaviors, and developed behavior change strategies to achieve measurable change.

During the infusion and diffusion phases from 2000 through 2003, the PROCOSI/LINKAGES program extended into three different eco-regions to reach 1 million of the country's 8 million people. The NGOs used the PROCOSI/LINKAGES mass media and counseling communication materials in their community-based breastfeeding promotion. More than 1,700 community health workers were trained, particularly in negotiation skills, and a strong policy advocacy campaign in 55 municipalities resulted in a resource commitment to nutrition programs. The mainstreaming process extended the use of innovations into other health programs, including sexual and reproductive health, infectious disease prevention, immunization, malaria, Title II food assistance, and water and sanitation.

With local private and public partners

In Ghana the formation phase of mainstreaming began with a nutrition advocacy workshop in 1997 and a community assessment in 1998. In 2000 the Ghana Health Services (GHS) and LINKAGES began implementing a nutrition BCC strategy to improve infant and young child feeding affecting 500,000 people in 9 districts in northern Ghana. As the mainstreaming process continued beyond the infusion phase, by 2004 the program was implemented in 31 districts of 7 regions, affecting 3.5 million people.

The GHS/LINKAGES program built on established governmental and NGO networks and community-based approaches. The criterion for partnership in the program was the organizational goal of improving nutritional status. Partner organizations also had to commit to integrating the training content and interventions of the GHS/LINKAGES program into their ongoing programs. The following private and public partners were involved in a variety of activities including child survival, community development, mothers' clubs, microfinance, and growth promotion:

- The Ghana Health Service Nutrition Unit, Reproductive and Child Health Unit, and Human Resources Division
- The Ministry of Local Government, with other government agencies and UNICEF
- 10 NGOs and UN programs
- Journalists and managers of 3 radio stations
- All 51 medical, nursing, and paramedical institutions

Innovative interventions included radio spots, print materials, interpersonal counseling, community events, and mother-to-mother support groups. Significant increases were achieved in the rates of exclusive breastfeeding, timely initiation of breastfeeding, and timely complementary feeding.

During the diffusion and inclusion phases, partners such as World Vision and the Ghana Red Cross promoted and used the innovations in other parts of the country. FFH/Ghana applied the BCC strategy in three districts in southern Ghana.

Mainstreaming between organizational levels

Some success was achieved when working with partners to mainstream innovations between their global, regional, and country level offices and programs.



Global innovations and country applications

LINKAGES had a staff position solely dedicated to guiding the development of emergency policy and program guidelines with global organizations and PVOs. This specialist worked with the Emergency Nutrition Network, International Baby Food Action Network, UNICEF, and WHO to finalize training modules to help emergency response program planners and managers deal with the nutritional needs of infants, young children, and mothers.

The resulting "Operational Guidance for Emergency Relief Staff and Programme Managers" was translated into Arabic, Dutch, French, Portuguese, Russian, and Spanish and endorsed by 30 agencies including CARE, Catholic Relief Services, International Rescue Committee, Save the Children Federation, and World Vision International. The LINKAGES specialist continued to provide technical assistance to CARE and Catholic Relief Services to test this global innovation with their field offices in Angola, Ethiopia, Kenya, Sudan, and Zimbabwe. The Guidance was updated in May 2006 and is also now available in Bahasa.

Regional advocacy and country initiatives

The 3-year formal relationship between LINKAGES and CARE consisted of LINKAGES support for CARE staff to guide mainstreaming at headquarters, regional, and national levels. During this time LINKAGES partially supported a CARE nutrition specialist at CARE headquarters to initiate and oversee global information dissemination and advocacy. LINKAGES as well supported technical specialists at regional levels to provide technical assistance and training to country offices.

CARE headquarters' value added to mainstreaming came through its incorporation of BCC and technical updates of infant and young child feeding in its emergency feeding, reproductive health (LAM), child survival, and PMTCT programs.

The CARE Ethiopia, Kenya, and Tanzania field offices initiated PMTCT interventions after attending a LINKAGES PMTCT training course in Zambia. This participation was the result of advocacy by the regional CARE technical specialist. With continued support from the CARE headquarters nutrition specialist and regional technical office, CARE Bolivia, Nicaragua, and Peru institutionalized the mother support group model used by LINKAGES in Bolivia.

(continued on page 6...)

The mainstreaming process is characterized by four phases, described below with examples of LINKAGES' work.

1. Formation

In the formation phase of mainstreaming, LINKAGES worked with international organizations, national governments, and nongovernmental organizations (NGOs) to identify and begin to address priority issues in infant and young child feeding, maternal nutrition, the lactational amenorrhea method (LAM) of family planning, and prevention of mother-to-child transmission of HIV (PMTCT). The following resources were identified and committed during the formation phase:

- **Well-established partner presence, programs, and networks** lent themselves to capacity strengthening to achieve greater coverage and impact.
- **LINKAGES' program approach** at the country and community level included forming partnerships, using a behavior change strategy to achieve impact, building capacity, managing implementation, and measuring results.
- **Innovations** included training modules, monitoring and evaluation indicators and instruments, formative assessments, policy guidelines, behavior change communication materials (service delivery, community, referral), and technical information updates and protocols.
- **Financial and personnel commitments** were critical at this juncture. Cost-sharing was based on what each partner could afford, but LINKAGES tried different ways to fund implementation, with varying success. For example, the project seconded a staff member to a partner organization that covered other direct costs. LINKAGES also provided funds through contracts to other organizations to focus their own staff (and direct costs) on infant

and young child feeding issues. For some partners, LINKAGES covered training, materials development, and other direct costs to increase partner involvement in the mainstreaming process.

2. Infusion

The infusion phase served as a demonstration period to determine the utility and impact of innovations. Approaches and innovations were adapted to country environments, organizational capacities, and population needs. LINKAGES' strong results orientation ensured that partners measured the impact of the approaches and innovations on infant feeding behaviors.

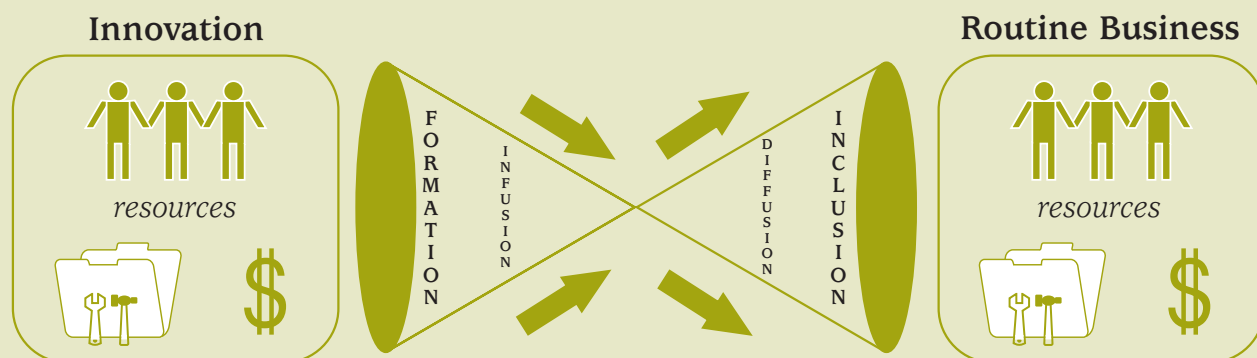
3. Diffusion

Stakeholders in the partner organizations championed proven innovations as critical components for use in similar programs or in different sectors. LINKAGES' involvement and input during this phase was limited to additional capacity building of partner organizations to enhance use of the innovation. Diffusion with LINKAGES country-level partners usually occurred within the country. The challenge for mainstreaming was to diffuse the innovation throughout the organization's global and program network.

4. Inclusion

An organization reached the inclusion phase when it embraced an innovation as its own and used it rather than just promoting it. Various degrees of inclusion ranged from using a logo on a training module in a subsequent training, signing a published policy, incorporating a behavior change approach in counseling protocols, and including a new indicator in regular monitoring and evaluation. The innovation was no longer new but a routine business practice.

Figure 1. The Mainstreaming Process



(...continued from page 4)

According to the LINKAGES/CARE Final Technical Report, October 2001– June 2003, CARE’s relationship with LINKAGES has improved CARE’s infant and young child feeding and LAM activities and directly affected “at least 1.15 million women and children in CARE project areas in Peru, Bolivia, Guatemala, Honduras, Nicaragua and Ghana. Future beneficiaries in Child Survival ... programs already underway include a minimum of 1.2 million women and children in Mozambique, Sierra Leone, Bolivia, Peru, Nicaragua, Ethiopia, Kenya and Tanzania.”

Mainstreaming as a Tool

Early in the development of its mainstreaming framework, LINKAGES created a scoring index to help outline, value, and track an organization’s mainstreaming process and outcomes. This index included a list of indicators and points associated with achieving those indicators for each of the four phases of mainstreaming. The scoring index would enable partners to see the completion of each mainstreaming phase, the percentage of the organizational network involved in each phase, the size of the beneficiary population, and the kinds of products and actions (plans, innovations, activities, evidence of ownership) developed during and resulting from each phase.

While the scoring index was useful in illustrating the mainstreaming process and the extent to which organizations mainstreamed innovations within their organizational context, it could not compare mainstreaming advances across organizations. The index was set aside for a more pragmatic tool—a survey instrument that looks at the sustainability of behavior changes and the innovations that led to those changes. LINKAGES applied this survey instrument in Bolivia in mid-2006.

Mainstreaming as a Recommendation: Lessons Learned

LINKAGES’ experience working with numerous organizations in different countries and at different levels yielded the following lessons:

Mainstreaming has to be owned by an organization; it can’t be imposed as a “deliverable.” Organizations that successfully mainstreamed innovations either did so as part of their business routine (such as Population Services International), or had a centralized organizational culture that mobilized technical and program staff to support the innovation (FFH and ministries of health). LINKAGES couldn’t tell an organization to mainstream.

Infusing an innovation into an ongoing program has greater mainstreaming potential than introducing an innovation as a demonstration project.

Proven innovations are the keystone of mainstreaming. Without funding and vigorous monitoring and evaluation during the infusion phase, innovations are not tangible or valued as worth replicating.

External funding and technical input during the formation and infusion phases reduce an organization’s risk of innovating and help stimulate and sustain mainstreaming of an innovation.

Sharing goals and funds facilitates mainstreaming. A common targeted goal such as improving infant and young child feeding practices helped both LINKAGES and its partners consolidate and focus funds and personnel. Sharing cost burdens reinforced mutual ownership of mainstreaming.

Mainstreaming may not serve scaling up to national level. Mainstreaming follows the geographic coverage of the organization, which may be limited to a district or provincial level. But projects can achieve scale up by bringing several mainstreaming organizations together to ensure national coverage.

International organizations and national programs add different value to mainstreaming. International organizations with decentralized decision-making and strong field or country offices add value to mainstreaming by developing innovations from field experience and re-packaging them for diffusion and use by their field offices. Country-level organizations and field offices of global institutions add value by achieving impact through using and mainstreaming an innovation within their geographical confines.

Committing to mainstreaming means committing to the process and the outcome, not just to a phase or product. Consistent, continuous commitment that is independent of external funding enhances the mainstreaming process.

For more information on LINKAGES’ country programs, innovations, and impact results, please visit www.linkagesproject.org.



Experience LINKAGES: Mainstreaming is a publication of LINKAGES: Breastfeeding, LAM, Complementary Feeding, and Maternal Nutrition Program, and was made possible through support provided to the Academy for Educational Development (AED) by the Bureau for Global Health of the United States Agency for International Development (USAID) under the terms of Cooperative Agreement No. HRN-A-00-97-00007-00. Kim Winnard provided the conceptual basis of mainstreaming for the development of this publication. The opinions expressed herein are those of the author and do not necessarily reflect the views of USAID.

