

Annual Breastfeeding Plan and Evaluation Instructions

Plan and evaluation will be divided into three sections within the same document based on due dates.

- The first submission of the Annual Breastfeeding Plan and Evaluation is the **Annual Plan** portion and must be submitted to the State Breastfeeding Coordinator by August 1. Please see pages 4 – 6.
- The second section of the Annual Breastfeeding Plan and Evaluation is the **Mid-Year Evaluation Report** and must be submitted to the State Agency Breastfeeding Coordinator by May 15. Please see pages 7 - 8.
- The third section of the Annual Breastfeeding Plan and Evaluation is the **Final Evaluation Report** and must be submitted to the State Agency Breastfeeding Coordinator by November 15. Please see pages 9 - 11.
- Instructions, sample goals and objectives are included on page 2.
- Optional chart format for plan, goals, objectives and methodology included on page 3.

WRITING GOALS AND OBJECTIVES FOR THE UPCOMING YEAR (SAMPLE)

1. A goal should be a general statement of what you want to accomplish (it should not be a statement of intent to meet the requirements of a current policy or regulation.)

Examples:

To help WIC participants interested in breastfeeding obtain support and education to initiate breastfeeding and continue breastfeeding as long as possible for the dyad.

To provide consistent follow-up and breastfeeding education for breastfeeding participants.

2. Objectives are more *specific* statements of what you will accomplish to reach your goal.
3. Objectives may be designed to accomplish a specific *activity* or *outcome*.

Example of an Activity Objective:

85% of all participants certified with a breastfeeding problem (e.g., engorgement, mastitis, etc.) have a nutrition care plan written for them.

Example of an Outcome Objective:

85% of all breastfeeding mothers in October will be able to verbalize 2 ways to maintain milk supply.

4. In addition to stating what activity or outcome you wish to accomplish objectives should also include the following information:
 - a. Time frame
Time frames should be realistic for meeting the objective. Objectives may be designed which require more than one year for completion.
 - b. Methods and materials
Who will do what and when?

Methods and materials must be written in such a way that staff will understand how to implement and meet the objective.
 - c. Method of evaluation
Describe how you will evaluate your objective.

How many or how much will your objective accomplish?
5. The evaluation method must measure the outcome in measurable terms (i.e. data report results, pre-post test scores, results from a chart review, etc.).

BREASTFEEDING GOALS AND OBJECTIVES

OCTOBER 1, 20xx – SEPTEMBER 30,20xx

Goal:

OBJECTIVES	METHODS AND MATERIALS	METHOD OF EVALUATION

Part 1

**Annual Breastfeeding Plan and
Evaluation Report FY 20xx**

(Local Agency)

(October 1, 20xx – September 30, 20xx)

(Name(s), Title(s))

(Date Submitted)

Approved for submission to State Agency by:

Signature:

(Local Agency Director)

Date:

Part 2

Annual Breastfeeding Plan – Due August 1, 20xx

1. State Goal

Goal -

A. Methodology

Enter an outline of the objectives for how the local agency plans to meet the goal.

B. Evaluation

Enter how the goal will be measured.

2. State Goal (selection of second goal is optional)

Goal -

Methodology

Enter an outline of the objectives for how the local agency plans to meet the goal.

A. Evaluation

Enter how the goal will be measured.

3. Local Agency Goal

Enter a local agency goal.

A. Methodology

Enter an outline of the objectives for how the local agency plans to meet the goal.

B. Evaluation

Enter how the goal will be measured.

4. Additional Information:

A. Breastfeeding Promotion and Peer Counselor Activities

A. Describe how breastfeeding promotion and peer counselor services provided to WIC participants will be coordinated with other community programs. (Limit this section to activities which have a definite breastfeeding component. Activities

Part 1

which are primarily outreach should be reported in the Outreach Plan.)

- B.** Describe any special breastfeeding promotion and peer counselor activities, if any, that you have planned for the upcoming year, which are not part of a formal objective. This could include health fairs, community activities, etc.

Part 2

Mid-Year Breastfeeding Evaluation Report **Due May 15, 202x (report 10/1/2x through 3/31/2x)**

State Goal #1

Goal -

A. Evaluation

Provide data on goal and whether achieved or not achieved. (If you moved to the Plan B local goal, you can just note here and fill out that section instead)

B. Status for Mid-Year Report - October 1 through March 31

This section will be completed for the mid-year report. Outline what breastfeeding promotion and peer counselor activities were accomplished during October 1 through March 31.

C. Challenges for Mid-Year Report - October 1 through March 31

This section will be completed for the mid-year report. Outline challenges to meeting breastfeeding promotion and peer counselor goals throughout the first half of the fiscal year.

D. Successes for Mid-Year Report - October 1 through March 31

This section will be completed for the mid-year report. Outline successes while meeting breastfeeding promotion and peer counselor goals throughout the first half of the fiscal year.

State Goal #2

Goal -

A. Evaluation

Provide data on goal and whether achieved or not achieved.

B. Status for Mid-Year Report - October 1 through March 31

This section will be completed for the mid-year report. Outline what breastfeeding promotion and peer counselor activities were accomplished during October 1 through March 31.

C. Challenges for Mid-Year Report - October 1 through March 31

Part 2

This section will be completed for the mid-year report. Outline challenges to meeting breastfeeding promotion and peer counselor goals throughout the first half of the fiscal year.

D. Successes for Mid-Year Report - October 1 through March 31

This section will be completed for the mid-year report. Outline successes while meeting breastfeeding promotion and peer counselor goals throughout the first half of the fiscal year.

Local Goal #1

A. Evaluation

Provide data on goal and whether achieved or not achieved.

B. Status for Mid-Year Report October 1 through March 31

This section will be completed for the mid-year report. Outline what breastfeeding promotion and peer counselor activities were accomplished during October 1 through March 31.

C. Challenges for Mid-Year Report - October 1 through March 31

This section will be completed for the mid-year report. Outline challenges to meeting breastfeeding promotion and peer counselor goals throughout the first half of the fiscal year.

D. Successes for Mid-Year Report - October 1 through March 31

This section will be completed for the mid-year report. Outline successes while meeting breastfeeding promotion and peer counselor goals throughout the first half of the fiscal year.

Part 3

Annual Breastfeeding Evaluation Final Report

Due November 15, 202x (report of 10/1/2x through 9/30/2x)

1. State Goal #1

Goal -

A. Evaluation

Provide data on goal achieved or not achieved. **(If you moved to the Plan B local goal, you can just note here and fill out that section instead)**

B. Status for Final Report April 1 through September 30

This section will be completed for the final report. Outline what breastfeeding promotion and peer counselor activities were accomplished during April 1 through September 30.

C. Challenges for Final Report

This section will be completed for the final report. Outline challenges to meeting breastfeeding promotion and peer counselor goals throughout the second half of the fiscal year.

D. Successes for Final Report

This section will be completed for the final report. Outline successes while meeting breastfeeding promotion and peer counselor goals throughout the second half of the fiscal year.

State Goal #2

Goal -

A. Evaluation

Provide data on goal achieved or not achieved.

B. Status for Final Report April 1 through September 30 (due November 15)

This section will be completed for the final report. Outline what breastfeeding promotion and peer counselor activities were accomplished during April 1 through September 30.

Part 3

C. Challenges for Final Report

This section will be completed for the final report. Outline challenges to meeting breastfeeding promotion and peer counselor goals throughout the second half of the fiscal year.

D. Successes for Final Report

This section will be completed for the final report. Outline successes while meeting breastfeeding promotion and peer counselor goals throughout the second half of the fiscal year.

2. Local Goal #1

A. Evaluation

Provide data on goal achieved or not achieved.

B. Status for Final Report April 1 through September 30 (due November 15)

This section will be completed for the final report. Outline what breastfeeding promotion and peer counselor activities were accomplished.

C. Challenges for Final Report

This section will be completed for the final report. Outline challenges to meeting breastfeeding promotion and peer counselor goals.

D. Successes for Final Report

This section will be completed for the final report. Outline successes while meeting breastfeeding promotion and peer counselor goals.

4. Additional Information

A. Breastfeeding Support Materials

1. Have you developed or purchased written breastfeeding materials during the last year for routine use with WIC participants? If yes, please include one copy with this plan. _____ Yes _____ No
2. Provide a copy of the assessment/survey used to gather information from participants regarding the effectiveness of breastfeeding counseling and education? (optional)

Part 3

3. Include a summary of the information gathered from the last annual participant assessment/survey. (optional)

B. Breastfeeding Promotion and Peer Counselor Program Problem Areas

1. Summarize key problem areas (a minimum of two) within your local agency which have not been addressed as a Statewide objective and which can be impacted by breastfeeding promotion efforts. To identify local problem areas, consider the following:
 - Breastfeeding incidence and duration
 - Demographic Data
 - Professional observation and judgment
 - Healthy People 2020 and national health initiatives such as Healthy Kids
 - Participant Surveys

C. Staff Training

1. Summarize any staff training related to breastfeeding which was provided during the current year. Include the date, topic(s) and the type of WIC staff attending i.e., nutritionist, CPA, clerk, etc.
2. Summarize any breastfeeding training you have planned for the next year. Include anticipated dates, topic(s) and types of WIC staff who will attend. As appropriate, the training planned should be based on your assessed needs and proposed objectives. This schedule is not considered permanent but should reflect the training you anticipate providing to your staff.
3. Only list training which directly pertains to breastfeeding. Omit routine staff meetings, administrative updates, outreach topics etc. You may use the forms in Training Policy 1.19 or develop your own format provided it contains the required information.