



PROMISE

PROMISE EBF

Promoting infant health and nutrition in Sub-Saharan Africa: Safety and efficacy of exclusive breastfeeding promotion in the era of HIV



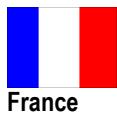
FINAL MANAGEMENT REPORT

Revised April 2010, VERSION 2
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Norway



France



Sweden



Burkina Faso



Uganda



Zambia



South Africa

1. Executive summary

Preliminary results from the multi-centre cluster-randomised behaviour intervention trial PROMISE EBF: exclusive breastfeeding promotion in Sub-Saharan Africa

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Background: Exclusive breastfeeding (EBF) for the first six months is an effective child survival strategy. Promotion of EBF is the most effective child health intervention currently feasible for implementation at population level in low-income countries. It can lower infant mortality by 13%, and by an additional 2% were it not for the fact that breastfeeding transmits HIV. Proven to be possible in hot and even dry climates, EBF without even offering water is seldom practiced by mothers worldwide. EBF rates are especially low in Africa, but the potential for rapid implementation may be high. A few studies elsewhere suggest that peer counselling has achieved dramatic increases in EBF prevalence. Thus we have run the first randomised trial to develop and test models for applying this approach in four African countries Burkina Faso, Uganda, Zambia and South Africa and to quantify health benefits, cost-effectiveness and implications for the health care system. The current PROMISE-EBF trial (Clinicaltrials.gov: NCT00397150) assessed the effect of individual counselling for exclusive breastfeeding by peer-counsellors. We report the preliminary results of the outcomes: exclusive breastfeeding rates and the diarrhoea prevalence at 12 and 24 weeks of age.

Methods: PROMISE-EBF was conducted as a multicentre community cluster-randomised trial in four African countries, Burkina Faso, Uganda, Zambia and South Africa. In each country 24-34 clusters were randomised (12-17 intervention and 12-17 control, >800 mother-infant pairs/country). The eligibility criteria: pregnant women residing in and intending to continue living in the study areas who consented to study participation. Infants with severe illness preventing breastfeeding were excluded. A minimum of five peer visits, from an antenatal visit were scheduled for mothers in intervention clusters. Control clusters received standard care, mainly health promotion through antenatal care. Data collection (2006-2008) was by independent interviewers via a series of five home visits to determine feeding patterns, infant morbidity, anthropometry and survival. All analyses adjusted for cluster effects.

Results: Exclusive breastfeeding rates at 12 and 24 weeks of age were about twice as high in the intervention arm in Burkina Faso, Uganda and South Africa, table 1. In Zambia the rates were reportedly high. Preliminary results in the intervention and control groups at 12 weeks were: 84% and 36% in Burkina Faso (Prevalence Ratio (PR) 2.34; 95%CI 1.31-4.16), 87% and 49% in Uganda (PR 1.78; 95%CI 1.59-1.98), and 11% and 7% in South Africa (PR 1.69; 95%CI 1.08-2.65), respectively. A similar pattern is also seen at 24 weeks, see table 1. There was no consistent difference in diarrhoea prevalence between the two arms.

Conclusion: Preliminary results suggest a positive effect of peer-counselling on exclusive breastfeeding rates, with large country differences observed.

Table 1. Preliminary results of the main outcomes in the four study sites.

	Burkina Faso		Uganda		Zambia		South Africa	
	Intervent	Control	Intervent	Control	Intervent	Control	Intervent	Control
Outcomes at 12 weeks (n)	363	367	375	330	191	189	517	466
- Exclusive breastfeeding	303 (84%)	131 (36%)	327 (87%)	163 (49%)	178 (93%)	176 (93%)	57 (11%)	31 (7%)
- 2 week diarrhoea prevalence	20 (5%)	35 (10%)	38 (10%)	32 (10%)	12 (6%)	11 (6%)	54 (10%)	39 (8%)
Outcomes at 24 weeks (n)	359	372	370	330	286	287	458	410
- Exclusive breastfeeding	288 (80%)	89 (24%)	235 (64%)	57 (17%)	190 (66%)	190 (66%)	12 (3%)	3 (0%)
- 2 week diarrhoea prevalence	27 (8%)	32 (9%)	53 (14%)	60 (18%)	15 (5%)	28 (10%)	67 (15%)	49 (12%)

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2. CONSORTIUM PARTICIPANTS

2.1 Participating institutions

Participants					
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Table 2. Consortium participants

Partic. no.	Institution	Participant short name		Country	
1 (coord)	Centre for International Health, University of Bergen	CIH		Norway	
2	University of Montpellier, UMR145	UMR145		France	
3	International Maternal and Child Health, University of Uppsala	IMCH		Sweden	
4	Centre Muraz, Burkina Faso	Muraz		Burkina Faso	
5	Dept of Paediatrics and Child Health, Makerere University	MAK		Uganda	
6	Dept of Paediatrics and Child Health, University of Zambia, School of Medicine	UNZA/SOM		Zambia	
7	School of Public Health, University of Western Cape	UWC		South Africa	

2.2 Key investigators in the project

The Steering Committee

The Steering Committee consisted of: Thorkild Tylleskär, Philippe Van de Perre, Eva-Charlotte Ekström, Nicolas Meda, James K. Tumwine, Chipepo Kankasa, Mickey Chopra (05-06) / Debra Jackson (07-08). The key investigators from each institution are listed in the table below.

Table 3. Key investigators in the project PROMISE-EBF.

	Institution	Country PI first, others in alphabetical order of surname
	Centre for International Health, Univ. of Bergen	Thorkild Tylleskär Ingunn M.S. Engebretsen, Lars Thore Fadnes, Eli Fjeld, Knut Fylkesnes, Jørn Klungsøy, Anne Nordrehaug-Åstrøm, Øystein Evjen Olsen, Bjarne Robberstad, Halvor Sommerfelt,
	University of Montpellier, UMR145	Philippe Van de Perre
	International Maternal and Child Health, Univ. of Uppsala	Eva-Charlotte Ekström Barni Nor
	Centre Muraz, Burkina Faso	Nicolas Meda Hama Diallo, Thomas Ouedrago, Jeremi Rouamba, Bernadette Traoré, Germain Traoré, Emmanuel Zabsonré
	Dept of Paediatrics and Child Health, Makerere Univ.	James K. Tumwine Caleb Bwengye, Charles Karamagi, Victoria Nankabirwa, Jolly Nankunda, Grace Ndeezi, Henry Wamani, Margaret Wandera
	Dept of Paediatrics and Child Health, Univ. of Zambia, School of Med.	Chipepo Kankasa, Mary Katepa-Bwalya, Chafye Siuluta, Seter Sizya, Lumbwe Chola
	School of Public Health, Univ. of Western Cape	Debra Jackson, Mickey Chopra, Mark Colvin, Tanya Doherty, Ameena E. Goga, Carl Lombard, Lungiswa Nkonki, David Sanders, Rebecca Shanmugam, Wanga Zembe

3. Planning and timetable

The planned timetable is shown in figure 1. The first WP with formative research started as soon as the study commenced. When the results from this WP were coming out the WPs 2-3, training of peer counsellors and lactation managers started. As soon as the peer counsellors were trained they could start implement the intervention and the recruitment of study subjects in each of the countries started (WP 4-7). The sub-studies cost-effectiveness and health system analysis (WP 9-10) collected data during the trial, but the analysis of data was done after the completion of the data collection. The WP 11 on data collection started along with the trial. WP 12 on dissemination of the data will have its main work towards the end of the project and beyond. The final work package on project management has been ongoing on for the entire period of the project.

Year	1											2												3												
Months	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
Workpackage description																																				
WP1 Formative research on infant feeding practices																																				
WP2 Lactation management																																				
WP3 Training of peer counsellors for EBF																																				
NEW: WP3.9 Standard operating procedures for the trial																																				
WP4 Randomised EBF trial Burkina Faso																																				
WP5 Randomised EBF trial Uganda																																				
WP6 Randomised EBF trial Zambia																																				
WP7 Randomised EBF trial South Africa																																				
NEW : WP7.9 Validation of data collection																																				
WP8 Micronutrient analysis																																				
WP9 Cost-effectiveness analysis																																				
WP10 Health systems analysis																																				
WP11 Data collection, management analysis																																				
WP12. Dissemination																																				
WP13.1 Project management																																				
WP13.2 Project meetings																																				

Figure 1. Time table of activities over the three years. Shading means full-time project activities and a line refers to ongoing data collection. The vertical black lines indicate the progress year by year. During the 4th year (no-cost extension) the remaining work was performed with the exception of WP8. Dissemination of the results is still ongoing.

3.1 Graphical presentation of work packages

The implementation strategy can be seen in Figure 2. The overall coordination of the project was ensured by the project coordinator and the Steering Committee by evaluation of the output of each WP and progress reports on the project (WP 13).

Each WP had a WP leader who managed the execution of the tasks to achieve the objectives. Scientific and technical discussion were organised by the WP leader to solve problems adequately and quickly not to jeopardize the execution of the objectives of the WP. If readjustments of the objectives and tasks of the WP were required, these were discussed in the Steering Committee of the project.

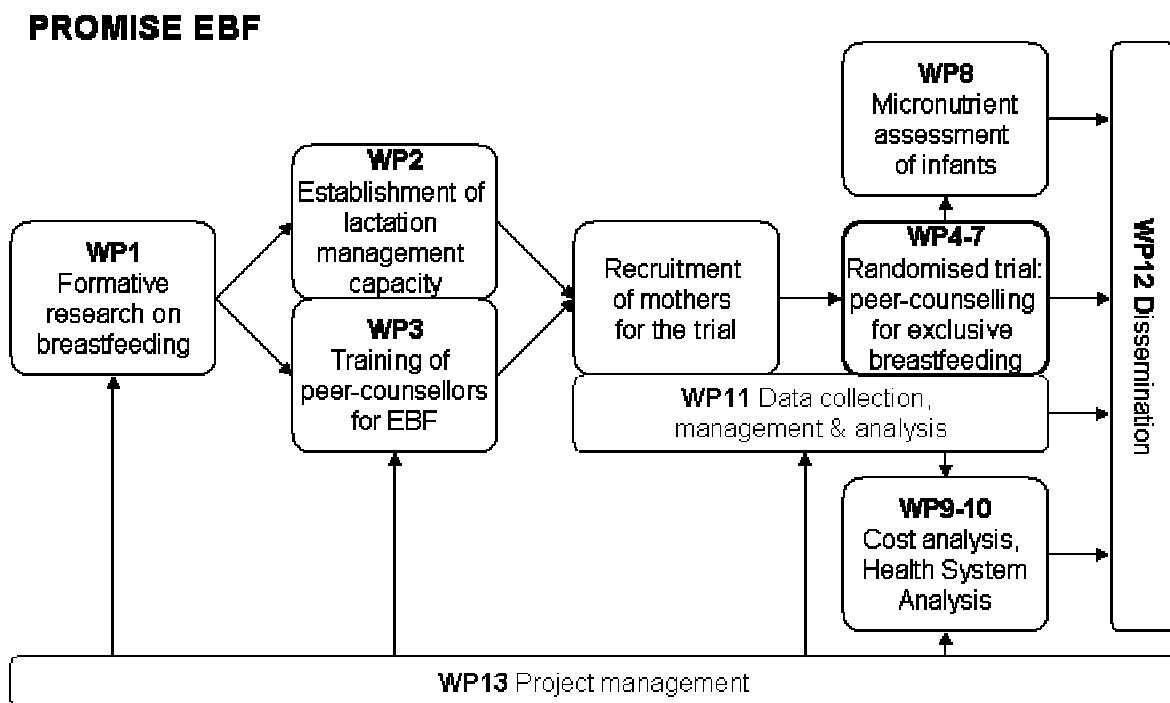


Figure 2. The project components and their interrelations. The WP4-7 constitute the core of the project and are considerably larger both in time and effort compared to the other WPs.

Localisation of the study

The project was carried out as a multicentre study in four African countries, Burkina Faso in French-speaking West Africa, Uganda in East Africa, Zambia in Central Africa and South Africa in Southern Africa. Each of the three European partners had ongoing research collaboration with one or two of the involved African institutions at the start of the study.

4. Description of the work performed by each contractor during the period

WP 1 *Formative research on infant feeding patterns*

DESCRIPTION

Formative research was conducted in each research site to better understand local perceptions and factors that lead people to provide early complementary foods to infants. This knowledge was important in the adaptation of the training for WP2 and WP3. Thus we began the study by doing formative research which included issues like: “Who could be an effective peer counsellors?”, “How would the peer counsellors work?” and “What are the key messages needed?” These studies were done by staff and graduate students at partner institutions. Experts in qualitative research methods ensured that appropriate methods were used in data collection and analysis.

ACTIVITY REPORT

Objectives

- 1.1 *To explore perceptions of infant feeding options and experiences of interactions with health workers as well as to describe the various sources of influence on early infant feeding practices*
- 1.2 *To explore how HIV positive and negative mothers make decisions regarding breastfeeding*
- 1.3 *To explore enabling and constraining factors associated with the maintenance of exclusive breastfeeding practices*
- 1.4 *To describe who is likely to be an effective peer counsellor and how the peer counsellors should work and the key messages needed.*

Contractor	Work performed
1 UoB Bergen	Writing up of previously collected information was performed. Publications: See Uganda publications and Zambia publication.
2 Montpellier	Did not participate
3 Uppsala	Workpackage completed, writing up of previously collected information was performed. Publications: See South Africa publications.
4 Burkina Faso	Workpackage completed in 2005 writing up of previously collected information was performed and the report is available. The first presentation was held in October 2005 during the official launch of the PROMISE/EBF study in Burkina Faso in presence of the administrative and health authorities of Banfora Province. The report: Traore B, Diallo AH, Sidibe LS, Traore G, Meda N: Infant feeding practices in the rural area of Banfora health District: A qualitative study. Communication Number 4, 12th forum of Bobo's Medical Sciences Meeting (JSSB), 9-12May 2006.
5 Uganda	Workpackage completed, writing up of previously collected information was performed. Publications: Engebretsen IM, Tylleskar T, Wamani H, Karamagi C, Tumwine JK: Determinants of infant growth in Eastern Uganda: a community-based cross-sectional study. <u>BMC Public Health</u> 2008, 8(1):418. Engebretsen IM, Wamani H, Karamagi C, Semiyaga N, Tumwine J, Tylleskar T. Low adherence to exclusive breastfeeding in Eastern Uganda: a community-based cross-sectional study comparing dietary recall since birth with 24-hour recall. <u>BMC Pediatr.</u> 2007 Mar 1;7:10.

	<p>Nankunda J, Tumwine JK, Soltvedt A, Semiyaga N, Ndeezi G, Tylleskar T. Community based peer counsellors for support of exclusive breastfeeding: experiences from rural Uganda. <i>Int Breastfeed J</i>. 2006 Oct 20;1:19.</p> <p>Wamani H, Astrom AN, Peterson S, Tumwine JK, Tylleskar T. Predictors of poor anthropometric status among children under 2 years of age in rural Uganda. <i>Public Health Nutr</i>. 2006 May;9(3):320-6.</p> <p>Wamani H, Astrom AN, Peterson S, Tylleskar T, Tumwine JK. Infant and young child feeding in western Uganda: knowledge, practices and socio-economic correlates. <i>J Trop Pediatr</i>. 2005 Dec;51(6):356-61.</p> <p>Fadnes LT, Engebretsen IM, Wamani H, Wangisi J, Tumwine JK, Tylleskar T. Need to optimise infant feeding counselling: A cross-sectional survey among HIV-positive mothers in Eastern Uganda. <i>BMC Pediatr</i>. 2009 Jan 9;9(1):2.</p> <p>LT Fadnes, IMS Engebretsen, H Wamani, NB Semiyaga, T Tylleskär, JK Tumwine. Does well-intended advice to HIV-positive mothers impair infant feeding practices? Two cross-sectional surveys among HIV-positive and general-population mothers in Uganda. In press 2009.</p> <p>Abstracts: L.T. Fadnes, I.M.S. Engebretsen, H. Wamani, N.B. Semiyaga, J. Wangisi, J. Tumwine, T. Tylleskär. Breastfeeding duration and reasons to stop breastfeeding among HIV-positive mothers in rural Uganda, 2008 XVII International AIDS Conference, Mexico.</p> <p>LT Fadnes, IMS Engebretsen, H Wamani, N Semiyaga, JK Tumwine, T Tylleskär. Need to optimise infant feeding counselling to HIV-positive mothers in Uganda. 3rd conference for Global Health and Vaccination Research in Bergen, October 30-31 2008</p> <p>Wandera M 1,2,3, Kayondo J 1,2,3, Engebretsen I 3 Okullo I 2 Åstrøm AN 1,3 'Caretakers' perception of infants oral and general health status in Uganda' Pan European Federation International Association for Dental Research meeting 10-12th September, 2008.</p> <p>Wandera M, Engebretsen I, Åstrøm AN. Clinical and self reported periodontal problems of pregnant Ugandan women. IADR 87th General session and exhibition. AADR 38th Annual meeting. CADR 33rd Annual meeting, 1-4 April MIAMI Florida</p> <p>Wandera M, Engebretsen I, Okullo I, Tumwine JK, Åstrøm AN. Oral health of pregnant women in Uganda: A study of the association between periodontal status and tooth-loss to social variables. Phd Nordic Seminar 2009, Lillehammer, Norway, February 11-13.</p> <p>Tylleskär T, Engebretsen IMS, Wamani H. Semiyaga N, Karamagi C. Tumwine J. Exclusive breastfeeding rates are low in Eastern Uganda, irrespective of background characteristics. 18th International Congress of Nutrition, Nutrition Safari for Innovative Solutions 2005 (IUNS), September 19-23, 2005, ICC Durban, South Africa.</p> <p>Engebretsen IMS, Wamani H. Semiyaga N, Karamagi C. Tumwine J, Tylleskär T. Cultural obstacles to exclusive breastfeeding in Eastern Uganda: Experiences and Attitudes. 8th International Congress of Nutrition, Nutrition Safari for Innovative Solutions 2005 (IUNS), September 19-23, 2005, ICC Durban, South Africa.</p>
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	<p>Engebretsen IMS, Tylleskär T, Klungsøyr JI, Wamani H, Tumwine J. The WHO Child Growth Standards compared to the old NCHS/WHO reference in a Ugandan infant population. 25th International Congress of Pediatrics, September 25-30, 2007, Athens, Greece</p> <p>Engebretsen IMS, Tumwine J, Wamani H, Tylleskär T. Socio-Economic Status predicts anthropometric status in a Ugandan infant population. 25th International Congress of Pediatrics, September 25-30, 2007, Athens, Greece</p> <p>Engebretsen IMS, Tumwine J, Karamagi C, Tylleskär T. Infant feeding practices in Eastern Uganda in the light of current WHO recommendations and prevention of mother-to-child transmission of HIV-1. HIV Resarch Net Conference, October 2007, Bergen, Norway.</p> <p>Engebretsen IMS, Tylleskär T, Tumwine JK. Ugandan infants grow better if exclusively breastfed early in life. 2nd Conference on Global Health and Vaccination Research, October 2007, Trondhjem, Bergen</p> <p>Engebretsen IMS, Tylleskär T, Tumwine JK. Factors associated with wasting and stunting among Ugandan Infants. 3rd conference for Global Health and Vaccination Research in Bergen, October 30-31 2008</p> <p>Engebretsen IMS, Tumwine J, Tylleskär T. Comparing infant feeding practices among Ugandan infants with a prospective and retrospective study design: weekly one-week infant feeding recalls versus since-birth recalls at 12 weeks of age. 4th Conference of Epidemiological Longitudinal Studies in Europe (CELSE) in Bergen, 12th to 14th November 2008</p>
6 Zambia	<p>Workpackage completed, writing up of previously collected information was performed. Publications:</p> <p>Fjeld E, Sizya S, Katepa-Bwalya M, Kankasa C, Moland KM, Tylleskar T for the PROMISE-EBF Study. 'No sister, the breast alone is not enough for my baby' a qualitative assessment of potentials and barriers in the promotion of exclusive breastfeeding in southern Zambia. <i>Int Breastfeeding J.</i> 2008;3:26-37.</p>
7 South Africa	<p>Workpackage completed, writing up of previously collected information was performed. Publications:</p> <p>Sable, M.R., Libbus, M.K., Jackson, D., & Hausler, H. Pregnancy intention in the context of HIV/AIDS in South Africa: A proposed model for policy and practice. (Accepted <i>African Journal of AIDS Research</i>, 3-24-08).</p> <p>Doherty T, Chopra M, Jackson D, Goga A, Colvin M, Persson, LA. Effectiveness of the WHO/UNICEF guidelines on infant feeding for HIV-positive women: results from a prospective cohort study in South Africa. <i>AIDS</i> 2007;21:1791-1797.</p> <p>Colvin M, Chopra M, Doherty T, Jackson D, Levin J, Willumsen J, Goga A, Moodley P Single -Dose Nevirapine Regimen in the South African National Prevention of Mother-to-Child Transmission Programme is effective in reducing early transmission of HIV-1. <i>Bulletin of WHO.</i> 2007;85(6):466-473.</p> <p>Tlebereg P, Jackson D, Loveday M, Matizirofa L, Mbombo N, Doherty T, Treger L, Wigton A, Chopra M. Community Based Situation Analysis of Maternal and Neonatal Follow-Up Care in South Africa. <i>Journal of Midwifery & Women's Health</i> 2007;52:342-350.</p>

	<p>Jackson D, Chopra M, Doherty T, Colvin M, Levin J, Willumsen J, Goga A, Moodley P. Operational Effectiveness and 36 week HIV-Free Survival in the South African National Programme to Prevent Mother-to-Child Transmission of HIV-1. <i>AIDS</i> 2007; 21:509-516.</p> <p>Doherty T, Chopra M, Nkonki L, Jackson D, Persson L. A longitudinal qualitative study of infant feeding decision-making and practices amongst HIV positive women in South Africa. <i>Journal of Nutrition</i> 2006; 136: 2421-2426.</p> <p>Doherty T, Chopra M, Nkonki L, Jackson D, Greiner T. Effect of the HIV epidemic on infant feeding in South Africa: "When they see me coming with the tins they laugh at me." <i>Bulletin of the World Health Organization</i>. 2006; 84 (2): 90-96.</p> <p>Chopra M., Doherty T., Jackson, D., Ashworth, A. Preventing HIV transmission to children: Quality of counselling of mothers in South Africa. <i>Acta Paediatrica</i>. 2005; 94:357-63.</p> <p>Jackson D., Chopra M., Doherty T., Ashworth A. "Quality of counseling of women in South African PMTCT pilot sites" (Abstract) MedGenMed. 2004 Jul 11;6(3)ThPe E7998[eJIAS. Jul 11;1(1):ThPeE7998]</p>

Progress towards objectives

Workpackage completed

Deliverables

D1 Report on the status of breastfeeding in each site.

Milestones

1 Formative research complete

METHODS & RESULTS

See list of publications above in Work Performed.

WP 2 *Lactation management*

DESCRIPTION

We estimated that a certain number of the women would be in need of professionally trained assistance with positioning, latching on or sucking technique. A health staff with training in lactation management was deployed to work throughout the duration of the field study. This was expected to reduce the severity and duration and perhaps incidence of breast problems. This service was available to all mothers at the site and was not part of the randomised intervention.

ACTIVITY REPORT

Objectives

2.1 To recruit and train 1-2 local experts in lactation management at each site
 2.2 To provide easily accessible expertise in lactation management to all women, irrespective of HIV status.

Contractor	Work performed
1 UoB Bergen	Did not contribute
2 Montpellier	Did not contribute
3 Uppsala	Did not contribute
4 Burkina Faso	The lactation management service was established in Burkina Faso in 2005 and was running all through the study
5 Uganda	The lactation management service was established at the beginning of the study and run through the study period.
6 Zambia	The lactation management service was set up in Zambia and run through the study period.
7 South Africa	The lactation management service was established in the South African sites and was running all through in the study period.

Progress towards objectives

2.1 *Identification and training of 1-2 local persons with an appropriate background*

Done.

2.2 *Service provision*

These persons were commonly linked to the research site's major health facility, and provided lactation management services to all relevant patients at no cost to the facility until data collection was completed. All women received equal attention, based on need.

Deliverables

D2 Supervisors' reports on lactation consultants' performance

Milestones

4 Lactation managers identified and trained
 5 Lactation managers starting their work over one month before the study started
 6 Report on the first month's work of the lactation consultants
 30 Lactation management delivered to study mothers

RESULTS

Health staff with lactation management competence was identified or trained all the four project sites.

BURKINA FASO

We recruited one consultant for the lactation management in BF. He was a gynaecologist-obstetrician with more than 25 years of experience and had previous training in breastfeeding and lactation management as well. He worked closely with the local health facilities in Banfora health district where women identified with lactation problems were first referred. At the early stage of the study, our consultant organized a 3-day training workshop on lactation management for all the staff of local health facilities in the Promise/EBF study area. Mild cases were therefore dealt locally by the nurse staff and complicated cases were referred to Banfora Regional Hospital where the consultant or his colleague could manage the cases. In order to facilitate also the lactation management, a stock of common drugs and material used for the treatment of breast abscess or its incision was provided to each primary health facility in Banfora health district, and a formal agreement was signed between Centre MURAZ and Banfora Regional Hospital for the management of referred cases.

UGANDA

The study team had one of its members, a paediatrician, previously trained in lactation management. She therefore worked in the study as the lactation consultant. Whenever women in the study were found to have problems she was informed and made visits to the women to help sort out their problem and provided follow-up until the problem was solved. Her phone number was given to the community women who were identifying pregnant women for recruitment into the study and in case of any problem she would be called. If any woman's problem required referral to the hospital she was given a referral note to go with to facilitate their being seen quickly as referrals.

ZAMBIA

One of the medical doctors was trained in lactation management. The lactation management service and training was developed to meet the needs of breastfeeding mothers and their babies to promote a successful breastfeeding experience. The medical doctor trained other medical personnel and assisted mothers by providing expertise to all lactation problems that study participants faced. The lactation consultant talked with mothers on phone and met with clients when needed.

SOUTH AFRICA

In South Africa the local health services were used as referral for women with breast or other health problems. Because HIV prevalence was very high in South Africa and the Peer Supporters were not aware of the HIV status of the women, referral to a qualified provider aware of HIV status was considered a better option to assure proper management.

WP 3 *Training of peer-counsellors for EBF*

DESCRIPTION

Peer counsellors were chosen from the communities near the research sites for their ability to model good parenting behaviour and to promote exclusive breastfeeding among their peers. They were provided with approximately 20 hours of training. Peer counsellors provided substantial information, encouragement, skills and support for achieving exclusive breastfeeding, if possible for six months. Trained in listening, they were addressing specific concerns of mothers, correct misinformation, and emphasis was given in training to avoid mothers feeling defensive or inadequate. They were provided with motivational materials and shared these not only with mothers, but with other family members and anyone else who may have had an influence on the mothers on how to feed their babies. When necessary, the peer supporters were referring to the lactation counsellor for any breastfeeding problems that may arise.

ACTIVITY REPORT

Objectives

3.1 To develop an appropriate training programme for local community breastfeeding counsellors including lactation management and HIV and infant feeding counselling.

3.2 To recruit and train a group of breastfeeding counsellors(peer supporters) at each site to support exclusive breastfeeding amongst women.

Contractor	Work performed
1 UoB Bergen	Objective 3.1 was completed.
2 Montpellier	Do not participate in the WP
3 Uppsala	Objective 3.1 was completed.
4 Burkina Faso	Objective 3.1 was completed in 2005. Objective 3.2 was completed when 28 peer counsellors were recruited and trained in March 2006.
5 Uganda	Objective 3.1 and 3.2 was completed in 2005.
6 Zambia	Objective 3.1 was completed. Objective 3.2 was completed when the peer counsellors were trained by the end of 2006.
7 South Africa	Objective 3.1 and 3.2 was completed in 2005.

Progress towards objectives

Workpackage completed.

Deliverables

Training package for peer counsellors.

Milestones

1 work started with developing training package 2004-5

2 training package was ready and training begun in 2005. A copy of training package materials can be found in Annex.

4 training completed 2005-6. See results for description of trainings completed.

METHODS & RESULTS

Peer Support curriculum development

A Facilitators and Participants Guide was developed based on the WHO/UNICEF Breastfeeding Counselling Course³⁷ and HIV and infant feeding counselling courses.³⁸ These courses were simplified and shortened to meet the needs of lay counsellors.

The core components of the curriculum included sessions on:

- Your own beliefs about feeding
- Communication and Counselling skills
- Composition of breast milk and the importance of breastfeeding
- How milk is produced and released by the breast
- Helping a mother with positioning herself before she starts breastfeeding
- Attachment of the baby to the breast
- Breast Conditions
- Expressing breast milk
- Practicing exclusive breastfeeding
- Common feeding difficulties
- Role plays
- Clinical Practice sessions

The curriculum used the proven methods used in the WHO breastfeeding Counselling: A Training course³⁷, and covered all the essential aspects of breast milk production and supporting breastfeeding women. The participants manual and facilitators guide are included in the attached CD.

In addition a field guide was developed. This guide summarises the course content and was given to lay counsellors to ensure consistent high quality counselling.

Implementation of Peer Support Programme

The Peer Counsellor support package was field tested in a joint training between the four sites and then amongst South African lay counsellors in June 2005.

Experiences from these trainings were used to improve the programme.

The course was subsequently used to train lay counsellors in South Africa at the beginning of the study, and to conduct updates and repeat training of lay counsellors where gaps were identified. In addition, the course was used when new lay counsellors were recruited and trained during the study (as some lay counsellors left during the course of the study).

The Peer counsellor support package was used to train lay counsellors from the Uganda, Burkina Faso and Zambia sites. Emphasis was put on exclusive breastfeeding support since the peer counsellors from these three sites were going to support mothers to exclusively breastfeed.

The peer counsellors were followed up by supervisors fortnightly and observed counselling a mother at least monthly as a way of reinforcing knowledge and skills of the peer counsellors. Monthly meetings were also held between the peer counsellors and their supervisors to discuss challenges and how to overcome them and further reinforce knowledge.

WP 4-7 Randomised EBF trial**DESCRIPTION**

Recruitment into the study either took place among women coming for their first antenatal visit to a hospital or health centre at a single research site in each of the four project countries or in the participant's respective communities through a system of recruiters. See separate description at country level.

Women who were not intending to breastfeed were excluded, as well as infants born with serious diseases or deformities that could be prohibitive for breastfeeding. Randomisation to either peer counselling or the standard breastfeeding promotion package was done on community level.

Women in the communities randomised to peer counselling would have five to seven contacts with the same peer counsellor. These took place at the time of recruitment and once more before delivery, then at about 0.5-1, 2, 4, 8, and 16 weeks after delivery. A particular effort was made to reach the mothers in the first days after delivery.

ACTIVITY REPORT

Objectives	
4-7.1	To establish a peer-counselling program, based on 7 contacts from antenatal to 4 months postnatally
4-7.2	To provide peer counselling services to all mothers randomised to it
4-7.3	Data collection

Contractor	Work performed
1 UoB Bergen	Input to the four trial sites on planning, initiation, setting up and running of the trial in the four sites, both by travels, email communication and in the steering committee meeting in Burkina Faso. Several site visits by different people to optimise the running of the trial and the data collection had been carried out.
2 Montpellier	Input to the four trial sites on planning, initiation, setting up and running of the trial in the four sites, mostly by email communication but also some site visits to partner 4.
3 Uppsala	Input to the four trial sites on planning, initiation, setting up and running of the trial in the four sites, both by travels, email communication and in the steering committee meeting in Burkina Faso.
4 Burkina Faso	The inclusions into EBF study in Burkina Faso started May 29th 2006 and ended 29th May 2007. The last participants were followed for another 6 months.
5 Uganda	The EBF study in Uganda started January 26th 2006 and ended in August 2008.
6 Zambia	The EBF study in Zambia started in December 2006 and ended in August 2008. In December 2007 the area was flooded by heavy rains which displaced the population and complicated follow-up. Some people were not found on the expected time, but only several weeks afterwards, which lead to a large number of follow-up visits being done too late.
7 South Africa	Started 5 November 2005, Completed 7 February 2008

Progress towards objectives

4-7.1 Establishment of the peer counsellor programme

Done in all 4 sites.

4-7.2 Implementation of the peer counsellor programme

Completed: Supervisors ensured that the program continued as planned —from the first pregnant mothers entered into the peer-counselling program until the final cases receive their last (four-month) visit.

4-7.3 Data collection

Completed: Data collectors visited the study mothers at inclusion, and at 3, 6, 12 and 24 weeks after birth and collecting the required information. Data to be uploaded to the central database, see WP11.

Deliverables

D4-7: Supervisors' reports on successful completion of randomised EBF peer counsellor trial in each of the sites

Milestones

Month

4 Trial begins

22 Trial ends

METHODS & RESULTS

The methods and results of these workpackages are described in the following chapters 8 and 9.

WP 8 *Blood collection and micronutrient analysis*

DESCRIPTION

The plan was to take about 5 ml of venous blood from a sub-sample of 100 infants in three countries except South Africa at the 24 week visit, using heparinised vacutainers, protected from sunlight, centrifuged, and frozen locally in freezers with back-up generators until all samples had been taken. Then arrangements were made for having them transported frozen to a central laboratory, where analysis was to be done for plasma retinol, zinc, ferritin, and C-reactive protein. Hemocue machines and vacutainers were purchased and transported to Burkina Faso and Uganda who were ahead of Zambia in terms of inclusions. Unfortunately, at the same time the Zambian site was exposed to floods which disrupted the data collection and required more resources in order to secure the data collection. After a consultation with the Scientific Officer in Brussels on email and telephone in April 2007, the decision was made to transfer money from this workpackage to the Zambian site in order for them to complete the data collection and the peer support. The consequence was that the work with this workpackage was suspended.

ACTIVITY REPORT

Objectives	
8.1	To assure quality of biological samples and analyses of micronutrient status
8.2	To obtain samples at the right time from all eligible infants
8.3	To analyse appropriate micronutrients in blood samples

Contractor	Work performed
1 UoB Bergen	Completed objective 8.1. Objective 8.3 suspended with permission from EU.
2 Montpellier	Completed objective 8.1. Objective 8.3 suspended with permission from EU.
3 Uppsala	Completed objective 8.1. Objective 8.3 suspended with permission from EU.
4 Burkina Faso	Completed objective 8.1 and 8.2. Objective 8.3 suspended with permission from EU.
5 Uganda	Completed objective 8.1 and 8.2. Objective 8.3 suspended with permission from EU.
6 Zambia	Completed objective 8.1. Objective 8.2 not completed as Objective 8.3 suspended prior to completion of objective 8.3 in this site.
7 South Africa	Not participating in this Workpackage

Progress towards objectives

Blood samples were collected in Uganda and Burkina Faso, however due to challenges experienced during implementation of WP4-7. Resources for Objective 8.3 (analysis of samples) was shifted to complete WP4-7 and this objective was suspended with permission by EU.

Deliverables

- D8. Protocol for handling of blood samples and analyses of micronutrients – completed.
- D9. Report on results of micronutrient analyses of blood samples – suspended.

Milestones

Month:

- 3 fact finding site visits for understanding of blood handling context – completed

6	end of pilot and completion protocol for handling and analyses of blood samples - completed
7	ready to start of recruitment of infants into the micronutrient component - completed
10	ready to begin blood collection - completed
28	completion of laboratory and statistical analyses - suspended
36	report on micronutrient status - suspended

METHODS & RESULTS

None- workpackage suspended.

WP 9 Cost and cost-effectiveness analysis

DESCRIPTION

Clinical evidence alone is commonly insufficient to influence policy makers and decision makers. Here usually cost-effectiveness analyses assist in getting the message across.

Initially a set of variables were identified to be collected throughout the trial to assist in the calculations on cost and cost-effectiveness. The data collection was supervised by partner 1. Towards the end of the data collection the analysis was started.

ACTIVITY REPORT

Objectives

To design and undertake a costing study that, from a societal perspective, reflects the incremental costs of scaling up the intervention to programme level.

- 9.1 To develop costing tools for the intervention.
- 9.2 Collect cost-data in the different locations simultaneously with other data collection
- 9.3 To estimate incremental and marginal costs for the intervention at the different locations, and to explore the necessary assumptions needed to scale up the cost information to a programme level. The costing perspective will be societal, including both patient costs and costs of the health facilities.
- 9.4 To perform cost-effectiveness analysis for each of the alternative interventions in the different locations.

Contractor	Work performed
1 UoB Bergen	Data collection tools were previously elaborated and included into the questionnaires used by partners 5-7, data collection completed in participating sites. Data analysis contribution into sites 6 and 7.
2 Montpellier	Did not contribute
3 Uppsala	Did not contribute
4 Burkina Faso	Did not contribute
5 Uganda	Data collection tools were previously elaborated and included into the questionnaires that were used, data collection completed. A specific round of data collection done in July 2007.
6 Zambia	Data collection tools were previously elaborated and included into the questionnaires that were used. Data collection completed 2008. Preliminary analyses finished and final data cleaning being done currently.
7 South Africa	Data collection tools were previously elaborated and included into the questionnaires that were used. Data collection ongoing throughout the reporting period and completed 2008. Costing analyses finished.

Progress towards objectives

- 9.1 *Development of costing tools* Done.
- 9.2 *Data collection* Done for all sites.
- 9.3 *Data analysis* Done for sites 6 and 7, pending site 5.
- 9.4 *Cost-effectiveness analysis* Ongoing.

Deliverables

D10 Cost-effectiveness evaluation of the intervention – see below.

Title	Setting	1. author	Last author	Co-authors
Selling a service: a qualitative study of peer supporters' experiences in promoting exclusive infant feeding	South Africa	L Nkonki	K Daniels	⁴⁾
Societal costs of EBF promotion	South Africa	L Nkonki	B Robberstad	^{1) 4)}
Societal costs of EBF promotion	Zambia	L Chola	B Robberstad	^{3) 4)}
Societal costs of EBF promotion	Uganda	TBD	B Robberstad	Sara Øvergaard, ^{2) 4)}
Cost-effectiveness of EBF	South Africa	L Nkonki	B Robberstad	^{1) 4)}
Cost-effectiveness of EBF	Zambia	L Chola	B Robberstad	^{3) 4)}
Cost-effectiveness of EBF	Uganda	TBD	B Robberstad	Sara Øvergaard, ^{2) 4)}
Policy implications and recommendations for scaling up EBF	Global	B Robberstad	T Tylleskär	Nkonki, Chola, ^{1, 2, 3)}

1) Key investigators in SA to be invited for active co-authorship.
 2) Key investigators in Uganda to be invited for active co-authorship.
 3) Key investigators in Zambia to be invited for active co-authorship
 4) PROMISE-EBF study group
 TBD = To be determined

METHODS & RESULTS

Below reflects examples of work completed for this work package at two sites, South Africa and Zambia. Work is pending from the third site, Uganda, and the fourth site, Burkina Faso, was not planned to be participating in this work package due to lack of a French speaking cost expert on the team combined with the lack of a local cost expert. As some of the data have been routinely collected some analyses will be possible to do also in Burkina Faso with the input from the other sites.

South Africa

Five activities were identified; start-up, overheads, training, peer support and peer support supervision. Table 2 defines the main intervention activities for the economic analysis. For each of the five activities, all inputs necessary for producing that activity were identified, measured and valued. The total cost of the peer support intervention was the sum of all the activities costs. The average costs per woman and per visit were also calculated. The former was calculated as the total intervention costs divided by the number of women who received peer support.

We collected cost data prospectively within a context of a cluster randomised controlled trial. Therefore some resources were used for both research activities and the intervention. Our primary concern was to estimate the costs of establishing and running a peer counselling intervention to promote exclusive breastfeeding, and not to estimate research costs. We therefore allocated joint costs using the proportion of time the cost item was used. Data were collected over a period of two and half years. We report both financial costs, representing the expenditure level of the intervention, as well as economic costs, representing the actual opportunity value of the resources.

Table 4: Milestones Month

South Africa input:

Data collection tools	Data sources	Data output
10 Day log	All peer supporters working in the intervention completed the forms over a period of 5 working days per week.	Time spent on different activities
Focus group discussion (FDG)	One group per site. The FDG were intended for validating information from the 10 day log.	Time spent on different activities and peer supporter experiences of conducting home visits
Exit forms	These were completed by all peer supporters who discontinued working.	Staff attrition
Financial accounts and interviews with key project staff.	Financial accounts from the consortium of three organisations (UWC, MRC and HST). In addition interviews were conducted with the project manager, supervisor, and peer supporter supervisors in all three sites to validate information from the accounts and fill in gaps from the accounts.	Project costs

Zambia input:

6 Questionnaires/forms completed for (i) facility level resource use and item costs, and (ii) for patient's direct and indirect costs. Completed.

30 A set of raw-data complete on facility and patient costs. Completed.

35 Report written based on the cost data and the data analysis, and findings published in scientific journals – Ongoing.

Table 5: Activities and Inputs from South Africa

Activity	Description of inputs
1. Start-up	Manual development, intervention design, peer supporter materials, recruitment of peer supporters, training of peer supporter supervisor and training of peer supporters.
2. Overhead costs	Electricity, phone and fax, car insurance and office rentals
3. Training (excludes start-up training)	On-going
4. Peer support	Peer supporter salaries, cell phone vouchers, transport (re-imbursements) and household incentive.
5. Peer support supervision	Peer supporter supervisor salaries, drivers salaries, vehicles, office equipment and office supplies.

Table 1: Description of project activities

During the follow-up period of 2.5 years a total of 1725 women were followed-up, 526, 711 and 588. of the followed-up women were from Paarl, Umlazi and Rietvlei respectively. On average women received 4 visits.

The total financial costs were \$488, 001 and the economic costs were \$ 420, 735. Peer support supervision was the cost driver and accounted for 66% of the financial and 70% economical costs. The average financial and economic cost per woman was \$282 and \$348, respectively. The average financial and economic cost per visit was \$65 and \$ 80 respectively.

Table 6. Summary costs of the intervention for South Africa.

Costs by Activity	Financial \$	Economical \$	Financial %	Economical %
Start-up	10,286	13,580	2.1	2.3
Overhead	36,007	38,583	7.4	6.4
Peer training	16,998	23,060	3.5	3.8
Peer support	102,124	104,875	21	17
Peer support supervision	322,585	420,754	66	70
Total Costs	488,001	600,850	100	100
Average cost/visit	65	80		

Table 7. Summary costs of the intervention for Zambia

	Start up	Overheads	Training	Peer support	Peer supervision
Capital costs					
Start up	13,790	-	-	-	-
Buildings	-	-	-	-	-
Equipment	-	-	-	-	980
Vehicles	-	-	-	1,001	1,687
Furniture	-	-	-	-	191
Total capital costs	13,790	-	-	1,001	2,858
Recurrent costs					
Personnel	-	-	-	11,320	42,430
Supplies	-	-	-	-	870
Vehicle ops/maint.	-	-	-	-	14,412
Building ops/maint.	-	4,855	-	-	-
Training	-	-	10,803	-	-
Utilities	-	8,838	-	-	-
Other	-	-	-	-	1,152
Total recurrent costs	-	13,693	10,803	11,320	58,864
Total economic costs	13,790	13,693	10,803	12,322	61,722

Zambia

Methods

We costed the peer support intervention, which was offered to 975 mothers, with an average of 6 visits per woman. Annual financial and economic costs were collected in 2006-2008. Estimates were made of total project costs and average costs per mothers counselled; and per peer counselling visit.

Results

A total number of 5,850 counselling visits were made, an average of about 266 visits per peer supporter. Annual project costs were estimated at \$112,330. The largest cost component was peer supporter supervision, which accounted for about 55% of total project costs. The cost per mother counselled was \$115, and the cost per peer counselling visit was \$19.

WP 10 Health system analysis**DESCRIPTION**

These WP were added because we know that clinical evidence is insufficient to reach policy makers and decision makers. Here usually health system analyses will assist in getting the message across.

Initially a set of variables were identified which were collected throughout the trial that would assist in the health system analysis. Data collection was supervised by partner 1. Towards the end of the data collection the analysis was planned to start.

ACTIVITY REPORT**Objectives**

It is well documented that there are serious challenges facing health systems in developing countries. These systems are ill equipped to cope with present demands, and much less future demands. This is of particular concern to marginalized groups in these societies. Iatrogenic poverty as a result of the collapse of these health services must be a real concern. It is therefore vital to study the determinants of the health systems' ability to provide quality, efficient and equitable services for the provision of health care at a sustainable level.

10.1 To describe and improve the quality, efficiency and equity dimensions of the intervention.

10.2 To analyse these findings with the aim of providing a sustainable framework for scaling up of the intervention.

Contractor	Work performed
1 UoB Bergen	Contributed to Qualitative studies in Uganda
2 Montpellier	Did not contribute
3 Uppsala	Contributed to Qualitative and Quantitative studies in South Africa
4 Burkina Faso	Qualitative studies on implementation and process of peer support programme completed. Equity dimensions included in data collection for WP4-7.
5 Uganda	Qualitative studies on implementation and process of peer support programme completed. Equity dimensions included in data collection for WP4-7.
6 Zambia	Equity dimensions included in data collection for WP4-7.
7 South Africa	Qualitative studies on implementation and process of peer support programme completed. Equity dimensions included in data collection for WP4-7.

Progress towards objectives

Work package data collection complete.

Deliverables

D11. Health system evaluation of the intervention. Ongoing analysis.

Manuscripts in preparation – see below.

Equity analysis pending.

Milestones

Month 0: A detailed protocol and data gathering equipment is established. - completed

Month 3: Data gathering tools produced and introduced - completed

Month 6: Quality control of data gathering process is accomplished - completed

Month 12, 24, 36: Yearly summaries and work package reports have been completed.

Month 36: Scientific publications on progress and end results have been produced. Ongoing.

METHODS & RESULTS

Qualitative studies on implementation and process of peer support intervention

Several qualitative studies were completed in three field sites. Results from the abstracts of these studies and a method description of planned studies are reported here. Copies of the manuscripts are available on request.

(Quantitative results related to this work package can be found in the results from WP4-7 as they relate to the interpretation of findings related to primary outcome.)

The context of infant feeding peer counselling: lessons learned from three districts in South Africa

Postnatal transmission of HIV through breastfeeding remains an unsolved problem in many resource-poor settings, where refraining from breastfeeding is neither feasible nor safe. This paper describes how mothers experienced infant feeding peer counselling within a community-based intervention trial. In total 18 interviews and 10 observations were carried out with both HIV infected and uninfected mothers. Different contextual challenges raised questions on the concept and application of “peer”. Depending on mothers’ age and experience, residential area or HIV-status, different experiences and expectations of peer counselling were expressed. While some mothers feared the peer counsellor visits and questioned their intentions, others, especially HIV infected mothers, viewed peer counselling as offering emotional support and an opportunity to cope with their changed life situation. Addressing the contextual barriers for effective infant feeding peer counselling is an important step in improving infant nutrition, health and survival.

Experiences of a community peer counselling intervention to support exclusive breastfeeding in Uganda: implications for scaling-up

Objective: Exclusive breastfeeding is a critical child survival strategy, potentially preventing childhood morbidity and mortality. In Uganda, 98% of children are breastfed at some time but exclusive breastfeeding levels remain low. Supporting mothers in breastfeeding exclusively improves breastfeeding practices. This paper describes experiences of training and retaining peer counsellors for exclusive breastfeeding in the Uganda site of the PROMISE-EBF trial, which evaluated the effect of peer counselling for exclusive breastfeeding on child health and highlights the main implications for scaling-up.

Methods: Twelve women aged 25-40 years were identified by their communities, one from each of twelve clusters. They were trained for six days and followed up for one year while they counselled mothers. Their knowledge and attitudes towards exclusive breastfeeding were assessed before and immediately after training, and also ten months into peer counselling. Observations, field notes and records of interactions with peer counsellors were used to record experiences from this intervention.

Results: The communities were receptive to peer counselling and women participated willingly. After training and ten months’ follow-up, their knowledge and attitude to exclusive breastfeeding improved. The peer counsellors grasped straightforward messages more quickly than those involving complex physiological mechanisms of breastfeeding. All were retained in the study and were accepted by the mothers in their homes. They displayed a sense of responsibility, visiting mothers several times if they missed them on the first attempt. Husbands and grandmothers played key roles in decision-making regarding infant feeding practices.

Conclusion: Involving the communities in selection helped to identify reliable breastfeeding peer counsellors who were acceptable to mothers and were retained in the study. Other key issues to consider for scaling-up such interventions include training and follow-up of peer counsellors, which led to improved knowledge and attitudes towards exclusive breastfeeding.

Mothers’ experience of individual peer support for exclusive breastfeeding in a randomised community trial in Uganda

Objective: Exclusive breastfeeding is critical for child survival in resource constrained settings. Peer counsellors have helped women to exclusively breastfeed but few studies have assessed the satisfaction of women with the support given especially in Africa. We therefore, describe the satisfaction of supported women towards peer counselling for exclusive breastfeeding in an African setting.

Methods: This was done in the Ugandan site of PROMISE-EBF, a multicentre community randomised trial to evaluate the effect of peer counselling for exclusive breastfeeding on infant health. Peer counselling was offered to women in 12 of the 24 study clusters as five visits: before childbirth,

during week 1, 4, 7 and 10 after childbirth when women were given information and skills about exclusive breastfeeding. After the visits, the women were interviewed regarding their feelings about the peer counselling.

Results: Three hundred seventy women aged 15-46 years were interviewed. Those who received five or more visits were more likely to give positive responses regarding their satisfaction with peer counselling. They explained their satisfaction with time spent with the peer counsellor in relation to how much she discussed with them and most felt their knowledge needs about breastfeeding were covered. The main reasons women gave for feeling free with the peer counsellors were related to their attributes like being a fellow woman, familiar and sitting with them during visits which also made them prefer a peer counsellor for helping women with exclusive breastfeeding. The women attributed their positive feelings towards the peer counselling to having acquired knowledge and their babies having benefited from it.

Conclusions: The satisfaction of women with the peer counselling positively correlated to the number of visits they received. It was also related to visible outcomes like their babies' growth and health.

Peer-counsellors to promote exclusive breastfeeding (EBF) in rural Burkina Faso: Acceptability of the intervention and satisfaction of women from local communities

Background: The PROMISE-EBF trial - an intervention aimed at promoting exclusive breastfeeding (EBF) through peer-counselling – was implemented in 12 villages in Banfora Health District in Burkina Faso.

Objective: This sub-study was carried out at the end of the trial to assess the acceptance of the intervention and the satisfaction of women who received the peer counsellors visits.

Methodology: A survey was conducted among 208 women randomly selected from the 12 villages and interviewed by trained data collectors.

Results: Overall, 92% of the women interviewed found the peer-counsellors visits and advice very useful. From their practical experience of EBF, women gave 4 main reasons for this:

Four advantages of EBF according to 208 women in Banfora Health District

"My baby was less ill than my previous children"

"My baby grew well"

"My baby walked earlier"

"My baby had less diarrhoea"

Finally 95% of women wished to be visited and counselled by a peer-counsellor during their next pregnancy if any.

Conclusion: Promotion of EBF through local peer counselors selected by their community and trained for this purpose is a feasible, accepted and greatly appreciated intervention in rural settings from Burkina Faso.

Quantitative sub-study to examine impact of peer support in HIV context - Methods

The quantitative sub-study recruited mother-infant pairs who were between 12 to 24 weeks old, who have received at least one peer support visit and who were enrolled for data collection (Good Start II). Recruitment over a period of six months yielded a total sample of 406 mother-infant pairs.

The quantitative data was collected in both intervention and control site with the aim to address the following research questions:

To determine feeding norms and practices of HIV-infected and uninfected women

To determine if a particular feeding pattern is more stigmatizing than others?

To model the effect of peer support on HIV-infected and uninfected women's feeding practices

Stata (v10.0) will be used for data management and analysis. The quantitative sub-study will be merged with the large intervention trial, for comparison of baseline characteristics for HIV-infected and uninfected women. The measured variables include feeding support from the clinic, the family, and the peer supporter. Comparisons of variables across sites will be conducted using chi-square tests for categorical variables and one-way analysis for continuous variables.

Equity Dimensions

Data for analysis of equity dimensions were collected at part of WP4-7.

Current Status of this analysis:

Wealth assessments:

1. Choosing assessment method:

Socio-economic assessment can be either based on

- Durable + housing + sanitation assets (+ other factors) – Referred to as “WEALTH”

- Consumption based assessment

- Income based assessment

- Other comprehensive assessments

2. Choosing individual country versus across country strategy

- Each country has each own index: We make the grouping of the indices uniform (quintiles).

- The study population is ranked by an overall index and grouped thereafter

Conclusion:

The group agreed that we will do country-individual wealth assessment using a traditional PCA (principal components analysis) technique or related statistical techniques.

Way forward:

1) Final data cleaning

2) Obtain country specific inputs on “what” an asset reflects.

3) Consider alternate strategies should they be necessary - In case PCA turns out not to be ideal, a strategy B will need to be thought of. SA has few assets in the questionnaire, but has e.g. income. Will we have to rely on mixed assessment or another assessment than traditional PCA/Wealth in SA/other countries?

This work is expected to be challenging as it will not be completely uniform across countries. A bigger group of analysts will be contacted to comment suggested models.

Economic status should get scientific input for the core manuscripts in 2009. A bigger team is needed for that. The comprehensive economic data for the PROMISE EBF needs wise handling. Bjarne Robbestad works on recruiting (a) PhD-student(s) for a full comprehensive economic/equity/health assessment. Across-country comparisons and assessment comparisons could then be outcomes of such studies.

WP 11 *Data collection, management and analysis***DESCRIPTION**

At each site, interviewers were trained in data gathering techniques, including anthropometry. Questionnaires were pretested, translated and back-translated into all local languages.

All mothers were interviewed at recruitment to establish eligibility and informed consent and to obtain data on socio-economic status. The remaining scheduled visits were at 3,6, 12 and 24 weeks after birth. The aim of those visits were to determine feeding patterns, morbidity, survival, and to weigh and measure length of the infants. Maternal anthropometric status was also obtained.

ACTIVITY REPORT**Objectives**

11.1 To establish and maintain a data management system where data were entered on handheld computers with Global Position System (GPS), stored securely and later uploaded to site specific database. This also included development of the existing tool, EpiHandy, to cater for the specific needs of the Promise EBF study.

11.2 To establish system for transferring data to a shared data management centre in South Africa.

11.3 To safeguard the systems and data through protected access, high level of security and strict backup regimes. The databases used were Industry standard Structured Query Language (SQL) databases.

11.4 To provide appropriate training for local field staff on interview techniques, anthropometric measurements and the use of handheld computer system. A data manager were trained for management of local databases.

11.4b To collect data efficiently using handheld computers

11.5 To develop standard operating procedures (SOP's) to ensure standardisation and quality control of data collection and management.

11.6 To establish a system for support for field staff/sites on systems and data handling from designated support personnel and site co-ordinators.

11.7 To analyse the data using the appropriate statistical techniques

Contractor	Work performed
1 UoB Bergen	<p>Elaborated the data management tools and the EpiHandy system, assisted in setting it up at partners 4,5,6,7 with backup systems. Further developed data management tool to fit requirements of partners 4,5,6,7. Conducted several follow-up and training visits to partners 4,5,6,7. Extensive remote- support to partners 4,5,6,7 with troubleshooting, upgrading, training and fixing of problems related to data collection system. Support in purchase and repair of technical equipment.</p> <p>Abstract presented: J Klungøyr, Engebretsen IMS, Karamagi C, Semiyaga N, Tumwine J, Tylleskär T. Piloting a software for handheld computers for improved quality in nutrition research and programs in low-income countries. Oral presentation (JK) at the 18th International Congress of Nutrition, Nutrition Safari for Innovative Solutions 2005 (IUNS), September 19-23, 2005, ICC Durban, South Africa.</p>
2 Montpellier	Do not participate in this WP

3 Uppsala	Participated in planning and testing the data management tools. Contributed to analyses including participation in preliminary data analysis workshop in Bergen.
4 Burkina Faso	Started fully electronic data collection including training of staff and key data management personnel. Backup on paper used in initial phases of data collection. Since then fully operational electronic data collection. Site visited by partner 1 for support. Also extensive remote-support from partner 1.
5 Uganda	All data collected fully electronic for the duration of the period. Backup on paper used in initial phases of data collection. Site visited by partner 1 for support. Also extensive remote-support from partner 1.
6 Zambia	Setting up data collection with handheld computers and the software EpiHandy, and a local data management system with local backup and test running it. Backup on paper used in the run-in phase. Site visited by partner 1 for support. Also extensive remote-support from partner 1.
7 South Africa	Completed data collection using paper-based questionnaires and duplicate data entry into EpiData, due to remote site logistics. Training of staff and key data management personnel completed. Key data management staff hired and trained. Site visited by partner 1 for support. Also extensive remote-support from partner 1. Tested use of EpiHandy for reliability with paper-based tools with one scientific presentation on results.

Progress towards objectives

11.1-6 Done. See chapter 8 for details on data collection methods and the annex for SOPs for each site.
 D12 ready.
 11.7 To be done.

Deliverables

D12. EpiHandy has been appropriately developed and tested (4, O, PU) and data management system selected and established at each site and centrally (4, O, CO)
 D13. Data analysis ongoing (35, R, PP)

Milestones

Month:

4 Data base up and running, interviewers trained in the use of the data collection tools.

5-28 Data collection

5-30 Data cleaning and aggregation

35 Data analysis performed and completed for final report, ongoing for scientific manuscripts

RESULTS

An in-depth description of the results from this workpackage is given under the heading “EpiHandy development, testing and setup” in the next chapter.

WP 12 Dissemination of results**DESCRIPTION**

The consortium will disseminate the results through abstracts in meeting proceedings, scientific publications in international refereed journals, and prepared presentations for relevant authorities and policy makers.

ACTIVITY REPORT**Objectives**

- 12.1 Presentation of results at relevant conferences
- 12.2 Preparation of papers for publication in peer-reviewed journals
- 12.3 Presentation of results and implications to relevant authorities and policy makers at various fora in both EU countries and partner countries

Contractor	Work performed
1 UoB Bergen	Final report completed, Dissemination activities initiated, see below
2 Montpellier	Final report completed, Dissemination activities initiated, see below
3 Uppsala	Final report completed, Dissemination activities initiated, see below
4 Burkina Faso	Final report completed, Dissemination activities initiated, see below
5 Uganda	Final report completed, Dissemination activities initiated, see below
6 Zambia	Final report completed, Dissemination activities initiated, see below
7 South Africa	Final report completed, Dissemination activities initiated, see below

Progress towards objectives

Work package in progress – see below

Deliverables

D14 See below

Milestones

Month 36 and beyond: Abstracts presented at meetings, publications in peer-reviewed journals, and presentations to relevant authorities and policymakers. Ongoing

RESULTS

A large number of manuscripts are planned and have been registered for this analysis – see table below. The consortium has established a system of registration to track all planned analyses and potential manuscripts on behalf of PROMISE-EBF. Several manuscripts related to WP3 and WP10 have already been submitted (see WP10) for publication. The manuscripts related to the primary objectives are in process concurrent with the preparation of the final report. In addition scientific presentations and dissemination to policy makers in the respective countries are also planned. A list of scientific meetings to which abstracts will be submitted can be found below the table. Presentations to local stakeholders in each country are also expected.

Table 8. Planned publications.

Draft title	WP	Outcome	Exposure	Analyses	Level
Principal objectives:					
Intent-to-treat analysis of EBF (Thorkild+)	WP 4-7,	EBF @ 12W Child morbidity @ 24W	Intervention (Arm)	Intent to treat	Global
Intent-to-treat analysis of child morbidity (Thorkild+)	WP 4-7	Growth @ 24W	Intervention (Arm)	Intent to treat	Global
Intent-to-treat analysis of growth (Thorkild+)	WP 4-7	Growth @ 24W	Intervention (Arm)	Intent to treat	Uganda, BF, SA
Secondary Objectives:					
Primary Outcomes					
Dose-effect of Peer Support on EBF (Jolly & Hama & Zeb)	WP 4-7	EBF @12W Growth and Child Morbidity @ 24W	Actual exposure to intervention (#PS visits)	Per protocol (dose-effect analysis)	Uganda BF, Zambia
Impact of actual feeding pattern on child morbidity & growth (Ingunn+)	WP 4-7	Actual feeding pattern	Quant		Uganda, BF, SA
Cost Analyses					
Cost-effectiveness of the intervention overall (Bjarne, Lungiswa & Lungwe) – <i>likely multiple papers</i>	WP9	Intervention & Descriptive	Cost- effectiveness	Quant	Global
Data Collection - EpiHandy					
Hand-held computers for data collection (Jorn)	WP11	Descriptive	Development & Use of EpiHandy	Quant & Qual	Uganda, BF, Zambia
Comparing paper vs. electronic data collection in households (Hama & Jeremy)	WP11	Paper vs EpiHandy	Data quality	Validation	Burkina Faso
Health Services					
Health Services utilisation (Victoria)	WP10	Descriptive	Health Services Utilisation	Quant	Uganda
Assisted Delivery & Antenatal Care in Burkina Faso (Hama)	WP10	Descriptive	Health Services Utilisation	Quant	Burkina Faso
Quality, efficiency of the intervention (David, Mickey, Thorkild)	WP10	Policy EBF/Child Morbidity	Policy	Policy	Global
Equity dimensions (Henry, Ingunn, Bjarne, Lungiswa)	WP10	PCA	Quantitative	Quantitative	Global
Site Specific Intention-to-treat Analyses					
Intent-to-treat analysis of EBF (Nicolas++)	WP 4	EBF	Intervention	Intent to treat	Burkina Faso
Intent-to-treat analysis of EBF	WP 5	EBF	Intervention	Intent to treat	Uganda

(James++)					
Intent-to-treat analysis of EBF (Chipepo++)	WP 6	EBF	Intervention	Intent to treat	Zambia
Intent-to-treat analysis of EBF (Debbie++)	WP 7	EBF	Intervention	Intent to treat	South Africa
Training & Knowledge of Peer Supporters					
Training of peer-supporters (Hama)	WP3&10	Descriptive	Training	Qual	Burkina Faso
Training of peer-supporters (Jolly) (<i>submitted</i>)	WP3&10	Descriptive	Training	Qual	Uganda
Training of peer-supporters	WP3&10	Descriptive	Training	Qual	Zambia
Training & Supervision of peer-supporters (Karen) (<i>submitted</i>)	WP3&10	Descriptive	Training	Qual	South Africa
Perceptions of peer-supporters on their training and work (Karen & Barni)	WP3&10	Descriptive	Peer Counsellor Perceptions	Qual	SA
Peer-counsellors' knowledge (Hama)	WP3&10	Descriptive	Peer Counsellor Knowledge	Quant & Qual	Burkina Faso
Peer-counsellors' knowledge (Jolly)	WP3&10	Descriptive	Peer Counsellor Knowledge	Quant	Uganda
Formative Studies (WP1)					
Description of feeding behaviour (Zabsore)	WP1	Descriptive	Feeding Pattern	Qual & Quant	Burkina Faso
Description of feeding behaviour (Fjeld) (<i>published</i>)	WP1	Fjeld E, Siziya S, Katepa-Bwalya M, Kankasa C, Moland KM, Tylleskar T for Promise EBF Study Group		Qual	Zambia
Description of feeding behaviour (Mary) (<i>published</i>)	WP1	Masters Thesis Weekly vs PROMISE-EBF data collection		Quant	Zambia
Comparing weekly feeding data collection to PROMISE-EBF collection (Ingunn)	WP1&5	collection schedule	Quality of feeding data	Validation	Uganda
Mothers Perceptions of Peer Support					
Mothers' perception of peer support (Hama)	WP10&4	Descriptive	Mothers' Perceptions	Qual & Quant	Burkina Faso
Mothers' perception of peer support. A qualitative study (Barni) (<i>one submitted & one pending</i>)	WP10&7	Descriptive	Mothers' Perceptions	Qual	SA

Mothers' perception of peer support. A quantitative study (Barni) Mothers' perception of peer support (Jolly) Sub-Studies (Other outcomes)	WP10&7	Descriptive	Mothers' Perceptions	Quant	SA
	WP10&5	Descriptive	Mothers' Perceptions	Qual & Quant	Uganda
	3 papers: a) dental health of mothers, b) dental health of children, c) maternal behaviour				
Dental health of mothers and children (Margaret)	Sub-Study	Malaria prevalence @24W	Quant	Uganda	
Malaria substudy (Victoria)	Sub-Study	Use of anti-malarials	Quant	Uganda	
Use of anti-malarials in neonatal period in BF (Hama)	Sub-Study	Use of anti-malarial drugs	Quant	Burkina Faso	
Social grant study, uptake at 6 mo (Wanga)	Sub-Study	Grant uptake	Quant	SA	
Social grant study, impact at 18-24 mo (Wanga)	Sub-Study	Child morbidity	Quant	SA	
Other Analyses (PROMISE-EBF outcomes)					
Breast health (Jolly)	WP5	Intervention & Risk Factor	Breast Health	Quant	Uganda
Breast health (Jolly)	WP4-7	Factor	Breast Health	Quant	Global
Infant deaths and social verbal autopsy (Alyssa) (<i>published</i>)	WP7&10	- PhD Thesis	Perinatal	Qual	SA
Perinatal Mortality (Victoria)	WP5	- Manuscript	Perinatal Mortality	Quant	Uganda
Perinatal & Infant Mortality (Hama)	WP4	also expected	Perinatal & Mortality	Quant	Burkina Faso
Growth at 12 mo (Hama)	WP4	Intervention	Z-scores at 12 mo	Quant	Burkina Faso
Morbidity and growth at 18-24 mo (Victoria)	WP5	Intervention	Change in Z-scores, Child Morbidity	Quant	Uganda
Association between immunisation status and morbidity, growth and survival (Halvor)	WP4-7	Intervention	Morbidity, Growth & Survival	Quant	Global
Prelacteals & Growth & Morbidity (Ingunn, Jolly, Victoria)	WP4-6	Immunisation Prelacteals	Growth & Morbidity	Quant	Uganda, BF, Zambia
Time to change in feeding pattern (Ingunn & Rebecca)	WP4-7	Time to change of feeding pattern	Time to change of feeding pattern	Quant (Survival Analysis)	Global
Longitudinal assessment of anthropometry (Ingunn & Victoria & Henry)	WP4-7	Intervention	Change in Z-scores 3 to 24w	Quant	Global
Structural Equation Modelling of EBF & Child Morbidity (Rebecca, Ingunn, Mickey, Debbie, Henry)	WP4-7	Intervention & Risk Factors	EBF, Child Morbidity	Quant (Structural Equation Modelling)	Global
Social epidemiology of breastfeeding in SA and comparing it with the 3 countries (Ameena, SA Team)	WP4-7	Structural and cultural factors influencing EBF in SA	EBF	Quant/Qual	Global

ABSTRACTS TO BE SUBMITTED TO THE FOLLOWING CONFERENCES

International Conferences

International Conference on Nutrition (ICN 19) (2009) – This will be the 1st international presentation of EBF results

American Public Health Association (2009)

International Association of Dental Research (2009)

International Society on Research on Human Milk and Lactation (2010)

Regional Conferences

Priorities in Perinatal Care Association of South Africa (2010)

Priorities in Child Health Care Association of South Africa (2009)

Public Health Association of South Africa (2009/10)

Research Council of Norway GlobVac Conference (2009)

South African Statistical Association (2009)

DESCRIPTION

Project management structure

The project management structure consisted of:

- Project Coordinator: Prof. Thorkild Tylleskär, and he was assisted by a part-time project manager at CIH. Includes overall management and administrative aspects.
- The Steering Committee, consisting of the team leaders of each partner and the coordinator.
- The Workpackage leaders

Overall project management

The overall project management was the responsibility of the coordinator (CIH, Bergen). The overall coordinator was responsible for:

- management of the project and reporting to the Steering Committee and executing its decisions. This consisted of verification and adjustments of the project progress, discussion on the scientific results
- organisation and chairing of the regular call conferences and the annual meetings with the Steering committee
- ultimate responsibility for the financial and administrative reporting to the European Commission
- managing the financial administration of the overall project expenses including reporting the overall budgetary situation of the project to the European Commission every year, based on the cost declarations of the individual partners, as stated in the contract
- answering questions of the individual partners and the European Commission in the area of administration and financial aspects of the projects
- the overall respect of the ethical and gender issues within the project
- avoiding conflicts. The project coordinator solved any conflicts or ensured compromise with the Steering committee

Steering Committee

The Steering committee had the responsibility on the strategic issues of the project and therefore consisted of all partners. Each partner was represented by its coordinator/team leader as follows:

1. Prof Thorkild Tylleskär, (CIH), University of Bergen, Norway
2. Prof Philippe Van de Perre, University of Montpellier (UMR145), France
3. Researcher Eva-Charlotte Ekström, PhD (IMCH), Univ. of Uppsala, Sweden
4. Dr Nicolas Meda, Centre Muraz, Burkina Faso
5. Ass. Prof. James Tumwine, Makerere University. (MAK), Uganda
6. Dr Chipepo Kankasa, University of Zambia, School of Med. (UNZA/SOM)
7. Dr Mickey Chopra (2005-2006) and Debra Jackson (2007-2008), University of Western Cape (UWC), Cape Town, South Africa

The role of the Steering committee was to ensure that the research activities were executed in a consistent and standardised way.

The Steering committee met annually 2005, 2006, 2007 and 2008 to discuss the activities, scientific and technical aspects of the different work packages steered by the work package leader.

The Steering committee was responsible for:

- monitoring the progress of the project, including progress in work package timing
- overall responsibility for the project reporting (progress reports, midterm assessment and end report) to the European Commission
- deciding on major changes in the project plans
- handling any disputes among partners

Work packages and deliverables

The objectives of the project was realised through the implementation of the tasks described in the work packages. Each work package defined a main goal in the research activities and had established deliverables and milestones. The timing of the work packages was outlined in the work plan time schedule (Section B1). Problems arising during the execution of the work package were discussed and solved by the concerned work package leader and when necessary the Steering Committee. The following work package leaders were assigned:

1 Formative research on infant feeding practices	Thorkild Tylleskar, Partner 1
2 Lactation management	Thorkild Tylleskar, Partner 1
3 Training of peer-counsellors	James Tumwine, Partner 5
4 Randomised EBF trial, Centre Muraz	Nicolas Meda, Partner 4
5 Randomised EBF trial, MAK	James Tumwine, Partner 5
6 Randomised EBF trial, UNZA/SOM	Chipepo Kankasa, Partner 6
7 Randomised EBF trial, UWC	Debra Jackson, Partner 7
8 Blood collection and micronutrient analysis	Philippe vande Perre, Partner 2
9 Cost-effectiveness analysis	Bjarne Robberstad, Partner 1
10 Health system analysis	Øystein E Olsen, Partner 1
11 Data collection, management & analysis	Debra Jackson, Partner 7
12 Dissemination of results	Thorkild Tylleskär, Partner 1
13 Project management	Thorkild Tylleskär, Partner 1

Tasks for the work package leaders

Every work package was coordinated and managed by a work package leader. Their responsibilities are as follows:

- general management and coordination of the work package (timing, problems, deliverables and milestones)
- keeping the partners informed
- project reporting to the Project Coordinator (progress reports, midterm assessments and end report)
- organisation and transmission of the technical project information to the Project Coordinator

Decision making structure

The work package leaders took decisions on the execution of the workpackages. The overall Project Coordinator took decisions where minor changes in the budget and work planning were required. Decisions regarding more substantial changes in tasks, responsibilities, budget or strategy were taken by the Steering Committee. The Project Coordinator had the authority to call an extraordinary Steering Committee meeting if necessary.

Management of knowledge and intellectual properties

The project participants expected that increased scientific knowledge would be the main outcome of this project. Management and dissemination of the knowledge will be applied to this outcome. Internal guidelines for authorship were agreed upon.

ACTIVITY REPORT

Objectives

- 13.1 Project planning and project scheduling
- 13.2 Reporting to the different partners
- 13.3 Organising and chairing regular conference calls and annual meetings
- 13.4 Monitoring WP objectives and deliverables
- 13.5 Ensuring all study procedures are undertaken according to good clinical practice (GCP) and ethical standards
- 13.6 Ensuring project administration is complete and accurate
- 13.7 Ensuring project administration is according to the guidelines of the European Commission

Contractor	Work performed
1 UoB Bergen	<p>Project related visits</p> <p>Thorkild Tylleskär</p> <p>2005:</p> <p>South Africa February 1-12 Steering committee meeting</p> <p>Burkina Faso March 13-19 WP4</p> <p>Uganda April 10-15 WP5 +supervision of PhD candidates</p> <p>Zambia and Uganda June 26- July 8 WP5-6</p> <p>South Africa Sept 13-25 WP7</p> <p>Uganda 13-20 Nov WP5+supervision of PhD candidates</p> <p>Brussels 14-15 Dec Meeting with coordinators at EU</p> <p>2006:</p> <p>Burkina Faso March 4-11 Steering committee meeting</p> <p>Uganda 24 April – 6 May WP 5+supervision of PhD candidates</p> <p>Burkina Faso 11-21 September WP4+supervision of PhD candidates</p> <p>Uganda 23 Sept – 9 Oct WP5+supervision of PhD candidates</p> <p>Brussels 7-11 Nov EU Conference + EU contract holders' meeting</p> <p>Uppsala 12-14 Dec PROMISE-related dissertation</p> <p>2007:</p> <p>Zambia 11-17 March Steering committee meeting</p> <p>Uganda 23 Apr – 4 May WP5+supervision of PhD candidates</p> <p>Burkina Faso 20 Oct- 2 Nov EDCTP-conference and WP4</p> <p>Uganda 1-8 Dec WP5+supervision of PhD candidates</p> <p>2008:</p> <p>Uganda 4-12 Jan WP5+supervision of PhD candidates</p> <p>Uganda 1-12 March WP5 and project presentation+supervision of PhD candidates</p> <p>Montpellier 6-15 April Steering committee meeting and analysis meeting</p> <p>Uganda 20-26 April WP5 +supervision of PhD candidates</p> <p>Zambia 12-18 Oct WP6</p> <p>Zambia 15-19 Dec WP6</p> <p>Jørn Klungsøyr:</p> <p>Uganda 11.05.2004 – 23.05.2004 WP5 and 11</p> <p>South Africa 13.09.2005 – 01.10.2005 WP11</p> <p>South Africa 22.05.2005 – 04.06.2005 WP11</p> <p>Zambia 13.11.2006 – 18.11.2006 WP6</p> <p>South Africa 06.10.2006 – 25.10.2006 WP11</p> <p>South Africa 25.06.2006 – 02.07.2006 WP11</p> <p>Burkina Faso 09.09.2006 – 25.09.2006 WP4 and 11</p> <p>Ingunn Engebretsen:</p> <p>Uganda 13.03.05 - 28.09.05 WP1,5,11</p> <ul style="list-style-type: none"> - South Africa 27.03.05 -03.04.05: WP11 Design, questionnaires, - South Africa 28.08.05 - 04.09.05: WP11 Questionnaires, anthropometry and EpiHandy – training; Questionnaire discussions - South Africa 16.09.05 - 28.09.05: WP11 Questionnaires, Tools Design <p>Burkina Faso 04.03.06 – 14.03.06: WP11</p> <p>Uppsala 12-14 Dec PROMISE-related dissertation</p> <p>25th ICP (Int'l Congress of Pediatrics) Athens: 24.08.07 – 31.08.07: Presenting formative studies from Mbale, Uganda</p> <p>Montpellier 06.04.08 – 15.04.08:, Steering committee meeting and analysis meeting</p> <p>Uganda 27.08.08 – 10.09.08 WP11 Data sorting, planning of analysis</p> <ul style="list-style-type: none"> - Cape Town 31.08.08 – 06.09.08 WP11 Preliminary analysis <p>Uppsala 20-21 2008 Nov PROMISE-related dissertation</p> <p>Bjarne Robberstad</p>

	2005: South Africa February 1-12 Steering committee meeting South Africa August 1 week WP9
2 Montpellier	Contributed to the Annual reports. Attended all annual meetings. Annual visits to Burkina Faso.
3 Uppsala	Contributed to the Annual reports. Attended all annual meetings. Project related visits to South Africa: Eva-Charlotte Ekström Sept 2005 South Africa Project meeting August 2006 Collaboration meeting South Africa – Health System WP10 October/November 2007 – Collaboration meeting South Africa, Health Systems Research WP10 November 2008 Bergen – Preliminary analysis workshop WP11 Barni Nor January 2006 South Africa-Health System research WP10 June-Aug 2006 South Africa – Health Systems Research WP10 November 2006 South Africa –health System WP10 February 2007 South Africa - Health Systems Research WP10 October/November 2007 South Africa –Health Systems Research WP10 January 2008 South Africa-Health System analyses WP10
4 Burkina Faso	Contributed to the Annual reports. Attended all annual meetings. Other Project related visits: Hama Diallo: Durban (SA) Sept 2005 ToT (WP2 & 3) Uppsala 12-14 Dec 2005 PROMISE-related dissertation Norway Aug-Dec 2006 Core course MPhil Norway Feb-Apr 2007 Optional course MPhil Amsterdam May 2007 5th European congr Trop Med & Intern Health Paris Nov 2007 WP11 Norway Nov 2007 WP 11 Norway March 2008 EBF study profile Montpellier April 2008 PROMISE analysis meeting Cape Town Sept 2008 EBF Data Analysis Workshop Sweden Nov 2008 PROMISE-related disseration Norway Nov 2008 EBF Data Analysis Workshop Norway Feb 2009 Data analysis South Africa – Data Analysis Workshop September 2008 (HD)
5 Uganda	Contributed to the Annual reports. Attended all annual meetings. Other Project related visits: Numerous visits to Bergen by PhD candidates for course work and supervision. South Africa – Data Analysis Workshop September 2008 (HM)
6 Zambia	Contributed to the Annual reports. Attended all annual meetings. Other Project related visits: South Africa – SANORD Conference - Meeting April 2008 (CS) South Africa – Data Analysis Workshop September 2008 (CS)
7 South Africa	Contributed to the Annual reports. Attended all annual meetings. Other Project related visits: Debra Jackson November 2004 Uppsala – Collaboration meetings, WP7 December 2007 Uppsala – Collaboration meetings WP7 & 11 November 2008 Uppsala – Collaboration meetings WP11

	<p>November 2008 Bergen – preliminary analysis WP11</p> <p>David Sanders October 2007 Bergen – Collaboration meetings WP7</p> <p>Wanga Zembe March 2007 - Zambia – Conduct training at Zambia field site WP6</p> <p>Rebecca Shamugam November 2008 Bergen – preliminary analysis WP11</p> <p>Tanya Doherty March 2004 – Bergen – WP3-7 March 2004 – Uppsala WP1 & 7 March 2005 – Uppsala WP1 & 7 November 2005 – Uppsala WP1 & 7 March 2006 – Burkina Faso – 4 days March 2006 – Uppsala WP1 & 7 June 2006 – Uppsala WP1 & 7 December 2006 – Uppsala WP1 & 7 April 2007 – Uppsala WP1 & 7 May 2007 – Uppsala WP1 & 7 December 2007 – Uppsala WP1 & 7 & 11</p> <p>Lungiswa Nkonki May 7-11, 2007 Bergen – WP9 May 21-25, 2007 Bergen – WP9 Aug 3 – 3 Oct, 2008 Bergen – WP9 Sept 14-17, 2008 Glasgow – WP9</p> <p>Mickey Chopra Annual visits to Uppsala</p>
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Progress towards objectives

- 13.1 Overall project coordination (project manager) - completed
- 13.2 Technical and scientific coordination - completed
- 13.3 Organisation of quarterly conference calls - completed
- 13.4 Organisation of annual meetings - completed
- 13.5 Annual project review exercise - completed
- 13.6 Annual project monitoring - completed

Deliverables

D15. Management control reports

Milestones month

6, 12, 18, 24, 30, 36:

- Management control reports
- Minutes of the meetings
- Cost declarations
- Progress reports
- Progress meeting and evaluation of the execution of the work to be done

RESULTS

Annual Steering Committee meetings have been held, around one week each time, if possible including a one-day visit to the study site of PROMISE EBF. Additional sub-group meetings and site visits were usually held in connection to these meetings.

1st Annual Steering Committee meeting 2004

The first Annual Steering Committee meeting was held in Entebbe hosted by Partner 5 in May 2004, before the project was started.

2nd Annual Steering Committee meeting 2005

The second Annual Steering Committee meeting was held in February 2005 at UWC, hosted by Partner 7 in Cape Town. This was the official start-up meeting of the project.

3rd Annual Steering Committee meeting 2006

The third Annual Steering Committee meeting was held in March 2006 in Burkina Faso and hosted by Partner 4 in Bobo-Dioulasso.

4th Annual Steering Committee meeting 2007

The fourth Annual Steering Committee meeting was held in March 2007 in outside Lusaka, hosted by Partner 6.

5th Annual Steering Committee meeting 2008

The fifth Annual Steering Committee meeting was held in April 2008 in outside Montpellier, France, hosted by Partner 2.

In addition to these meetings, regular phone conferences were held and email contact has been intensive.

5. Financial report

5.1 Explanatory note on major cost items**2.1 Explanatory note on major cost items****PERSONNEL COSTS**

Partner	Name	Function	Statue	Person-month	monthly rate	Amount	WP
Partner 1 CIH, Norway							
Partner 1	Jan Obststad	2005: Data collection	Temporary additional	2		8 186,71	11
Partner 1	Lars Petter Holgersen	2005: Management	Temporary additional	1		6 560,12	13
Partner 1	Øystein Even Olsen	2006: EP coordinator for WP 10	Temporary additional	2		9 466,00	10
Partner 1	Jan Obststad	2006: Software development for WP11	Temporary additional	1		7 892,13	11
Partner 1		data management					
Partner 1	Lumbwe Chola	2007:	Temporary additional				
				7		4 155,29	9
				13		36 260,25	
(including "Management 2005", Eur 6560,12) Lars Petter Holgersen							
Partner 2 Montpellier							
	No paid staff						
Partner 3 IMCH, Uppsala							
	EC Ekström	Senior researcher	additional staff	6		31 850 4,5,7,10,11,12	
	Hanna Eneroth	Researcher	additional staff	2		5 767 7,8,10,11	
	Barni Nor	Researcher	additional staff	3		9 534 10	
				11		47 151	
Partner 4 Burkina Faso							
Partner 4	M.Coulibaly	Data collector	temp. contract	11		1 397,00	4
Partner 4	J.Da	Data collector	temp. contract	21		2 668,00	2,4
Partner 4	J.Dembele	Secretary	temp. contract	22		4 658,00	4,13
Partner 4	I.Doh	Courier, messenger	temp. contract	27		2 144,00	2,4
Partner 4	T.Ouedraogo	In charge	temp. contract	14		4 446,00	2,4
Partner 4	M.Soma	Data collector	temp. contract	12		1 524,00	4
Partner 4	S.Sourabie	Data collector	temp. contract	21		2 668,00	4
Partner 4	E.Toe	Data collector	temp. contract	7		889,00	4
Partner 4	B.Traore	Supervisor PS	temp. contract	24,75		9 528,00	1,2,3,4
Partner 4	G.Traore	In Charge Intervention	temp. contract	24		6 352,00	1,4
Partner 4	K.Traore	Data collector	temp. contract	14		1 779,00	4
Partner 4	D.Traore	Data collector	temp. contract	21		2 668,00	4
Partner 4	E.Zabsorhe	Supervisor Data collectors	temp. contract	24,75		9 528,00	2,3,4,11,12,13
Partner 4	F.Da	Data collector Socio	temp. contract	1		132,00	1
Partner 4	F.Diamongou	Driver	temp. contract	6		1 272,00	4
Partner 4	C.Doli	Data collector Socio	temp. contract	1		132,00	1
Partner 4	A.Ganou	Co-supervisor data collector	temp. contract	18		1 906,00	4
Partner 4	A.Ouedraogo	Co-supervisor PS	temp. contract	18		1 906,00	4
Partner 4	J.Rouamba	Data Manager	temp. contract	24,25		3 811,00	1,2,4,11,12,13
Partner 4	S.Sidibe	Supervisor Sociologue	temp. contract	2,5		423,00	1,2
Partner 4	J.Some	Data collector Socio	temp. contract	1		132,00	1
Partner 4	A.Soulama	Data collector Socio	temp. contract	1		132,00	1
Partner 4	M.Kafando	Night guard	temp. contract	6		159,00	2,4
Partner 4	Y.Traore	Driver	temp. contract	6		1 143,00	4
Partner 4	M.Traore	Translator/Dioula	temp. contract	3		953,00	1,4
Partner 4	Field staff	Recruiters (part-time)	additional staff - (25x0,28x24)	168		15 880,00	4
Partner 4	Field staff	Peer-counsellors (part-time)	additional staff - (28x0,5x24)	336		21 343,00	4
				835,25		99 573,00	

Partner 5								
Makerere, Uganda								
Partner 5	Nulu Semiyaga	Site coordinators	additional staff	22	800	17 600,00	5	
Partner 5	Victoria Nankabirwa	Site coordinators	additional staff	14	800	11 200,00	5	
Partner 5	Caleb Bwengye	Data manager	additional staff	30	560	16 800,00	5	
Partner 5	Herbert Mugooda	Data collector	additional staff	24	150	3 600,00	5	
Partner 5	Fred Wetaya	Data collector	additional staff	24	150	3 600,00	5	
Partner 5	Mose Mukhwana	Data collector	additional staff	24	150	3 600,00	5	
Partner 5	Rachel Nambozo	Data collector	additional staff	24	150	3 600,00	5	
Partner 5	Mariam Kituyi	Data collector	additional staff	24	150	3 600,00	5	
Partner 5	Doreene Nambya	Data collector	additional staff	24	150	3 600,00	5	
Partner 5	Evelyne Nandudu	Data collector	additional staff	24	150	3 600,00	5	
Partner 5	Margaret Wandera	PhD student	additional staff	6	800	4 800,00	5	
Partner 5	Jolly Nankunda	Peer counsellor team leader	additional staff	12	800	9 600,00	1,5,11	
Partner 5	Miriam Mbasalaki	Peer counsellor team supervisor	additional staff	24	150	3 600,00	5,8,11,13	
Partner 5	12 field staff	Peer counsellor	additional staff part-time (288 part-time months)	85,5	15	4 320,00	5	
Partner 5	around 25 field staff	Recruiter	additional staff part-time (732,36 part-time mont)	217,38	12	8 788,41	5	
			some of these are parttime	578,88		101 908,41		

Partner 6								
Zambia								
Partner 6	K. M'gababeli	Data collector	additional staff	18,5	300	5 550,00	6	
Partner 6	M. Morley	Data collector	additional staff	18,5	300	5 550,00	6	
Partner 6	M. M. Mwanza	Data collector	additional staff	18,5	300	5 550,00	6	
Partner 6	M. Silibaziso	Data collector	additional staff	18,5	300	5 550,00	6,11	
Partner 6	N. Simwanza	Data collector	additional staff	18,5	300	5 550,00	6,11	
Partner 6	J. Muyatwa	Clerk	additional staff	18,5	300	5 550,00	6	
Partner 6	E. Nkosi	Supervisor, non-intervention area	additional staff	18,5	500	9 250,00	6	
Partner 6	H. S. Mululu	Supervisor, intervention area	additional staff	18,5	500	9 250,00	6	
Partner 6	W. Chumbo	Driver	additional staff	18,5	300	5 550,00	6	
Partner 6	D. Banda	Data collector, supervisor	additional staff	18,5	500	9 250,00	6	
Partner 6	C. V. Mataka	Coordinator	additional staff	19	992,6	18 859,18	1,2,6,11,13	
Partner 6	Recruiters	Part-time	additional staff, paid under field costs (consumat	120			6	
Partner 6	Peer-counsellors	Part-time	additional staff, paid under field costs (consumat	150,7			6	
Total				474,7		85 459,18		

Partner 7								
UWC, SA								
Partner 7	Matizirofa	Data Manager	additional stadd	7	699,55	4896,85	1, 3, 7, 11	
Partner 7	Woldesenbet	Data Manager	additional stadd	4	626,12	2504,48	7, 11	
Partner 7	Lerebo	Data Manager	additional stadd	12	626,13	7513,56	7, 11, 12	
Partner 7	Field workers	Peer Supporters, Data Collectors, Driver	additional stadd	376,13		83013,05	7, 11	
				399,13		97927,94		

TRAVEL COSTS

Travels period 1-4

	Amount	Participants	Date	To	Purpose	WP No
Partner 1 CIH Norway						
2 889,26	Thorkild Tyleskär	01.02.-12.02.2005	Bergen-Durban		Site visit in Durban and Kick-Off meeting in Cape Town	7, 13
2 439,82	Hege Dsvik Helland	05.02.-09.02.2005	Bergen-Cape Town		Kick-Off meeting in Cape Town	13
2 803,30	Bjørne Robberstad	06.02.-12.02.2005	Bergen-Cape Town		Kick-Off meeting in Cape Town	9, 13
1 565,30	Oystein Ven Olsen	07.02.-12.02.2005	Dar es Salaam-Cape Town		Coordinator of Health System Work Package	10
2 042,06	Thorkild Tyleskär	13.02.-19.03.2005	Bergen-Burkina Faso		Study initiation site visit	4, 10
9 745,82	Ingunn Engebretsen	13.03.-28.09.2005	Bergen-Uganda		Field expenses in relation to research in Uganda	1,3,5,11
1 401,71	Ingunn Engebretsen	27.03.-03.04.2005	Uganda-Cape Town		Interaction with the South African partner	7, 11
2 147,58	Thorkild Tyleskär	26.06.-08.07.2005	Bergen-Zambia and Uganda		Study initiation site visit, questionnaire development meeting	5, 6
905,44	Tanya Doherty	03.07.-08.07.2005	Cape Town-Kampala		Questionnaire development meeting	11
162,44	Jan Obrestad	28.06.-14.07.2005	Bergen-Uganda		Field trial of the data collection system	5, 11
3 124,39	Jørn Klungsayr	13.09.-01.10.2005	Bergen-Durban		Setting up the database for data collection	11
1 383,81	Tyleskär, Klungsayr, Tumwine, Karamagi, Nankunda, Ndeez, Bachou, Wamani, Engebretsen	19.09.-27.09.2005	Durban, Rietvlei		Reporting of WP1 and planning of the study, site visit to the South African study site by the Uganda team	1,3,5
538,81	Thorkild Tyleskär	13.09.-08.10.2005	Bergen-Durban		As above, and study initiation site visit	7
202,62	Thorkild Tyleskär	16.08.-21.08.2005	Bergen-Uppsala		Visiting project site in Uppsala (Partner 3)	
2 527,76	Bjørne Robberstad	04.09.-11.09.2005	Bergen-Cape Town		WP9 planning meeting in Cape Town	9
1 273,07	Caleb Bwengye	21.11.-25.11.2005	Uganda-Burkina Faso		Teaching the use of EpiHandy	4
281,94	Thorkild Tyleskär	12.12.-16.12.2005	Bergen-Brussels		Visit to the INCO office, Dr JAHN and Mr CALLENS	13
2 868,18	Thorkild Tyleskär	04.03.-11.03.06	Burkina Faso		PROMISE Steering committee meeting	13
855,18	Thorkild Tyleskär	04.03.-11.03.06	Burkina Faso		EU PROMISE and EU contract holder meeting	13
3 041,46	Jørn Klungsayr	25.06.-02.07.06	Durban		Site visit to Partner 7 both in the field and central data mgmt setup	7, 11
2 479,24	Jørn Klungsayr	09.09.-25.09.06	Ouagadougou/Bobo Dioulasso		Site visit to Partner 4 both in the field and central data mgmt setup	4, 11
694,84	Jørn Klungsayr	13.11.-18.11.06	Zambia		Teaching and setting up of data collection tool	6, 11
2 617,76	Ingunn Engebretsen	04.03.-14.03.06	Ouagadougou/Bobo Dioulasso		PROMISE Steering committee meeting	4, 11, 13
2 713,89	Lars Petter Holgersen	06.03.-11.03.06	Burkina Faso		PROMISE Steering committee meeting	13
3 426,04	Jørn Obrestad	04.03.-14.03.06	Burkina Faso		PROMISE Steering committee meeting and teaching data collection tool	4
3 344,00	Sara Øvergaard	23.03.-06.04.06	Uganda, Mbale		Implementation of WP9 PROMISE EBF	9
1 069,00	Thorkild Tyleskär	11.03.-08.08.2006	Burkina Faso		Implementation of mobile data collection	4
1 857,00	Jørn Klungsayr	15.-22.10.2006	South Africa		Data mgmt. Status	11
3 692,15	Thorkild Tyleskär	11.03.-17.03.07	Zambia		PROMISE EBF steering committee meeting	13
411,37	Thorkild Tyleskär	18.07.-20.07.07	Montpellier		PROMISE Meeting	13
637,38	Ingunn Engebretsen	28.10.-02.11.07	Paris		PROMISE collaboration/working meeting	11, 12, 13
477,00	Halvor Sommerfelt	08.07.-26.07.07	Montpellier		PROMISE Meeting	11
237,52	Neveu Dorne	29.10.-31.10.07	Montpellier		PROMISE Meeting	11
165,19	Mercier Gregoire	29.10.-31.10.07	Montpellier		PROMISE Meeting	11
2 499,00	Jørn Klungsayr	May 2008	Lusaka		Troubleshooting data collection	11
1 810,64	Jørn Klungsayr	December 2007	South Africa		troubleshooting data collection	11
1 055,10		June 2007	Lusaka		Cancelation fee	
Total	72 870,32					
Partner 2 UMR Fran						
2376,84	Philippe van de Perre	11.03.-17.03.07	Lusaka, Zambia		PROMISE EBF steering committee meeting	13
357,54	Pierre Dujols, Dorine Neveu	29.03.2007			PROMISE Meeting in Paris	13
3073,24	Philippe de Perre, Dorine Neveu, Nicolas Nago	24.11.2007	Bergen		PROMISE meeting in Bergen 20-24/11/07	13
333,38	Nicolas Nagot	18.12.2007	Paris		PROMISE Meeting in Paris	13
Total	6 144,46					
Partner 3 IMCH Swe						
2 402,40	Lotta Ekström	Cape Town	Cape Town, South Africa		PROMISE Steering Committee meeting	7, 13
10 734,30	Barni Nor	Jan, Jun-Aug 2007	South Africa		Barni Nor, field work, three periods	1, 7
2 187,41	Lotta Ekström	04.03.-11.03.06	Burkina Faso		PROMISE Steering committee meeting	13
1 608,21	Lotta Ekström	11.03.-17.03.07	South Africa		Project meeting	7
2 400,00	Lotta Ekström	October 2008	Zambia		PROMISE Steering committee meeting	13
2 810,00	Lotta Ekström and Barni Nor	March 2008	South Africa		coordination WP7 (EE) and WP10 (EE, BN)	7, 10
2 690,00	Barni Nor		South Africa		B Nor data collection WP 7 and WP10 (March) one month	7, 10
6 052,00	Lotta Ekström and Barni Nor		France		PROMISE Meeting in Paris	10, 13
Total	33 183,92					
P4 Muraz						
9 824,00	Dr Diallo and Dr Traoré	July 2005	Durban		Participation in a 2-weeks lactation management workshop and training of trainers of peer counsellors	2, 3
1 021,00	Caleb Bwengye		From Uganda to Burkina Faso		Training on PDA and EpiHandy use	11
960,00	Dr Nicolas Meda		Cape Town		Participation to the PROMISE/EBF Steering Committee in Cape Town	13
1 219,60	Fuel for travel				Costs related to field work to organise all the activities	4
457,35	Fuel for travel				Follow-up of field activities	4
2 209,61	Field activities				Preparation and organisation of peer-counsellor's training	3, 4
2 000,00	Dr Thomas Medeago (local travels, accommodation)	11.03.-17.03.07	Zambia		PROMISE Steering committee meeting	13
1 421,28	Dr Thomas Ouedraogo (air ticket)	11.03.-17.03.07	Zambia		PROMISE Steering committee meeting	13
1 698,00	Dr Hamza Diallo, M. Zaborsé, Mme B Traoré, et al.		Bobo-Dioulasso		Accommodation and per diems for multiple overnights in the field during the additional data collection	4
Total	21 415,67					
P5 MAK						
12 166,00	James Tumwine, Jolly Nankunda, Henry Wamani, Grace Ndeez	19.09.-27.09.2005	Durban, Rietvlei		Reporting of WP1 and planning of the study, site visit to the South African study site by the Uganda team	1,5,13
included above	Charles Karamagi	Oct 2005	Cape Town, South Africa		Organising a course at UWC on intervention trials for PROMISE involved staff and students	11
included above	Jolly Nankunda and Nulu Semiyaga	July 2005	Durban		Participation in a 2-weeks lactation management workshop and training of trainers of peer counsellors	2
906,00	James Tumwine, Jolly Nankunda, Victoria Nankabirwa	06.03.-11.03.06	Ouagadougou/Bobo Dioulasso		PROMISE EBF steering committee meeting	13
7 220,00	James Tumwine, Jones Tumwebaze	11.03.-17.03.07	Zambia		PROMISE EBF steering committee meeting	13
Total	22 679,83					
P6 UnZA						
6 643,54	Drs. Mary Katega and Bushimba Tambatamba	July 2005	Durban South Africa		Participation in a 2-weeks lactation management workshop and training of trainers of peer counsellors	2
4 307,18	Dr Kipepo Kankasa	06.03.-11.03.06	Ouagadougou/Bobo Dioulasso		PROMISE EBF steering committee meeting	13
2 749,52	Dr Kipepo Kankasa	July 2006	Canada		International AIDS Conference	8
1 863,80	Chafye Siluta	08.07.2005	South Africa, Durban		Picking of project car and transportation from Durban to Lusaka	6
2 000,00	Dr Kipepo Kankasa	18.12.2007	Paris, France		PROMISE Meeting in Paris	13
Total	17 564,04					
P7 UWC						
2 300,00	PROMISE-EBF Steering Committee	February 2005	South Africa		Organisation of the Steering Committee meeting in SA	13
15 433,03	Jackson, Doherty, Gogoi, Chopra, Data Managers, Rietvlei, Umzila and Paarl	On-going during field work	South Africa		Peer Supporter and Data Collector Training Workshops	7
3 420,21	Zembe, Data Managers, Jackson, Doherty, Nikonki	On-going during field work	Rietvlei, Umzila and Paarl		Travel to sites to provide on-site supervision and support for research teams	7
2 126,29	Zembe, Field Staff	October 2006	Rietvlei		(R19750) Accommodation and meals for health worker workshop at field site	7
868,28	Doherty	06.03.-11.03.06	Ouagadougou/Bobo Dioulasso		PROMISE Steering committee meeting	13
506,62	Field Staff	On-going during field work	Cape Town		(R4650) Travel to Cape Town for Peer Supporter Supervisor Workshop	4, 7
476,40	Zembe, Field Staff	On-going during field work	Paarl		(R4429) Travel to Paarl for Peer Supporter Training Workshop	7
435,16	Zembe	On-going during field work	Rietvlei		(R4042) Travel to field site for supervision visit	7
9 000,45	Jackson, Zembe	11.03.-17.03.07	Zambia		PROMISE EBF steering committee meeting	13
1 559,00	Field Staff	On-going during field work	Rietvlei		For staff at field site, primarily petrol and vehicle maintenance	7
10 371,16	Zembe, Data Managers, Jackson, Doherty, Nikonki	On-going during field work	Rietvlei, Umzila and Paarl		Travel to sites to provide on-site supervision and support for research teams	7
Total	47 091,85					

	Amount	Nature	WP
Partner 1 CIH, Norway			
	601,46	2005: Expenses for establishing a project web page	13
	137,79	2005: Postage, courier mail to partners and Brussels	13
	62,15	2006: Promise data collection tools training	11
	200,90	2006: Cables to pocket PCs	11
	54,90	2006: Mobile equipment	11
	21,80	2006: Shipment to Brussels	13
	21,80	2006: Shipment to Brussels	13
	21,61	2006: Shipment to Brussels	13
	40,11	2006: Shipment to Uganda	13
	607,21	2007: Computer accessories, remote support of mob/PC to reduces cost of traveling	11
	717,95	2007: Computer repair	11
	79,85	2007: PC help Burkina Faso	4
	1 672,25	2007: Orion Diagnostica, lab equipment	8
	22,84	2007: Postage, documents to Brussels	13
	3 800,84	2007: Orion Diagnostica, lab equipment	8
	5 092,51	2007: Cost has incorrectly been reported in the project accounts (specially formulated vitamin-mineral mix for the micronutrient study)	8
	22,84	2007: Postage, documents to Brussels	13
	23,05	2007: Postage, documents to Brussels	13
Total	13 201,86		
Partner 2 UMR France			
	82,32	Chronopost sending documents to Bergen University	13
Total	82,32		
Partner 3 IMCH Sweden			
	40,00	package shipped	13
	457,64	Computer software	7
	192,03	Membership	1
	177,41	DHL	13
	433,00	computer supply; toner, paper	13
	180,00	office supply	1,7,13
	174,52	Subscription fee, American Society for Nutrition	10
	383,00	Minor not specified	
Total	2 037,60		
P4 Muraz			
	2 462,00	Expenses for the exploratory study in the field	1
	2 195,00	Training on lactation management	2
	1 988,00	Launch of Promise/EBF activities in Banfora and feedback of exploratory study findings	4
	1 200,00	Advertisments	4
	1 146,00	Drugs for the study children	4
	956,00	Water and electricity	4
	1 387,00	Expenses for identification and recruitment of Peer Supporters	4
	386,00	Postage	4
	2 437,00	Fees and licences	4
	1 268,00	Purchase of office supplies	4
	4 669,00	Organisation of the PROMISE steering committee meeting in Bobo Dioulasso	4
	2 238,00	Purchase of office supplies	4
	3 902,00	Sundry expenses	4
	3 440,77	Field activities of may 2006	4
	2 732,65	Data Collector's training	4
	1 874,36	Field activities from september to october 2006	4
	680,33	Impression on bags and tee-shirts for the peer-counsellors	4
	472,90	Purchase of umbrellas and badges for the peer counsellors	4
	571,68	Support of the DSB and DRS/Cascades June at November 2006	4
	3 951,53	Phone landline	4
	8 351,00	Fuel	4
	1 258,31	Forms printing & copies	4
	755,00	transport	4
	5 629,00	Office supplies and consumables	4
	3 297,00	performance of services	4
	2 151,00	Rent, field office in Banfora	4
	946,00	Maintenance	4
	9 362,00	Phone and fax	4
	1 866,00	Minor not specified	4
Total	73 573,54		

P5 MAK	6 616,00	Office rent including cleaning	5
	2 901,00	Internet	5
	4 804,00	Telephone (landline and mobiles)	5
	1 950,00	Laboratory equipment for blood test in WP8	8
	577,00	Electricity	4
	508,00	Workshop Dept of Pediatrics	4
	3 303,31	Hire of vehicle (when the University vehicle was down)	4
	10 190,00	University vehicle service, maintenance and repairs incl spareparts	4
	13 473,00	Fuel	4
	4 533,00	Domestic travels (to and from research site 250 km away from Kampala)	4
	1 966,00	Computer accessories	4
	2 635,00	Weighing scales for mothers and babies	4
	4 919,00	Stationery (including photocopying)	4
	874,00	Drugs for the study children	4
	207,00	Freight	4
		Funeral contributions (when a child followed in the study dies, culturally the data collectors must leave a contribution, they can not just say goodbye to the mother)	4
	188,00		
	1 941,00	Sundry expenses	4
	136,00	Advertisments	4
	1 642,00	Minor unspecified expenses	4
Total	63 363,31		
P6 UnZA	9 826,00	Photocopying and stationary (paper, printer cartridges, printing of different manuals)	6
	19 564,59	Training for councillors, data collectors, lodging for workshops and per diem to participants	6
	1 000,00	Printing and binding of proposal to IRB	6
	13 244,02	Purchase of 4X4 Vehicle for follow-up	6
	953,45	Purchase of Tyres	6
	3 107,80	Telephone & Fax for study activities	6
		Renovations of Office, (Paints, Tiles, Sewer Pipes, Block Boards, Soft Boards, Toilet Sets, Ceiling Nails, Labour Charges & First year office Rental	
	14 726,27	Chaminuka Lodge (Steering Committee Meeting)	6
	1 902,23	Office Rentals	6
	6 000,00	Vehicle Insurance	6
	742,82	3 000,00 Weighing Scales & Measuring Equipment	6
	12 253,65	12 253,65 Fuel on Project activities for a period of Ten Months	6
	5 086,40	5 086,40 Peer Support Payments	6
	9 391,85	9 391,85 Rental of 4X4 vehicle after project car was involved in accident for four Months	6
	4 032,00	4 032,00 Internet Connectivity at 112 Euros per Month Fixed charge	6
	3 260,73	3 260,73 Water Bills at 79.53 Euros per month Fixed Charge	6
	4 522,71	4 522,71 Electricity Bills at 110.31 Euros per month Fixed Charge	6
	5 391,84	5 391,84 Payment to Recruiters	6
	1 815,28	1 815,28 Purchase of Office Equipment & Transportaion of the same to Mazabuka	6
	272,12	272,12 Minor unspecified expenses	6
Total	120 093,76		
P7 UWC	1 149,68	Petrol	7
	567,08	Photocopying/Stationary	7
	511,30	Catering	7
	211,43	Miscellaneous	7
	875,03	875,03 Monthly Running October	7
	592,63	592,63 Monthly Running May	7
	560,02	560,02 Petrol & Vehicle Maint May	7
	498,97	498,97 Petrol & Vehicle Maint Oct	7
	473,70	473,70 Petrol & Vehicle Maint Aug	7
	1 104,74	1 104,74 Laptop Computer	7
	1 257,68	1 257,68 (R11682) Consulting for Dr. M. Colvin for data quality audit, follow-up and site visits.	7
	710,14	710,14 (R6596.10) Consulting and presentation of research to stakeholders	7
	204,72	204,72 (R1901.52) Scales for anthropometric measurements	7
	154,60	154,60 (R1436.00) Scales for anthropometric measurements	7
	10 317,11	10 317,11 Petrol for travel to home for data collection	7
	2 456,36	2 456,36 to support field site activities, e.g. phones & communication	7
Total	21 645,19		

EQUIPMENT

Costs in period 1-4

	Amount	Nature	Price	Depreciation
Partner 1 CIH Norway	17 573,54	2005: PC's bought and paid for in Norway for MURAZ, UNZA and MA The budget between the partners is revised accordingly	17573,54	The depreciations rules for P1 was sent to EC in 2008. Since the depreciation period for PC's is 3 years the PC's have been fully depreciated.
Total accounted for	17 573,54			
Partner 3 IMCH Sweden	1 226,36	Portable computer for Barni Nor	1399,73	3 year depreciation on computer equipment. Partner 3 bought a computer February 2006, value Eur 1,399,73 and reported 10 months' value only of the computer in 2006, Eur 391,15. In the report for 2007 12 months' value was reported, Eur 446,71. For 2008 12 months' value was reported Eur 388,50 (The reason the amount for 2008 is lower than the amount for 2007 is due to the exchange rate from Swedish kroner to Eur has changed). The remaining 2 months' value of 2009 has not been reported to EU. P3's depreciation rules have been sent to EC.
Total accounted for	1 226,36			
P4 Muraz	6 098,00	Purchase of Computers		Partner 4 doesn't practice depreciation. Fully depreciated when bought.
	9 092,73	Other office equipment		Letter of confirmation enclosed.
Total accounted for	15 190,73			
P6 UnZA	1 194,97	Furniture for field office bought in 2007	1 194,97	Depreciation period of 5 years
	-.908,20	Adjustment in 2008 for the furniture, reported full price in 2007		Adjustment in 2008 for the furniture since reported full price in 2007
Total accounted for	286,77			
P7 UWC	1 466,56	Computer equipment for data manager at main office bought in 2005		3 year depreciation on computer equipment and therefore fully depreciated.
	1 839,53	Furniture for field office bought in 2007		
Total accounted for	3 306,09			

SUBCONTRACTING

Costs in period 1-4

	Amount	Vendor	Nature/Task
Partner 1 CIH Norway	876,74	Deloitte	Audit certificate
	876,74		
Partner 3 IMCH Sweden	2 517,84	Ernst and Yong	Audit certificate
	2 517,84		
P7 UWC	2 235,73	PKF chartered accountants	Audit certificate
	2 235,73		

ADJUSTMENTS

	Amount	Vendor	Nature/Task
Partner 1 CIH Norway	-941,07	VAT, reported by mistake previous periods (details/justification enclosed)	
	-.188,22	Overhead, overhead ont he VAT (reported by mistake)	
	-1 129,29		
Partner 2 UMR	-1 228,00	Other costs, adjustment, -Euro1228: Reported overhead in 2007 which was not accounted for in the Partner 2's accounts.	
	-1 228,00		
Partner 3 ICH	-4 197,17	Adjustments: Costs charged the project by mistake in 2007, adjusted in 2008, Field cost in South Africa 2007 Eur 3476,56, Travel costs 2007 Eur 21,08, Indirect costs Eur 699,53	
	-4 197,17		

Other costs

	Amount	Nature
Partner 1 CIH Norway	93,92	Cost for courier mail, sending of documents to Brussels
	93,92	
P4 Muraz	382,00	Financial manager cost
	610,00	Financial manager cost
	992,00	
P5 MAK	1 050,00	Administration cost
	1 350,00	Administration cost
	600,00	Expenses on team building workshop (department of Paediatrics and Child Health as a form of capacity building; and courier expenses.
	3 000,00	
P7 UWC	1 050,00	Central University Accountant and Personnel management
	1 050,00	Central University Accountant and Personnel management
	900,00	Central University Accountant and Personnel management
	10 053,27	Consulting, adaptation of WHO Infant Feeding training materials and training of Peer Supporters & Development of Data Collection tools and materials
		Funds for the Health Systems Trust for the operations of the research sites they have managed for the project (detailed explanation in management report for 81 354,04 project period 2).
	94 407,31	

5.2 Tabular overview of budgeted and actual costs

(Appendix 2, Table 3 in Reporting guidelines)

Cost Budget Follow-up Table			Date: 2009									
Contract No	2004-003660		Acronym: PROMISE EBF	Period: 1-4					Pct. spent	Remaining budget (EUR)		
	PARTICIPANTS	TYPE of EXPENDITURE (as defined by participants)		BUDGET	ACTUAL COSTS (EUR)							
					Period 1	Period 2	Period 3	Period 4	Total			
				e	a1	b1	c1	d1	f1	a1+b1+c1/e		
Partner 1 UiB	Total Person-month	24,00	4,00	3,00	6,00				13,00	54 %	11	
	Personnel costs	42 000	8 186,71	17 358,13	4 155,29				29 700,13	71 %	12 300	
	Durable equipment	22 360	17 573,59						17 573,59	79 %	4 786	
	Consumables	2 000	739,25	423,27	12 039,34				13 201,86	660 %	-11 202	
	Travel costs	41 000	36 330,80	25 551,14	10 988,38				72 870,32	178 %	-31 870	
	Consulting							876,74	876,74		-877	
	Management costs	33 867	6 560,12						6 654,04	20 %	27 213	
	Overhead	28 245	13 878,09	8 666,50	5 455,39				27 999,98	99 %	245	
	Other costs (adjustments)								-1 129,29	-1 129,29	1 129	
	Total Costs	169 472	83 268,56	51 999,04	32 732,32				-252,55	167 747,37	99 %	1 725
Partner 2 UMR	Total Person-month	6,00	0,00	0,00	0,00				0,00	0 %	6,00	
	Personnel costs	10 000							0,00	0 %	10 000	
	Durable equipment	2 000							0,00	0 %	2 000	
	Consumables	1 000						82,00	82,00	8 %	918	
	Travel costs	18 000			6 141,00				6141,00	34 %	11 859	
	Consulting								0,00		0	
	Management costs	9 000							0,00	0 %	9 000	
	Overhead	15 000			1 228,00				1228,00	8 %	13 772	
	Other costs (the rest)								-1 228,00	-1228,00	1 228	
	Total Costs	55 000	0,00	0,00	7 369,00				-1 146,00	6 223,00	11 %	48 777
Partner 3 IMCH	Total Person-month	14,00	4,00	3,00	4,00				11	79 %	3,00	
	Personnel costs	39 000	15 644,49	11 821,32	19 685,12				47 151	121 %	-8 151	
	Durable equipment	2 000	0,00	391,15	446,71				1 226	61 %	774	
	Consumables	2 000	40,00	961,59	861,82				2 038	102 %	-38	
	Travel costs	30 000	2 402,38	14 643,75	16 138,34				33 184	111 %	-3 184	
	Consulting								0		0	
	Management costs	11 000	0,00					2 517,87	2 518	23 %	8 482	
	Overhead	16 800	3 617,37	5 563,56	7 426,40				112,60	16 720	100 %	80
	Other costs (the rest)							-4 197,17	-4 197		4 197	
	Total Costs	100 800	21 704,24	33 381,37	44 558,39				-1 003,68	98 640,32	98 %	2 160
Partner 4 MURAZ	Total Person-month	272,00	22,75	134,20	659,80				835,25	307 %	-563,25	
	Personnel costs	69 600	22 266,00	42 347,17	32 928,00				2 032,00	99 573	-29 973	
	Durable equipment	5 000	10 820,00	4 370,73					15 191	304 %	-10 191	
	Consumables	78 050	13 660,00	33 546,47	22 989,00				3 379,00	73 574	94 %	4 476
	Travel costs	30 000	13 687,00	1 761,55	4 269,00				1 698,00	21 416	71 %	8 584
	Consulting								0		0	
	Management costs	6 000	382,00					610,00		992	17 %	5 008
	Overhead	37 730	12 163,00	16 405,18	12 159,00			1 421,00		42 148	112 %	-4 418
	Other costs (the rest)								0		0	
	Total Costs	226 380	72 978,00	98 431,10	72 955,00				8 530,00	252 894,10	112 %	-26 514
Partner 5 MAK	Total Person-month	271	68,38	242,50	268,00				578,88	214 %	-307,88	
	Personnel costs	69 600	24 106,00	36 309,41	41 493,00				101 908,41	146 %	-32 308	
	Durable equipment	0	0,00						0,00		0	
	Consumables	82 611	1 711,00	37 245,31	24 407,00				63 363,31	77 %	19 248	
	Travel costs	30 000	10 600,00	7 906,00	4 170,00				22 676,00	76 %	7 324	
	Consulting								0,00		0,00	
	Management costs	6 000,00	1 050,00	1 350,00	600,00				3 000,00	50 %	3 000,00	
	Overhead	37 642,00	7 493,00	16 562,14	14 134,00				38 189,14	101 %	-547,14	
	Other costs (the rest)								0,00		0,00	
	Total Costs	225 853,00	44 960,00	99 372,86	84 804,00				229 136,86	101 %	-3 283,86	
Partner 6 UNZA	Total Person-month	267,00	14,00	129,20	265,50				474,70	178 %	-207,70	
	Personnel costs	69 600,00	14 800,00	30 027,49	14 713,12				25 918,57	123 %	-15 859,18	
	Durable equipment	0,00	0,00	1 194,97	-908,20				286,77		-286,77	
	Consumables	115 979,00	2 500,00	36 867,00	68 645,33				12 081,43	104 %	-4 114,76	
	Travel costs	30 000,00	6 643,54	8 920,50	2 000,00				17 564,04	59 %	12 435,96	
	Consulting								0,00		0,00	
	Management costs	6 000,00	0,00		0,00				0,00	0 %	6 000,00	
	Overhead	37 316,00	4 788,70	15 401,99	17 119,49				7 600,00	44 910,18	120 %	-7 594,18
	Other costs (the rest)								0,00	0,00	0,00	
	Total Costs	258 895,00	28 732,24	92 411,95	101 569,74				45 600,00	268 313,93	104 %	-9 418,93
Partner 7 UWC	Total Person-month	267,00	127,63	127,00	118,00				26,50	149 %	-132,13	
	Personnel costs	107 000,00	53 353,02	9 190,04	23 446,23				11 938,65	92 %	9 072,06	
	Durable equipment	6 000,00	1 466,56						3 306,09	55 %	2 693,91	
	Consumables	86 000,00	2 439,49	8 709,88	10 317,11				21 645,19	25 %	64 354,81	
	Travel costs	36 000,00	21 247,72	14 777,91	9 506,45				1 559,77	47 091,85	131 %	-11 091,85
	Consulting	12 000,00	10 052,27						10 052,27			
	Management costs	6 000,00	1 050,00	1 050,00	900,00				2 235,73	5 235,73	87 %	764,27
	Overhead	50 600,00	17 921,81	6 745,56	9 201,86				2 735,43	36 604,66	72 %	13 995,34
	Other costs (the rest)								81 354,04	81 354,04	-81 354,04	
	Total Costs	303 600,00	107 530,87	121 827,43	55 211,18				18 648,29	303 217,77	100 %	382,23
TOTAL	Total Person-month	1 121,00	240,76	638,90	1 321,30				111,00	2 311,96	206 %	-1 190,96
	Personnel costs	406 800,00	138 356,22	147 053,56	136 420,76				39 889,22	461 719,76	114 %	-54 919,76
	Durable equipment	37 360,00	29 860,15	5 956,85	1 378,04				388,50	37 583,54	101 %	-223,54
	Consumables	367 640,00	21 089,74	117 753,52	139 259,60				15 895,66	293 998,52	80 %	73 641,48
	Travel costs	215 000,00	90 911,44	73 560,85	53 213,17				3 257,77	220 943,23	103 %	-5 943,23
	Consulting	12 000,00	10 052,27	0,00	0,00				876,74	10 929,01	91 %	1 070,99
	Management costs	77 867,00	9 042,12	2 400,00	2 203,92				4 753,60	18 399,64	24 %	59 467,36
	Overhead	223 333,00	59 861,97	69 344,93	66 724,14				11 869,03	207 800,07	93 %	15 532,93
	Other costs (the rest)		0,00	0,00	81 354,04				-6 554,46	74 799,58	-74 799,58	
	Total Costs	1 340 000,00	359 173,91	497 423,75	399 199,63				70 376,06	1 326 173,35	99 %	13 826,65

PROMISE EBF Final report

AC partners only - All resources employed on the project - Costs and Person Months											
Contract No	2004-03660	Acronym:	PROMISE EBF	Period 1-4						1.01.2005-31.12.2008	
PARTI-CIPANTS	TYPE of EXPENDITURE (as defined by participants)	Period 1		Period 2		Period 3		Period 4		Total	
		Requested EC Contribution	Estimated Own Contribution								
Partner 1 UIB	Total Person-month	4,00	29,00	3,00	35,00	6,00	23,40	0,00	33,00	13,00	120,40
	Personnel costs	8 186,71	145 000,00	17 358,13	175 000,00	4 155,29	163 000,00		165 000,00	29 700,13	648 000,00
	Durable equipment	17 573,59		0,00						17 573,59	0,00
	Consumables	739,25		423,27		12 039,34				13 201,86	0,00
	Travel costs	36 330,80		25 551,14		10 988,38				72 870,32	0,00
	Consulting	0,00		0,00						0,00	0,00
	Management costs	6 560,12		0,00		93,92		876,74		7 530,78	0,00
	Overhead	13 878,09		8 666,50		5 455,39				27 999,98	0,00
	Other costs (adjustments)	0,00		0,00				-1 129,29		-1 129,29	0,00
	Total Costs	83 268,56	145 000,00	51 999,04	175 000,00	32 532,32	163 000,00	-252,55	165 000,00	167 747,37	648 000,00
Partner 2 UMR	Total Person-month	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
	Personnel costs			0,00	0,00					0,00	0,00
	Durable equipment			0,00						0,00	0,00
	Consumables			0,00			82,00			82,00	0,00
	Travel costs			0,00		6 141,00			6 141,00	0,00	
	Consulting			0,00						0,00	0,00
	Management costs			0,00						0,00	0,00
	Overhead			0,00		1 228,00			1 228,00	0,00	1 228,00
	Other costs (the rest)			0,00			-1 228,00			-1 228,00	0,00
	Total Costs	0,00	0,00	0,00	0,00	7 369,00	0,00	-1 146,00	0,00	6 223,00	0,00
Partner 3 IMCH	Total Person-month	4,00	0,00	3,00	14,00	4,00	13,00		13,00	11,00	40,00
	Personnel costs	15 644,49		11 821,32	70 000,00	19 685,12	65 000,00		65 000,00	47 150,93	200 000,00
	Durable equipment	0,00		391,15		446,71		388,50		837,86	
	Consumables	40,00		961,59		861,82		174,52		1 863,41	
	Travel costs	2 402,38		14 643,75		16 138,34			33 184,47	0,00	
	Consulting	0,00		0,00					0,00	0,00	0,00
	Management costs	0,00		0,00			2 517,87		0,00	0,00	0,00
	Overhead	3 617,37		5 563,56		7 426,40		112,60		16 607,33	0,00
	Other costs (the rest)	0,00		0,00			-4 197,17		0,00	0,00	0,00
	Total Costs	21 704,24	0,00	33 381,37	70 000,00	44 558,39	65 000,00	-1 003,68	65 000,00	99 644,00	200 000,00
Partner 4 MURA2	Total Person-month	22,75	91,00	134,20	7,50	659,80	48,00	18,50	50,00	835,25	205,50
	Personnel costs	22 266,00	91 000,00	42 347,17	7 500,00	32 928,00	240 000,00	2 032,00	295 000,00	99 573,17	633 500,00
	Durable equipment	10 820,00		4 370,73						15 190,73	0,00
	Consumables	13 660,00		33 546,47		22 889,00		3 379,00		73 574,47	0,00
	Travel costs	13 687,00		1 761,55		4 269,00		1 698,00		21 415,55	0,00
	Consulting	0,00		0,00						0,00	0,00
	Management costs	0,00		0,00		610,00				992,00	0,00
	Overhead	12 163,00		16 405,18		12 159,00		1 421,00		42 148,18	0,00
	Other costs (the rest)	0,00		0,00						0,00	0,00
	Total Costs	72 978,00	91 000,00	98 431,10	7 500,00	72 955,00	240 000,00	8 530,00	295 000,00	252 894,10	633 500,00
Partner 5 MAK	Total Person-month	68,38	28,10	242,60	25,50	268,00	18,50		14,00	578,88	86,10
	Personnel costs	24 106,00	28 100,00	36 309,41	25 500,00	41 493,00	18 500,00		8 512,00	101 908,41	80 612,00
	Durable equipment	0,00		0,00						0,00	182 520,41
	Consumables	1 711,00		37 245,31		24 407,00				63 363,31	0,00
	Travel costs	10 600,00		7 906,00		4 170,00			4 590,00	22 676,00	4 590,00
	Consulting	0,00		0,00						0,00	0,00
	Management costs	1 050,00		1 350,00		600,00				3 000,00	0,00
	Overhead	7 483,00		16 562,14		14 134,00				38 189,14	0,00
	Other costs (the rest)	0,00		0,00						0,00	0,00
	Total Costs	44 960,00	28 100,00	99 372,86	25 500,00	84 804,00	18 500,00	0,00	13 102,00	229 136,86	85 202,00
Partner 6 UNZA	Total Person-month	14,00	0,00	129,20	7,14	265,50	15,46	66,00	12,34	474,70	34,94
	Personnel costs	14 800,00		30 027,49	7 140,00	14 713,12	21 037,19	25 918,57	61 700,00	85 450,18	89 877,19
	Durable equipment	0,00		1 194,97		-908,20				286,77	0,00
	Consumables	2 500,00		36 867,00		68 645,33		12 081,43		120 093,76	0,00
	Travel costs	6 643,54		8 920,60		2 000,00				17 584,04	0,00
	Consulting	0,00		0,00			3 411,28			3 411,28	3 411,28
	Management costs	0,00		0,00						0,00	0,00
	Overhead	4 788,70		15 401,99		17 119,49		7 600,00		44 910,18	0,00
	Other costs (the rest)	0,00		0,00						0,00	0,00
	Total Costs	28 732,24	0,00	92 411,95	7 140,00	101 569,74	24 448,47	45 600,00	61 700,00	268 313,93	93 288,47
Partner 7 UWC	Total Person-month	127,63	6,00	127,00	16,00	118,00	126,50	26,50	40,00	395,13	190,00
	Personnel costs	53 353,02	40 000,00	9 190,04	80 000,00	23 446,23	630 000,00	11 938,65	200 000,00	97 922,94	950 000,00
	Durable equipment	1 466,56		0,00		1 839,53				3 306,09	0,00
	Consumables	2 439,49		8 709,68		10 317,11				21 645,19	0,00
	Travel costs	21 247,72		14 777,91		9 506,45		1 559,77		47 091,85	0,00
	Consulting	10 052,27		0,00						10 052,27	0,00
	Management costs	1 050,00		1 050,00		900,00		2 235,73		5 235,73	0,00
	Overhead	17 921,81		6 745,56		9 201,86		2 735,43		36 604,66	0,00
	Other costs (the rest)	0,00		61 354,04						81 354,04	0,00
	Total Costs	107 530,87	40 000,00	121 827,43	80 000,00	55 211,18	630 000,00	18 648,29	200 000,00	303 271,77	950 000,00
TOTAL	Total Person-month	240,76	156,10	638,90	105,14	1 321,30	244,36	111,00	171,34	2 311,96	676,94
	Personnel costs	138 356,22	264 100,00	147 053,56	365 140,00	136 420,76	1 137 537,19	39 869,22	795 212,00	461 719,76	2 561 989,19
	Durable equipment	29 860,15	0,00	5 956,85		1 378,04		388,50		37 583,54	0,00
	Consumables	21 089,74	0,00	117 753,52		139 259,60		15 895,66		293 998,52	0,00
	Travel costs	90 911,44	0,00	73 560,85		53 213,17		3 257,77		220 943,23	0,00
	Consulting	10 052,27	0,00	0,00		0,00				10 052,27	0,00
	Management costs	9 042,12	0,00	2 400,00		2 203,92		5 630,34		19 276,38	0,00
	Overhead	59 861,97	0,00	69 344,93		66 724,14		11 869,03		207 800,07	0,00
	Other costs (the rest)	0,00	0,00	81 354,04		0,00		-6 554,46		74 799,56	0,00
	Total Costs	359 173,91	264 100,00	497 423,75	365 140,00	399 199,63	1 137 537,19	70 376,06	795 212,00	1 326 173,35	2 561 989,19
										3 888 162,54	

5.3 Tabular overview of budgeted person-months and actual person-months

(Appendix 2, Table 4 in Reporting guidelines)

Person-Month Status Table		Partner - Person-month per Workpackage							AC - Own Staff						
		TOTAL	This reporting period						This reporting period						
Contract No:2004-003660	Acronym: PROMISE EBF		Coordinator	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6	Coordinator	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6	Participant 7
Period 1-4: 1/1 2005 - 31/12 2008															
Work package 1	Acutal WP total	25,00				15,00	3,00	4,00	3,00						
	Planned WP total	12,00				3,00	3,00	3,00	3,00						
Work package 2	Acutal WP total	9,73				7,50		1,40	0,83						
	Planned WP total	8,44				3,46	1,66	1,66	1,66						
Work package 3	Acutal WP total	26,05				19,05	2,00		5,00						
	Planned WP total	20,00				5,00	5,00	5,00	5,00						
Work package 4	Acutal WP total	753,20				753,20									
	Planned WP total	383,03				1,53	381,50								
Work package 5	Acutal WP total	533,75				0,25		533,50							
	Planned WP total	383,03				1,53		381,50							
Work package 6	Acutal WP total	396,00							396,00						
	Planned WP total	373,03							371,50						
Work package 7	Acutal WP total	371,50				2,00					369,50				
	Planned WP total	383,03				1,53					381,50				
Work package 8	Acutal WP total	4,50			12,00	0,50		4,00							
	Planned WP total	56,00			12,00	12,00	8,00	8,00	8,00	8,00	8,00				
Work package 9	Acutal WP total	11,25	7,00					4,00			0,25				
	Planned WP total	12,50	12,50												
Work package 10	Acutal WP total	6,50	2,00			4,50									
	Planned WP total	3,25	3,25												
Work package 11	Acutal WP total	135,55	3,00			0,75	18,60	24,55	71,60	17,05					
	Planned WP total	21,84	8,00				3,46	3,46	3,46	3,46					
Work package 12	Acutal WP total	5,00				1,00	3,50			0,50					
	Planned WP total	16,00					4,00	4,00	4,00	4,00					
Work package 13	Acutal WP total	33,93	1,00		1,33	2,00	18,40	7,83	1,70	3,00					
	Planned WP total	38,63	12,00		6,66	6,66	6,66	6,66	2,66	2,66					
Total project Person-Month	Acutal WP total	2311,96	13,00	0,00	11,00	835,25	578,88	474,70	399,13						
	Planned WP total	1710,78	35,75	13,33	24,78	415,08	413,28	399,28	409,28						

5.3 Summary explanation of the impact of major deviations from cost budget and person-month budget

Deviations from the cost budget and person-month budget

Partner	2.1.1 Deviations from the cost budget and person month budget
Partner 1 UiB	<p>Travel costs Budgeted: Euro 41,000 Actual cost: Euro 72,870.32 Total Pct: 178% Explanation: The travel costs for Partner 1 exceeded the budget, because the data collection could not be done according to plan. The electronic data collection tools required more central staff on site to become operational. This required additional and more expensive travels, especially in the initiation of the project. As the data collection started on different times, the travel cost spread out into 2006 as well. To compensate the overspending of the travel costs, we had to cut down on management costs in order not to exceed the total budget. In the final year we similarly supervised the total costs in order not to exceed the total budget.</p> <p>Consumables Budgeted: Euro, 2000 Actual cost: Euro, 13201,86 Total Pct: 660% Explanation: 1) Laboratory equipment was planned to be purchased by the partners but for logistical reasons it was purchased centrally. 2) It has been discovered that one cost item from another study has incorrectly been charged to this project (Euro 5 092,51).</p> <p>Durable Equipment Explanation: As explained in our very first report (PMR 2005) the handheld computers designated for partner 4 (Muraz), partner 5 (MAK) and partner 6 (UNZA) were purchased by partner 1 for logistic reasons and for reasons of uniformity of equipment (South Africa purchased identical computers from local vendor).</p> <p>Person Months:</p> <p>EU-contribution Originally planned PM's for 2005-2007: 24 Actual PM's for 2005-2008: 13</p> <p>Own contribution Originally planned PM's for 2005-2007: 120,40 Actual PM's for 2005-2008: 101,05</p>
Partner 2 UMR	<p>Original total budget 2005-2007 for Partner 2: Eur 55,000 Actual costs 2005-2008 for Partner 2: Eur 6,223 Money transfer to Zambia: 35,000 Euro: Funds were sent to Zambia PROMISE BF account to help the Mazabuka EBF site to finish the study. Reason for the redistribution of the budget: natural disaster in Zambia and partner 6 needed extra funds to finalise the research.</p> <p>Person Months:</p> <p>EU-contribution Originally planned PM's for 2005-2007: 6 Actual PM's for 2005-2008: 0</p> <p>Own contribution Originally planned PM's for 2005-2007: 29,79</p>

	Actual PM's for 2005-2008: 0, 00 WP8 was cancelled, so there were no person months for this site.
Partner 3 IMCH	<p>Personnel costs Budgeted: Euro, 39000 Actual cost: Euro, 47151 Total Pct: 121% Explanation: Budget initially planned for administrative cost was reallocated to personnel cost due to more in-depth work in relation to WP10</p> <p>Consumables Budgeted: Euro, 2000 Actual cost: Euro, 2037.93 Total Pct: 102% Explanation: cost for consumables marginally higher than originally budgeted, due to cost increment over time in WP7.</p> <p>Travel costs Budgeted: Euro, 30000 Actual cost: Euro, 33184 Total Pct: 111% Explanation: Travels Eur 4197.17 reported by mistake in 2007. Adjustment made in 2008. Pls see page 44 and 47.</p> <p>Person Months:</p> <p>EU-contribution Originally planned PM's 2005-2007: 14 Actual PM's for 2005-2008: 11 Actual PM's were slightly less than originally planned. This was due to increase in salaries.</p> <p>Own contribution Originally planned PM's for 2005-2007: 57,21 Actual PM's for 2005-2008: 40,00</p>
Partner MURAZ	<p>4</p> <p>Personnel costs Budgeted: Euro, 69600 Actual cost: Euro, 99573 Total Pct: 143% Explanation: The intervention study itself required more staff than budgeted in order to be implemented with the required quality. The distance between the study site and the research centre in itself made more staff members needed. Another way of putting it is that the budget for this site was insufficient in the first place.</p> <p>Durable equipment Budgeted: Euro, 5000 Actual cost: Euro, 15191 Total Pct: 304% Explanation: This is due to the fact that the project office, opened in 2005, is 70 km away from the Centre Muraz. This new office required more investments than anticipated when it was put up.</p>

	<p>Overhead 20% Budgeted: Euro, 37730 Actual cost: Euro, 42148,18 Total Pct: 112%</p> <p>Explanation: The total cost for the study in Burkina was higher than budgeted as explained above. Because the overhead is automatically calculated from the expenditures, the overhead is also larger than budgeted.</p> <p>Person Months:</p> <p>EU-contribution Originally planned PM's for 2005-2007: 272 Actual PM's for 2005-2008: 835,25</p> <p>Own contribution Originally planned PM's for 2005-2007: 103,92 Actual PM's for 2005-2008: 101,05: 205,50</p> <p>As stated above, the budget was insufficient from the start. This site was considerably more labour intensive than anticipated. The results from the site are of exceptional high quality, the institutions own effort is also high.</p>
Partner 5 MAK	<p>Personnel costs Budgeted: Euro, 69600 Actual cost: Euro, 101908,41 Total Pct: 146%</p> <p><u>Explanation:</u> The personnel costs (year 1-4) were higher than anticipated mainly because of the following reasons:</p> <p><u>Reason for the deviation:</u> Due to the rough terrain and diverse population in Bunghoko county it was decided from the beginning to have 24 recruiters who would identify pregnant women and inform the project team in Mbale. This was in addition to the agreed local staff (peer supporters, data collectors). In addition we took on one peer support supervisor (Ms. Mbasalaki) to supervise and support the peer supporters. Also data collection took longer than previously anticipated largely because the number of pregnant women in the clusters turned out to be much lower than calculated. Due to the dynamic nature of the population in Mabale and Bunghoko, our study team had, often, to follow up the mothers and their babies to quite distant places such as Soroti, Lira and Jinja. The reason for this was that culturally most pregnant women would go to their parents' homes for support during delivery. Yet it was crucial for us to minimise loss to follow up. The extra expenditure on personnel costs were redistributed from research (consumables), travel and subsistence budget items.</p> <p><u>Reason for the redistribution of the budget:</u> It was very important to have the recruiters identify pregnant women. We had to follow up women who had moved to distant places. Also recruitment took longer anticipated.</p> <p><u>Effect on the performed or planned scientific work</u> This redistribution enabled us to complete work package 5.</p> <p>Person Months:</p> <p>EU-contribution Originally planned PM's for 2005-2007: 271 Actual PM's for 2005-2008: 578,88</p> <p>Own contribution Originally planned PM's for 2005-2007: 103,92 Actual PM's for 2005-2008: 101,05: 86,10</p> <p>This site was also labour intensive regarding the data collection. A large number of "recruiters" were used with token remuneration and high effort which inflates the PM.</p>

Partner 6 UNZA	<p>Personnel costs Budgeted: Euro, 69600 Actual cost: Euro, 85459.18 Total Pct: 123% <u>Explanation:</u> A total amount of Euro 25918.57 (twenty five thousand nine hundred and eighteen Euros fifty seven cents) was spent to pay personnel salaries between the months of January to August 2008. WP 11. Data collection, management & analysis. The said money used in year four was transferred from partner 2 (Montpellier) budget to assist Zambia to complete the enrolment and follow-up of study participants. Zambia suffered a huge deficit and follow-up was very difficult especially after experiencing the National disaster of floods in the area of research.</p> <p>Consumables Budgeted: Euro, 115979 Actual cost: Euro, 120093.76 Total Pct: 104% <u>Explanations:</u> 1) The Zambia EBF randomised clusters were geographically wide apart with approximately one hundred and twenty kilometres between the furthermost points. It meant large expenditures on transportation to cover the longer distances during both recruitment and follow-up of study participants. The extra money needed was supplied from partner 2 Montpellier. 2) Some of the field staff (recruiters and peer-counsellors) was paid from this post as they were paid in cash (because salaries require a personal bank account in the university system).</p> <p>Overhead 20% Budgeted: Euro, 37316 Actual cost: Euro, 44910.18 Total Pct: 120% <u>Explanation:</u> 20% overhead: This amount was absorbed and utilised towards research activities. The over run was due to financial assistance of €35,000.00 from the partner in Montpellier, this automatically pushed up the overhead figure which was never anticipated during the implementation of the provisional budget.</p> <p>Person Months:</p> <p>EU-contribution Originally planned PM's for 2005-2007: 267 Actual PM's for 2005-2008: 474.70</p> <p>Own contribution Originally planned PM's for 2005-2007: 103,92 Actual PM's for 2005-2008: 101,05: 34,94</p> <p>During the flood extra efforts were mobilised to continue data collection according to expected pace. This increased the use of PM.</p>
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Partner 7 UWC	<p>Travel costs Budgeted: Euro, 36000 Actual cost: Euro, 47091,85 Total Pct: 131% <u>Explanation:</u> The overrun is due to substantial increases in petrol costs increased travel costs across the board, Need for additional supervision and training visits to field sites due to unexpected turnover in staff and needs of team. This latter was actually a very important qualitative finding in the study as more support was necessary to assure quality of the intervention and data collection and to support the peer supporters and staff.</p> <p>Person Months:</p> <p>EU-contribution Originally planned PM's for 2005-2007: 267 Actual PM's for 2005-2008: 399.13</p> <p>Own contribution Originally planned PM's for 2005-2007: 103,86 Actual PM's for 2005-2008: 101,05: 190</p> <p>As for the other sites, the trial required a higher net of input of labour to be completed-</p>
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