



**USAID** | **ARMENIA**  
FROM THE AMERICAN PEOPLE



# IMPROVING INFANT AND YOUNG CHILD HEALTH AND NUTRITION

## FINAL REPORT

Date of Submission: 23.09.2016

Submitted by:

Lianna Hovakimyan, Head of Health and Nutrition Section  
UNICEF Armenia  
P. Adamyan 14,  
Yerevan, 0010, Armenia  
+374 10 523 546  
lhovakimyan@unicef.org

This document was produced for review by the United States Agency for International Development/Armenia Mission (USAID/Armenia).

**Agreement No.:** AID-111-IO-14-00001  
**Agreement Period:** February 24, 2014 to July 23, 2016

**Submitted to:** Zaruhi Mkrtchyan, AOR

**DISCLAIMER**

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government.

## PROJECT OVERVIEW

<b>Project Name:</b>	Improving Infant and Young Child health and Nutrition
<b>Activity Start Date And End Date:</b>	February 24, 2014 to July 23, 2016
<b>Name of Prime Implementing Partner:</b>	UNICEF Armenia
<b>Name of Subcontractors/Subawardees:</b>	World Vision Armenia
<b>Geographic Coverage (cities and or countries)</b>	Republic of Armenia

### ***The overarching goal of the project:***

- Improved health and nutrition status of children 0-5 years. The progress towards that goal will be measured against the following indicators:
  - Rate of exclusive breast feeding practices in children of 6 months is more than 40% (compared to baseline 35%-DHS 2010);
  - Stunting rate among children from 0 to 5 years of age is less than 17% (compared to baseline 19%-DHS 2010);
  - Proportion of children aged 6-23 months with sound infant and young child feeding (IYCF) practices is more than 35% (compared to baseline 32%-DHS 2010);
- The program will contribute to achievement of the MDG goals, particularly:
  - Under-five mortality rate is less than 10 per 1,000 live births;
  - Prevalence of underweight children under five years of age is less than 1.4%.

### ***The objectives of the project are the following:***

- Improved policy framework and surveillance on infant and young child feeding:
  - Improve the policy framework on child care, including IYCF and prevention of micronutrient deficiencies, and knowledge management system of the Ministry of Health
  - Improve monitoring and evaluation system on nutrition at community, regional and national levels
  - Ensure sustainability and institutionalization of child care and nutrition related interventions
- Improved accessibility and quality of childcare services at Primary Health Care level.
  - Improve the capacity of Primary Health Care providers to deliver quality childcare services
  - Improve families and community knowledge/awareness on health and sound nutrition practices of infants and young children, early identification of nutrition related problems and growth monitoring

## EXECUTIVE SUMMARY

To achieve project's overarching goal and objectives, UNICEF and WV Armenia worked intensively to implement complementary strategies and activities at policy, service delivery and community levels. Throughout the whole duration of the project, UNICEF collaborated effectively with the Ministry of Health and its different entities, marz health authorities and regional health facilities, CSOs as well as academic institutions and expert community to develop different programmatic components and to implement them timely. Effective planning and coordination assured that UNICEF and WV Armenia, a sub-contractor of the project, implement project activities in a targeted regions simultaneously, ensuring their coherence and effectiveness. Periodic discussions and reviews with USAID Health Project Management Specialists were important in developing project strategic frameworks and in addressing the problems encountered during the project implementation.

Working closely with the Ministry of Health (MOH) and other Government and civil society partners, UNICEF established an enabling child health and nutrition policy framework, ensuring effective implementation of all project activities and creating strong prerequisites for sustainability of interventions. UNICEF initiated the development of a 'Concept on Improving Child Nutrition in Armenia and Plan of Actions for 2015-2020' which was approved by the Government, creating a guiding framework for inter-sectoral targeted interventions, identifying the priority areas and defining the required actions. UNICEF developed national guidelines and clinical protocols on assessment of child's growth and development and on management of common childhood illnesses and nutrition problems and introduced them successfully in all regional primary healthcare facilities (PHFs), ensuring children under five are provided with comprehensive standard set of services countywide.

UNICEF, in collaboration with AUA Center for Health Services Research and Development, conducted a formative research on infant and young child health and nutrition identifying determinants and immediate, underlying and basic causes of nutritional problems in children and pregnant women as well as assessing the current practices of counselling, child growth measurement, and surveillance system in health facilities. Based on recommendations of the research UNICEF justified programmatic interventions both content and organizational vide to make them more targeted and effective.

UNICEF, in collaboration with the National Institute of Health and State Health Agency of the MOH, developed and introduced an e-based Child Nutrition Surveillance System to collect routine data on child's height and weight from all PHFs and to generate nutritional indicators periodically for informed decision making and timely interventions at facility, regional and national levels. Importantly, UNICEF developed and introduced special methodology which allows to monitor the nutritional status of every child based on his specific ID code, creating accountability for actions undertaken to prevent and to address malnutrition. UNICEF trained staff of PHFs on how to enter data into the surveillance system and capacitated staff of relevant MOH entities on data analysis and interpretation.

UNICEF upgraded capacities of experts of the MOH in development of programme passport on child nutrition and advocated effectively with the Government ensuring inclusion of a separate line on child nutrition in the State Budget 2015. A plan of actions with a main focus on communication for development was developed which assured sustainability of allocations in 2016, reflecting the priority given to nutrition issues in the country. Based on the experience and success of previous years, the Government is planning to continue separate allocations for child nutrition in upcoming years, for which UNICEF and MOH will develop new programme passports.

UNICEF and WV promoted effectively public monitoring principles over community based child health and nutrition services to increase demand to quality services among population as well as accountability of duty bearers to public. More than 550 community active members in about 60 communities have been trained and plan of actions for each community have been developed to join the efforts in revealing health services related problems and finding solutions at local level.

Through conducting 10-days trainings, UNICEF equipped about 1,200 primary health providers working at regional facilities of all 10 marzes of the country on clinical management of childhood illnesses at community level, including standard principles of timely hospitalization. In addition, they were trained on standard principles of assessment of child's physical and psychomotor development as well as on basic principles of Infant and Young Child Feeding (IYCF), so to perform age appropriate screenings effectively to recognize any developmental delay and nutritional problems at earliest stage and to address them appropriately, providing parents with required services and consultation. This, in fact, was the hugest intervention in the country during the last five years in terms of systemic capacity building of health providers aimed at standardization of paediatric primary care and institutionalization of interventions.

Prioritizing the quality of counselling services given to parents/caregivers on child health and nutrition, UNICEF reviewed all health system contacts and developed standard consultation packages for health providers to assure that each contact includes age-appropriate counselling and support for mother and child. Being introduced in regional PHFs, the package covers all aspects of child health, growth and development, nutrition and home care and ensures that during each visit of child to health facility and outreach visits health providers have a standard set of consultation messages to be provided to parents/caregivers.

UNICEF and WV established 97 parental education centres in city polyclinics and rural health ambulatories of all 10 marzes. Being equipped with audio-video equipment, furniture as well as a comprehensive set of video and printed educational materials developed within the project, the centres are able to provide pregnant women and parents with comprehensive consultation on child health, development and nutrition issues, improving notably the access to quality health and nutrition education for community population. UNICEF increased capacities of health providers on how to plan and conduct effectively parental education sessions and how to engage vulnerable families on parental education, prioritizing also involvement of fathers.

In addition, UNICEF put big TV monitors in waiting areas of 52 PHFs and developed special short readable messages to be shown on TVs, covering all basic aspects of child health, growth and development, nutrition and home care, so that visitors of PHFs use their waiting time effectively. To ensure unified approaches in organization of parental education and functional sustainability of centres, UNICEF developed relevant organizational standards which includes detailed guidance and directives on how to organize effectively the work of centres, which was approved by MOH becoming mandatory for all PHFs.

In collaboration with the National Statistical Service (NSS), UNICEF developed special tools on how to plan family's financial resources in order to ensure all-time availability of basic food staff for proper child nutrition. For different age groups of children a standard package of monthly required food items have been developed with an average cost calculated for each item. UNICEF incorporated trainings on effective planning of family's financial resources into the education sessions to be conducted periodically in parental centres, ensuring families are provided with required skills and knowledge.

UNICEF and WV participated in the Second International Nutrition Conference “Nutrition Today Matters Tomorrow”, organized by FAR, Columbia University and AUA, on May 30-31, 2016, presenting the parental education techniques applied in the scope of the project. Parental education books were distributed during the conference ensuring awareness rising and high visibility.

Through facilitation of public events and provision of intensive parental education in communities, UNICEF and WV promoted successfully proper childcare practices among parents and caregivers. More than 6,500 people participated in all rounds of public events, where child health and nutrition related messages were intensively spread using different channels, including facilitation of events by famous talk show hosts, interactive games and quizzes, broadcasting of reportages through local and national TV channels. In addition, more than 5,000 parents/caregivers participated at parental education/awareness raising sessions organized in PHFs. Facilitated by national trainers, these sessions provided also opportunity to community nurses for practicing and improvement of their teaching skills on parental education. WV developed and applied widely an innovative method of organization of food preparation sessions in parental education centres. About 2,600 parents/caregivers participated at sessions preparing different types of healthy age-appropriate food and being informed about the consequences of incorrect or late initiation of complementary feeding.

Partners used a variety of channels and applied different mechanisms to ensure wider coverage and increased access to comprehensive information on child health and nutrition topics/issues. UNICEF and WV printed a set of materials on child nutrition and developed a series of parental education films on complementary food preparation, child injury prevention, screenings, management of childhood illnesses, and involvement of fathers in child care and development and distributed them to all parental education centres established within the project, making education process more comprehensive and attractive for participants. In addition, WV developed and intensively aired public social announcements, TV programs, educational films, and published articles on different child health and nutrition topics, promoting effectively improvement of home care practices.

UNICEF and WV organized a press conference stating the achievements of implementation of “Improving Infant and Young Child Health and Nutrition” project in its first year of running in Armenia. Representatives from the MOH, UNICEF, USAID and WV presented the health and nutritional situation of children in Armenia, the state strategy, current reforms, and work done in the sphere of child health and nutrition within the project, followed with plans of future programmes. The event was widely aired via national media, being used by UNICEF and WV as an effective advocacy and awareness raising mechanism.

UNICEF and WV involved intensively mass media both at national and local levels as an important player to disseminate child health and nutrition messages and inform public about project activities and progress. WV organized training for about 30 journalists on “Coverage of child health and nutrition issues” to present current situation and challenges on child health and nutrition, the state strategy and reforms as well as the framework of work done in the area. Further, UNICEF and WV organized a media contest on the best media material which resulted in publishing of about thirty materials on national and local media on different child health and nutrition topics. USAID Armenia, UNICEF and WV hosted a media award ceremony to recognize the winners of the contest, and the ceremony was aired through national media ensuring wider coverage and visibility.

## STRATEGIES AND ACTIVITIES UNDERTAKEN

### ***Improving policy framework on child health and nutrition***

The following activities have been implemented in compliance with the project objectives and work plan:

- UNICEF, as a leading international organization in the field of child nutrition, initiated the development of a ***'Concept on Improving Child Nutrition in Armenia and Plan of Actions for 2015-2020'*** to have unique strategic approaches and to join efforts of the Government, international and local partners in achieving better nutritional results for children in a long-term perspective. As a result of UNICEF's technical support and intensive advocacy, the document was approved by the Government of Armenia, with a 6-year plan of actions which combines a set of multi-sectoral interventions. In the document, a detailed situation analysis in Armenia is conducted reflecting all basic aspects of child nutrition and prevention of micronutrient deficiencies. While developing a Plan of action the priority was given to the concept "The first 1,000 days: window of opportunity" - UNICEF supported life-cycle approach aimed at ensuring proper nutrition during pregnancy and the first 24 months of life. In fact, all interventions and activities implemented within the project were in-line with the Concept, ensuring introduction of its different components. The Ministry of Health coordinates activities being implemented by partner organizations to ensure they all are in-line with the principles and strategies reflected in the Concept, thus contribute to the overall goal and targets.

*Please, see the Concept on Improving Child Nutrition and the Plan of Actions via below links of the Government Official Website as well as in the attachments of the report*

- [https://www.e-gov.am/u\\_files/file/decrees/arc\\_voroshum/2104/09/40-1\\_1ardz.pdf](https://www.e-gov.am/u_files/file/decrees/arc_voroshum/2104/09/40-1_1ardz.pdf)
- [https://www.e-gov.am/u\\_files/file/decrees/arc\\_voroshum/2104/09/40-1\\_2ardz.pdf](https://www.e-gov.am/u_files/file/decrees/arc_voroshum/2104/09/40-1_2ardz.pdf)
- UNICEF, in collaboration with AUA Center for Health Services Research and Development, conducting ***a formative research on infant and young child health and nutrition***. The research was implemented among health providers, health authorities and parents/caregivers of children below 5 year of age to identify the perceived main nutritional problems and concerns related to the nutrition of children and pregnant women in Armenia, as well as to reveal the main issues with child growth measurement and surveillance system in healthcare facilities. The study took place in Yerevan, the capital city, and in two marzes – Shirak and Lori, utilizing qualitative research methods through focus group discussions and in-depth interviews. Based on the study findings and suggestions provided by the study participants, the research provided a set of recommendations, including the need for increasing both knowledge and motivation of healthcare providers to provide appropriate nutrition counselling, promoting breastfeeding support practices in maternity hospitals and PHFs and establishing a network of lactation consultants, empowering PHC settings to conduct appropriate child screenings and growth monitoring of children and developing and disseminating up-to-date public education materials on pregnant women and child nutrition. The results and recommendations of the research were presented and discussed with the MOH management and specialists, representatives of academic institutions and field experts, and based on this UNICEF justified some project interventions to make them more targeted and effective.

*Please, see the Formative Research Report attached to the report.*

Throughout the project UNICEF and WV prioritized **advocacy and communication for development component** of the project, implementing an intensive scope of activities to raise the awareness about the importance of child health and nutrition issues and to increase parents/ caregivers knowledge and skills on proper child health, nutrition and home care practices:

- UNICEF worked intensively with the MOH and expert community to develop **new guidelines, clinical protocols and training modules** on Integrated Management of Childhood Illnesses, Child Growth and Development and Infant and Young Child Feeding and consolidated them into one training package for primary health providers (*original copies are attached to the report*). They are based on principles of evidence based medicine and apply algorithm approaches in management of children and present detailed guidance on how to provide children with comprehensive set health and nutrition services, particularly how to assess child growth, development and nutrition status and how to manage common childhood illnesses at primary level, including community/home management of pneumonia and diarrhoea and timely hospitalization of children who develop severe diseases. Being endorsed by the MOH as national standards these guidelines are mandatory to follow in all PHFs, ensuring that throughout the country children are provided with a minimum quality standard package of services. In addition, through application of standards of care UNICEF created prerequisites for implementation of quality assurance and reporting mechanisms over the child health and nutrition services.
- UNICEF and WV **involved intensively mass media** both at national and local levels as an important player to disseminate child health and nutrition messages and inform public about project activities and progress. WV organized training for about 30 journalists on “Coverage of child health and nutrition issues” to present current situation and challenges on child health and nutrition, the state strategy and reforms as well as the framework of work done in the area. Being facilitated by leading health and media experts the training enhanced journalists’ knowledge on multimedia, ethical issues as well as media techniques on how to use the search tools, find child health and nutrition related information and how to work with the data. Following the training UNICEF and WV organized a media contest on the best material on child health and nutrition. Partners used this advocacy mechanism to encourage Armenian journalists to more frequently refer to child health and nutrition issues and to promote ethical and balanced media coverage of child health and child nutrition issues in Armenia. This resulted to publishing of about thirty materials on national and local media on different child health and nutrition topics. The jury of experts selected eight finalists through review of subject-specific media publications produced by Armenian journalists between August and October 2015. USAID Armenia, UNICEF and WV hosted the award ceremony to recognize the winners of the contest. The ceremony was aired through national media allowing wider population to be aware of child health and nutrition issues.
- UNICEF and WV **advocated effectively for adequate childcare practices** through facilitation of events for parents/caregivers of young children with a focus on health, nutrition and care. In collaboration with Child Development Foundation (CDF), “Mothers club” TV programme team, “Theatre for changes” and “Mandate of the future” organizations, WV organized big public events where child nutrition related messages were intensively spread using different channels, including opening speeches by project implementers and local health authorities, facilitation of the events by famous talk show host, presentations of main messages of child health and nutrition, interactive games and quizzes, broadcasting of reportages through local and national TV channels. The same messages were repeated several time using different channels. These allowed reaching a great number of mothers/caregivers during one event.

Media representatives from local TV channels were presented at most of the events and prepared and broadcasted reportages through local and national TV channels. Overall, more than 6,500 people participated in all rounds of 71 public events.

- UNICEF and WV organized 26 **fun and educational public events** in all project sites, where parents tested their knowledge on child nutrition in interactive quizzes. The events were facilitated by famous talk show hosts. Team of the journalists travelled around Armenia from the onset and filmed the project, interviewed young mothers, project representatives and paediatricians. In addition, WV organized 14 events-competitions with participation of active mothers/caregivers on child nutrition topics. Through combination of different educational techniques – competitions, watching cultural performances, receiving information in interactive way – these events raised the knowledge and skills of young and future mothers on principles of breastfeeding and complementary feeding and on proper care practices. As a next step, WV organized two workshops for competitions winner teams from all marzes in Yerevan with a purpose to exchange the experience and ensure networking among young mothers from different regions of Armenia.
- UNICEF and WV organized **22 photo exhibitions** “Why the First 1,000 Days Matter”, advocating on proper child nutrition and care practices among about 2,500 participants of the events. Sixty professional photos and 12 photos by amateur photographers were presented. The second part of events was dedicated to awareness raising of participants on through entertaining and fun activities, such as musicians/singers, performances by children groups/ensembles and magician.
- In collaboration with “Theatre for Changes” NGO, WV conducted **13 plays of the interactive theatre performances** on child health, nutrition and care issues. The new innovative theatre format of performance was developed within the project with fictitious and real characters, which was a wonderful opportunity for young parents to participate in the child care and nutrition interactive educational games and learn through presented cases the proper way of child care. The performance was recorded and distributed to parental centres for future usage during education sessions.
- To advocate for appropriate child nutrition practices WV developed and widely broadcasted **public social announcements and promoted publishing of articles** on child health and nutrition topics. WV developed four public social announcements on four topics: “Why the First 1,000 Days Matter”, “Principles of healthy nutrition for pregnant women and lactating mothers”, “Importance and principles of breastfeeding” and “Importance and principles of healthy nutrition in early childhood”. These social announcements were broadcasted through national and local TV channels as well as widely shared through social media channels. WV developed one PSA on breastfeeding promotion with participation of Armenian celebrities. This PSA was presented during photo exhibition events encouraging young mothers to exclusively breastfeed their children.
- WV developed and published an **article on breastfeeding promotion** in a popular news.am online media. The article presented the current situation related to breastfeeding in maternities of Yerevan and marzes, revealed problems, information on importance of breastfeeding and recommendations from professionals for further breastfeeding promotion in Armenia. WV developed and posted on World Vision International website another article related to child nutrition “World Vision’s new project urges Armenia’s mothers to reconsider nutrition”, ensuring wider acknowledgment and advocacy about the project.

### ***Improving monitoring and evaluation system on nutrition***

Within this objective of the project, UNICEF put main emphasis on development and introduction of a comprehensive ***Child Nutrition Surveillance System***:

- UNICEF developed and introduced Child Nutrition Surveillance System to collect primary data on child's height and weight from all PHFs of the country and to generate nutrition indicators periodically for informed decision making and timely interventions at facility, regional and national levels. In collaboration with the National Institute of Health and State Health Agency of the MOH. To ensure functional sustainability and continuity of data entry and transfer, the platform of currently operating e-based MIDAS<sup>1</sup> system of the State Health Agency (SHA) of the MOH was used for establishment of the surveillance system.

Working closely with the National Institute of Health (NIH) and SHA, UNICEF developed and successfully introduced methodologies and relevant tools for data entry at primary health facilities, data transfer from health facilities to SHA and from SHA to NIH as well as for data analysis in accordance with standard child nutrition indicators – stunting, wasting, underweight and anaemia. In collaboration with the company managing MIDAS, UNICEF modified the system in order to enable summarization and segregation of child nutrition data. The WHO/UNICEF standards on defining a child as stunted, underweighted, wasted or overweight were incorporated into the system, so each child whose height/weight was measured can be assessed accordingly. It is important to state, that the designed system allows to segregate data per marz, health facility and health provider. Moreover, based on the ID of each child registered in PHFs, the system allows to track the data, so to follow-up and assess the measures taken to address child malnutrition by different stakeholders and authorities.

As a next step, UNICEF trained more than 600 health providers and IT technicians working in PHFs on how to assess properly height and weight during each visit of child to PHF and how to incorporate this information into the MIDAS system. UNICEF trained NIH experts on how to perform different analysis and calculations and worked effectively with them to ensure comprehensiveness of data gathered through the surveillance system and to generate segregated nutrition indicators. In addition, UNICEF increased capacities of key MOH and NIH staff on data interpretation, including segregated analysis and compilation of different nutrition indicators.

In fact, the goals and objectives set for this stage of introduction of Child nutrition surveillance system are fully achieved and system is functional, particularly, PHFs are inserting data on child's height and weight on a permanent basis, MIDAS system allows to transfer these data to the server accessible for the NIH relevant staff, the system classifies child nutrition status based on the WHO/UNICEF standards, nutritional status of every child can be monitored based on his specific ID code in MIDAS and staff of NIH is capable to perform analysis of data, to supervise and monitor data quality and to work with health facilities to overcome any identified problem.

Based on these achievements, UNICEF will further work with partners to ensure that system automatically generates periodic segregated data at health facility and health provider levels and send them directly to relevant authorities to initiate actions to address the nutritional problems children (each of them has a unique ID code, allowing monitor nutritional status of every child) are facing in their respective area of responsibility. Thus, UNICEF will create accountability and reporting mechanisms at all levels, so that health providers, heads of

---

<sup>1</sup> Each visit of child to PHFs are recorded in the special forms (Form N2), those data are entered into the MIDAS system and are periodically transferred by all PHFs to the SHA central servers and databases.

health facilities and marz health authorities will be accountable for nutritional indicators in their regions as well as for actions taken to improve the situation. In addition, UNICEF will introduce new criteria in the surveillance system, so to identify not only children who already have nutritional problems (e.g. stunting), but also those who are at risk. Being informed about those children, preventive actions can be undertaken to avoid further deterioration of child's problems.

- UNICEF and WV promoted effectively **public monitoring principles** over community based child health and nutrition services to increase demand to quality services among population as well as accountability of duty bearers to public. More than 550 community active members in about 60 communities have been trained and plan of actions for each community have been developed to join the efforts in revealing health services related problems and finding solutions at local level. The community members were informed on state entitlements related to child health services, state standards and detailed description for all steps that should be conducted by active community members for public monitoring, development of list of problems and gaps, development of action plans and monitoring of achievements. This process facilitated the participatory assessment of the current situation in provision of primary health care services versus the discussed entitlements and capacities available at PHC facilities. Joint action plans were developed and regularly monitored where specific roles of each stakeholder, namely community people, WVA, PHC providers, and local authorities were defined. Community members were stimulated to take action themselves and take responsibility and ownership for improved service delivery. On the other hand, this contributed to increased accountability of healthcare providers towards the community residents and, as a result of it, to the improved quality of health services provided.

### ***Ensuring sustainability and institutionalization of interventions***

- UNICEF worked intensively with experts of the MOH to develop a Programme passport on child nutrition to present it to the Government of Armenia for **financing from the State Budget**. The document was developed in-line with the requirements of the Ministry of Finance (MOF), reflecting child nutrition issues and presenting concrete actions envisaged. The main accent was put on communication for development component of nutrition programming, to increase parents' awareness and knowledge on age-appropriate child nutrition principles. UNICEF provided intensive technical support and advocated effectively with the Government, which resulted inclusion of a separate line on child nutrition in the State Budget 2015. Although the allocated amount equal to 10 million AMD (more than 20,000 USD) is not huge, this is a big achievement in terms of prioritizing child nutrition issues by the Government and creating prerequisites for sustainability of allocations with a possibility of increase in the future.

A plan of actions was developed jointly with the MOH, so that USAID/UNICEF project and State budget funding complement each other, ensuring wider coverage and effective parental education. Targeted spending of budgetary funds doubled with UNICEF's continuous advocacy and awareness raising among Government officials on child nutrition issues ensured sustainability of allocations in 2016. Based on the experience and success of previous years, the Government is planning to continue separate allocations for child nutrition in upcoming years, for which UNICEF and MOH will continue to join efforts.

- UNICEF worked intensively with MOH to elaborate sustainable mechanisms for ensuring **the compliance of maternities and polyclinics with the quality standards** of “Baby Friendly Health Facility”. The relevant 10 steps for assessment of performance of maternities and PHFs in terms of promoting breast-feeding have already been included by UNICEF into the MOH normative documents, and there was a need for development and introduction of effective quality control mechanisms. UNICEF worked with the State Health Inspectorate<sup>2</sup> (SHI) of the MOH to incorporate quality control over the 10 BFHI/BFPI steps in their routine monitoring function. UNICEF and SHI has agreed to organize a training of relevant staff on how to perform quality control/monitoring as well as on continuous technical assistance to be provided by UNICEF to improve the system. Reporting and follow-up actions to be undertaken in case of identified problems in maternities and polyclinics will be introduced to ensure sustainability of the processes. The proposed modality will, in long-term perspective, ensure the sustainability of intervention as it will be fully institutionalized

UNICEF prioritized **the sustainability** of all project interventions which was ensured through institutionalization of relevant strategies and activities into the currently functioning health system infrastructures and quality assurance and monitoring mechanisms. The project brought three major changes into the mother and child health system: (1) standardization of child health services provided in PHFs which was ensured through unification and approval by the MOH of national guidelines and clinical protocols on Integrated Management of Childhood Illnesses (IMCI), Child Growth and Development and IYCF and full incorporation into the health system, making them mandatory to follow in all PHFs of the country; (2) establishment of parental education system at primary healthcare level and implementation of mechanisms for making the system functional and sustainable, including MOH approved organizational standards and detailed directives; and (3) establishment of Child nutrition surveillance system and its full integration into the currently functioning data gathering and transfer mechanisms. This ensures that primary data on basic child nutrition indicators are collected permanently from all PHFs for informed decision making and initiating targeted interventions. These changes create sustainable prerequisites for long-term improvements in delivering quality mother and child health services at regional/community levels, and UNICEF and MOH will further work to monitor the progress and to address possible problems and challenges in realization of relevant initiatives and interventions.

### ***Improving capacities of primary healthcare system***

- Through conducting an intensive 10-days trainings in all marzes of the country, UNICEF **increased capacities of about 1,200 primary healthcare providers** on integrated management of childhood illnesses, monitoring of child growth and development as well as on infant and young feeding practices. Using the newly developed national guidelines and clinical protocols UNICEF conducted a training of trainers establishing a team of 20 national trainers who further facilitated trainings of health providers in marzes. Actually, this was the hugest capacity building intervention in Armenia during the last five years as all marzes and all PHFs were covered.

Being trained on IMCI principles, primary healthcare providers manage children according to algorithm principles, classifying childhood diseases and pathologic conditions according to objective symptoms and signs. This includes recognition of danger signs when the child needs immediate hospitalization as well as treatment of children with pneumonia and diarrhoea at home. IMCI principles include mandatory follow-up/next visit to be carried out by health providers to assess the effectiveness of prescribed treatment and to make

---

<sup>2</sup> Agency which is responsible for quality control and monitoring over the health services

changes, if relevant. As a result of IMCI introduction, UNICEF and MOH standardized case management at primary healthcare level and currently these principles are applied in all PHFs where the project worked.

Through development of standards on assessment of child’s growth and development and guidelines on IYCF counselling and conducting training of primary healthcare providers on these subjects, UNICEF ensured that children are assessed comprehensively to identify any physical or psychomotor developmental delay and nutritional issue at earliest stage and to initiate relevant actions to address the problem. Training on IYCF included all aspects of nutrition of young children, with a particular focus on initiation and sustaining the breastfeeding, age-appropriate complementary feeding and nutrition of sick children to ensure health providers have adequate skills and knowledge to provide parents with required consultancy and support. Follow-up and monitoring visits carried out by MOH experts to project sites showed that about 85% of trained health providers apply standard child management and assessment principles and in 72% of all observed cases the management is carried out fully in line with IMCI clinical protocols and nutrition consultation tools. Full institutionalization and the reporting system which was introduced by UNICEF will ensure sustainability of these achievements in a long-term perspective.

Pre- and post-test of trainings showed notable improvement in knowledge of healthcare providers (Table 1), which doubled with the results of follow-up visits create a strong prerequisites for further improvement of quality of child health and nutrition services provided at primary healthcare level.

Table 1. Summary results of pre- and post-tests of trainings

Training subject	Pre- and post-test results (% of correct answers)			
	N	Pre-test	Post-test	Change
Integrated management of childhood illnesses	1,196	39%	90%	+51pp
Child growth and development	1,196	41%	91%	+50pp
Infant and young child feeding	1,196	38%	91%	+53pp

N - number of healthcare providers trained; pp – percentage point

- In addition to UNICEF intensive trainings, WV conducted *seminars on child nutrition counselling for about 280 primary healthcare nurses* to improve their knowledge and skills on how to organize parents counselling and awareness raising activities in parental education centres. The nurses’ competencies to facilitate parental education were strengthened also during parental education sessions intensively conducted in their facilities by national trainers.
- UNICEF and MOH reviewed all contacts between primary health providers and parents/caregivers and developed *age appropriate standard consultation package* which

covers basic aspects of child health, growth and development, nutrition and home care (*original copies are attached to the report*). The package/consultation tool will be used during each visit of child to health facility as well as during outreach home visits of health providers, including the pre-natal visit of the nurse and the first post-natal visit of paediatrician/family doctor to home. Being developed in a format of table calendar it allows also parents to read the same messages themselves, thus being able to ask health providers any related questions. UNICEF will distribute the tools to all primary healthcare providers of Armenia so that the same age appropriate comprehensive consultation messages and methodologies are applied countrywide.

- UNICEF prioritized the issue of ***effective planning of financial resources of families*** in order to ensure all-time availability of basic food staff for proper child nutrition. In this regard, UNICEF worked intensively with the National Statistical Service to develop special tools for families which includes comprehensive information about the monthly required quantities of food items for three different age groups and their total cost in each of 10 marzes of the country and in Yerevan.

The monthly required food items and their quantities were calculated based on the standard daily menus developed by UNICEF for three age groups of children – 6-7 months, 8-11 months and 12-24 months. UNICEF and NSS formed working groups to conduct seasonal monitoring of prices of food items in marzes and Yerevan, based on the standard methodology of NSS. UNICEF developed relevant tools for families which composes full information about the quantities of all food items required for adequate nutrition of children of three age groups and their total cost for each quarter of the year (considering seasonal variability of costs of vegetables and fruits). This information is presented for all 10 marzes of the country and Yerevan.

As a result, UNICEF developed special educational tools/leaflets for families and will distribute them to PHFs, to be used during parental education sessions and to be disseminated among parents. UNICEF included trainings for parents on effective planning of their financial resources for optimal child feeding into continuous parental education and equipped health providers with relevant knowledge, so that parents are continuously provided with comprehensive information and support.

- UNICEF prioritized improvement of knowledge and skills of parents/caretakers on proper child health, care and nutrition as one of the basic prerequisites for healthy child growth and development from the first days of life. In this regard, UNICEF initiated development and introduction of ***parental education system at primary healthcare level*** and created mechanisms for its sustainability to ensure parents have continuous access to quality education in their respective PHFs.

UNICEF and WV established 97 parental education centres (Annex 1) in city polyclinics and rural health ambulatories of all 10 marzes and equipped health professionals with required skills on how to organize and conduct parental sessions effectively. Communities for establishment of parental centres have been selected in consultation with marz health authorities so to ensure higher coverage and wider access for population to the centres. UNICEF provided parental centres with relevant set of furniture to create a comfortable environment for parents/caregivers during the sessions. In the centres UNICEF established also child corners providing special table and chairs, so that parents can visit the centres with their children without any limitation. UNICEF provided parental centres also with audio-video equipment and a comprehensive set of educational video materials developed within the project and covering all aspects of child health, care, nutrition and development, nutrition and healthy behaviour during the pregnancy as well as effective parenting

techniques. In addition, the centres have been continuously provided with a set of printed materials on pregnant women and child nutrition. UNICEF trained primary healthcare providers on how to plan and conduct parental education session and how to engage vulnerable families on parental education, prioritizing also involvement of fathers in parental education. These efforts ensured effective functioning of parental centres allowing health providers to compile different methodologies and techniques during parental sessions making them interesting and targeted for different groups of parents and caregivers.

To increase the effectiveness of parental education and awareness raising, UNICEF put big TV monitors in waiting areas of 52 PHFs and developed special short readable messages to be shown on TVs that covering all basic aspects of child health, growth and development, nutrition and home care, so that visitors of PHFs use their waiting time effectively. In addition to knowledge generation, this creates increased demand of parents/caregivers and they will approach health providers for additional information. TV monitors are used also as an information platform between health facilities and served population for announcements of important events to be taken place in facilities, e.g. dates of immunization and parental education sessions.

UNICEF developed **standards for functioning of parental education centres** to ensure their sustainability. Standards include organizational principles within the facility, mechanisms of forming of parent' groups as well as of reporting and internal control. Being approved by the MOH as mandatory for application in all PHFs standards ensure unique approaches in functioning of parental centres which is a major prerequisite for providing parents with comprehensive consultation and support.

- UNICEF and WV developed and widely applied **innovative method of food preparation practical sessions** in kindergartens and parental education centres. These sessions were conducted to demonstrate to young mothers the nutritious and low-cost complementary feeding alternatives for children starting from 6 months. Together with about 2,600 mothers/caregivers who participated at about 220 sessions, facilitators prepared different types of healthy food using UNICEF developed book on standard daily menus and recipes and served to children. In addition, parents become aware of health benefits of meals prepared and the consequences related to incorrect or late initiation of complementary feeding.

### ***Improving families and communities knowledge/awareness on child health and nutrition***

- UNICEF and WV addressed the lack of adequate knowledge and skills on child health, nutrition and home care practices through carrying out **intensive seminars for parents/caregivers of young children**. Provision of parental education in Armenian communities contribute to increased attention of community population towards early child care and development, increased understanding of the importance of appropriate child care practices, improved access to child health related information. Through Child health and nutrition seminars the project focused on key messages and appropriate household practices that young mothers shall exercise in their daily life. More than 5,000 parents/caregivers participated at the awareness raising sessions on child nutrition and child screenings topics. The purpose of these sessions was to increase awareness of community population and promotion of good practices for child care and nutrition. In addition, community nurses actively participated and facilitated some part of sessions under mentoring of trainers, thus practicing and improving their facilitation skills to further conduct parental sessions themselves. During the sessions trainers used video and printed materials developed and produced within the project. Follow-up visits and interviews with parents and healthcare providers conducted periodically hby WV staff showed their very positive attitude and satisfaction with parental education. In the majority of centres responsible health providers organize parental education sessions regularly and relevant information had been recorded in parental education centres' journals. According to local healthcare providers parents and caregivers visit the centres enthusiastically and actively participate at all initiatives organized there.



- To increase access to contemporary information on child health and nutrition in addition, UNICEF and WV printed a set of educational materials on child nutrition and developed video materials on various child health related topics to use for parental education. Being provided to parental education centres and other PHFs, these materials ensured access to child nutrition and health related in all communities of Armenia. UNICEF and WV printed about 45,000 copies of 5 types of materials on child nutrition developed previously by UNICEF (*original copies are attached to the report*), and due to high demand in the communities for child nutrition parental manuals two types materials were reprinted by WV in additional 20,000 copies each.
- In collaboration with the MOH and Yerevan State Medical University experts, Public TV and Second Channel TV teams, “Formica Production” and “Domino Production” companies, WV developed series of parental education films, including 8 films on complementary food preparation, 3 films on child injury prevention, films on child screenings, management of childhood illnesses, and involvement of fathers in child rearing, care and development (*original discs are attached to the report*). These films were provided to all parental education centres and as a result of their use parents become aware of the importance of preventing children from injuries during the first 5 years of life, about importance and main principles of complementary feeding and proper way for food preparation, prevention of childhood illnesses, their home management and timely referral, the importance of regular visits to primary health facilities for growth and development monitoring and child screenings. A film on the importance of fathers’ involvement and participation in infant and young child care and development contributed to increased recognition in families and communities of the vital role fathers play in all aspects of child’s development.

In addition, WV broadcasted these films through a number of national and local TV channels and intensively spread through social media channels. As a result, relevant information become accessible not only for participants of parental education sessions but for a wider public.

### Annex 1: List of parental education centres established within the project

#	Marz	Health facility	Established by
1.	Aragatsotn	Ashtarak Medical Centre	UNICEF
2.		Aparan Medical Centre	
3.		Talin Medical Centre	
4.		Tsaghkahovit Medical Centre	
5.		Nerqin Bazmaberd ambulatory	WV
6.		Mastara ambulatory	
7.		Arteni health centre	
8.		Shenavan ambulatory	
9.		Aragats health center	
10.		Quchak ambulatory	
11.	Ararat	Artashat Medical Centre	UNICEF
12.		Taperakan Medical Ambulatory	
13.		Marmarashen Medical Ambulatory	
14.		Arevashat Medical Ambulatory	
15.	Armavir	Armavir Medical Centre	UNICEF
16.		Metsamor Medical Centre	
17.		Vagharshapat Polyclinic	
18.		Baghramyan Polyclinic	
19.	Gegharkunik	Gavar Polyclinic	UNICEF
20.		Sevan Polyclinic	
21.		Sevan Medical Centre	
22.		Chambarak Health Centre	
23.		Dzoragyugh Health Centre	
24.		Nerqin Getashen Health Centre	
25.		Dzoravanq (Dprabak ambulatory)	WV
26.		Tsovagyugh PHCC	
27.		Lchap PHCC	
28.		Sarukhan PHCC	
29.		Gandzak ambulatory	
30.		Noratus ambulatory	
31.		Karmirgyugh ambulatory	
32.		Karchaghbyur PHCC	
33.		Geghamasar PHCC	
34.		Mets Masrik PHCC	
35.		Tsovak PHCC	
36.		Akunk PHCC	
37.	Lusakunk PHCC		

38.	Lori	Vanadzor Polyclinic #1	UNICEF	
39.		Vanadzor Polyclinic #4		
40.		Stepanavan Medical Centre		
41.		Alaverdi Medical Centre		
42.		Spitak Medical Centre		
43.		Margahovit Medical Ambulatory		
44.		Vahagni Health Centre		
45.		Odzun Medical Ambulatory		
46.		Dsegh Health Centre		
47.		Aqori PHCC		WV
48.		Chochkan ambulatory		
49.		Arevatsag ambulatory		
50.		Akhtala HC		
51.		Gargar PHCC		
52.		Vardablur ambulatory		
53.		Gyulagarak PHCC		
54.	Kurtan PHCC			
55.	Agarak PHCC			
56.	Urut PHCC			
57.	Kotayk	Nairi Medical Centre	UNICEF	
58.		Nor Hachyn Polyclinic		
59.		Garni Health Centre		
60.		Arzni PHCC		
61.		Geghashen PHCC		
62.		Tsaghkadzor Medical Ambulatory		
63.	Shirak	Gyumri Polyclinic #2	UNICEF	
64.		Gyumi "Enrico Mattei" Polyclinic		
65.		Gymri "Karmir Khachi" Polyclinic		
66.		Artik Medical Centre		
67.		Panik Health Centre		
68.		Maralik Health Centre		
69.		Aghin Health Centre		
70.		Amasia Health Center		
71.		Marmashen ambulatory		WV
72.		Mayisyan ambulatory		
73.		Jajur Ambulatory		

74.	Syunik	Shinuhayr PHCC	WV	
75.		Angeghakot medical ambulatory		
76.		Brnakot PHCC		
77.		Baghaberd Family Medicine Office		
78.		Dzorq Family Medicine Office		
79.		Shinararneri Family Medicine Office		
80.		Darbas MC		
81.		Vayots Dzor		Yeghegnadzor Medical Centre
82.	Vayk Medical Centre			
83.	Jermuk Health Centre			
84.	Malishka Medical Ambulatory			
85.	Areni PHCC			
86.	Tavush	Ijevan Medical Centre	UNICEF	
87.		Dilijan Medical Centre		
88.		Hagharcin Health Centre		
89.		Koghb Health Centre		
90.		Achajur Health Centre		
91.		Artsvaberd Health Centre		
92.		Sevkar PHCC		WV
93.		Khashtarak PHCC		
94.		Getahovit PHCC		
95.		Azatomut PHCC		
96.	NK Aghbyur PHCC			
97.	Navur PHCC			

## Annex 2: Performance against PMP Indicators

	Indicator	Baseline	Program target	Achieved
<b>Impact indicators</b>				
1.	Rate of exclusive breast feeding in children of 6 months	35% <sup>3</sup>	>40%	45% <sup>4</sup>
2.	Stunting rate among children from 0 to 5 years of age	19% <sup>3</sup>	<17%	9.4% <sup>4</sup>
3.	Percent of children aged 6-23 months with sound infant and young child feeding practices	32% <sup>3</sup>	>35%	-
<b>Objective 1: Improved policy framework and surveillance on infant and young child feeding</b>				
<b>Outcome indicators:</b>				
4.	Percent of health project-supported facilities that provide standardized child care and nutrition services	0%	100%	100% <sup>5</sup>
5.	Percent of children with identified nutritional issues that have been treated properly	0%	60%	72%
<b>Output indicators:</b>				
6.	Number of nutrition strategies, clinical protocols and standard approaches enabling effective implementation of child nutrition interventions developed with project support	0	4	4
<b>Performance indicators:</b>				
7.	Formative research on IYCF conducted	0	1	1
8.	Multi-sectoral nutrition strategy and plan of action developed	0	1	1
9.	IYCF clinical protocols and standard approaches developed	0	3	3
10.	Number of community active groups members and/or social workers trained on child nutrition and public monitoring of child health services	0	500	572
<b>Objective 2: Improved accessibility and quality of childcare services at primary health care level</b>				
<b>Outcome indicators:</b>				
11.	Percent of health providers working in PHC facilities of project supported marzes apply new standard approaches in delivering MCHN services	0	80%	85%
12.	Percent of children in project-supported facilities that receive adequate care and sound nutrition	0	60%	72%
<b>Outcome indicators:</b>				
13.	Number of standard training programmes on child care and nutrition developed and applied	0	4	4
14.	Knowledge and skills of health providers on child care and nutrition, in accordance with new standards	0%	80%	90%
15.	Percent of children U5 in targeted regions and communities that receive adequate care and nutrition	0	60%	72%
<b>Performance indicators:</b>				
16.	Number of training modules and guidelines on IYCF, IMCI, WCC and Immunization developed, revised, and/or consolidated	1	4	4
17.	Number of age-specific standard consultation messages on IYCF and care developed	0	20	49
18.	Number of national trainers trained with project support on how to conduct trainings of health providers	0	18	20

<sup>3</sup> Data source – ADHS 2010

<sup>4</sup> Data source – ADHS 2015-2016 Key Indicators Report

<sup>5</sup> Child assessment and management standards are introduced in all PHFs

19.	Number of health providers trained on child health, development and nutrition	0	1,200	1,474
20.	Number of polyclinics and rural health centres with established parental education centres	0	50	52
21.	Number of ambulatories and family doctor's offices with established parental education centres	0	40	45
22.	Number of parents/caregivers trained on child health and nutrition	0	10,000	11,280
23.	Number of IEC materials developed and distributed	0	20	25
24.	Number of mass media events conducted	0	26	71
25.	Number of population reached through organizing of public events	0	4,000	6,570