



PN-ABS-364
8/17/00



WELLSTART
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**MATERNAL AND CHILD HEALTH,
FAMILY PLANNING
AND BREASTFEEDING IN ARMENIA:**

**A BACKGROUND DESK REVIEW, ASSESSMENT,
AND PLANNING FOR WELLSTART
TECHNICAL ASSISTANCE**

by
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May 30, 1994

Task order #940048-1 was supported by the United States Agency for International Development (USAID) under Cooperative Agreement No. DPE-5966-A-00-1045-00. The contents of this document do not necessarily reflect the views or policies of USAID or Wellstart International.

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EXECUTIVE SUMMARY

This background desk review was funded by Wellstart International at the request of The U.S. Agency for International Development (USAID)/Caucasus. To prepare the report, all recent assessments, reports, and research on the maternal child health care, breastfeeding and family planning situation in Armenia were reviewed. The purpose of this report is to provide an overview of the maternal child health (MCH) situation in Armenia and to recommend options for Wellstart technical assistance.

The key issues and concerns regarding maternal child health are as follows:

- Ineffective breastfeeding practices; high demands for infant formula (which is received inconsistently through humanitarian assistance channels only);
- Abortion as a principal means of birth control; low contraceptive availability and usage;
- Relatively high rate of infant mortality, largely due to problems during the perinatal period;
- Increasing rates of infant and child morbidity due to diarrheal and respiratory diseases;
- Increasing prevalence of iron deficiency anemia in women of child-bearing age.

Currently, there are a few programs in Armenia addressing the identified MCH needs. Policy makers within the Ministry Of Health (MOH) have participated in various seminars, sponsored by the United Nations Children's Fund (UNICEF) and/or the World Health Organization (WHO), on topics such as breastfeeding, the collection of vital statistics which adhere to standard worldwide definitions, use of Oral Rehydration Therapy (ORS) for treatment of diarrheal diseases and distribution of ORS packets, and internationally accepted immunization schedules. A "Memorandum of Intent" has been signed between WHO and the MOH of Armenia and includes: consultation on reproductive health issues, a workshop on perinatal policy, management of low birth weight infants, the baby-friendly hospital initiative, other breastfeeding promotion efforts, and provision of iron and vitamin supplements for pregnant women.

The MOH of Armenia has devised a National Breastfeeding Program with the goal of increasing the rate of exclusive breastfeeding. The program consists largely of replicating an 18 hour seminar similar to the course provided by UNICEF during its conference on the Baby Friendly Hospital Initiative which took place in St. Petersburg in August of 1993. MOH officials were present at this conference and were provided materials to use for training seminars in Armenia. As a result of these seminars, as well as strong support from the top policy makers within the MOH, some of the practices and routines of maternity clinics in Yerevan which were harmful to optimal breastfeeding practices have begun to change, with the goal of adopting the ten steps needed for Baby Friendly Hospital certification. For example, prior to the initiation of the breastfeeding seminars, no rooming-in occurred. Now rooming-in is the norm in at least two maternity clinics visited by the Wellstart planning team in May.

The Women's Reproductive Health Center, located in the capitol city of Yerevan and supported primarily through private U.S. funds, is providing family planning counseling, modern contraceptives at nominal prices, and prenatal care. Many of the local health care providers at the Center have received training from U.S. physicians and nurses on a range of maternal health care issues.



While a conference for health care professionals targeting maternal and child health, family planning, and breastfeeding (similar to Almaty Seminar held in January 1993) has been proposed to provide state-of-the-art information, Wellstart suggests that this information sharing and technical update be incorporated into a sustainable process of change. Rather than supporting a one-time conference event, the proposed process would disseminate the necessary information while enabling health care providers to implement the new practices and procedures presented. Wellstart would provide technical assistance, coordinate assistance for family planning, maternal health, and birthing practices while concentrating on breastfeeding issues. In particular, Wellstart will work closely with the MOH of Armenia and UNICEF to carry out the following:

- 1) provision of state of the art scientific and technical information about breastfeeding and breastfeeding promotion;
- 2) an intensive social marketing campaign using mass media and interpersonal channels to promote optimal breastfeeding in the general population;
- 3) training of trainers workshops for prenatal and postpartum health care providers in polyclinics and participation of key clinicians in Wellstart's Lactation Management Education (LME) program in San Diego;
- 4) a conference to provide technical updates on perinatal care issues (breastfeeding, family planning and birthing issues) and to draft a revised maternal and child health care policy to guide permanent changes in the health care system;*
- 5) evaluation and monitoring of the process and outcomes of the MOH National Breastfeeding Program.

The overall goals of this assistance would be to:

- foster changes in hospital practices and routines which are harmful to maternal and child health, focusing on the implementation of the Ten Steps to Successful Breastfeeding (see Appendix D);
- use the results of the national breastfeeding program to create a successful model of change which can then be replicated elsewhere;
- involve local women's groups in providing support to women;
- use a training of trainers (TOT) approach which will allow for the spread of breastfeeding information throughout the country;
- create effective written health education materials on maternal and child health issues, breastfeeding in particular; these materials would be devised through work with the health care providers and patients, and MOH officials who are involved in the national breastfeeding program;
- draft revised Maternal and Child Health Care Policies for Armenia and Georgia;
- disseminate evaluation results and foster change within the region.

Other potential options for USAID and other donor organizations are outlined in this report.

During the planning visit to Armenia in May, 1994, the actions, proposed above, were developed jointly with the MOH of Armenia, UNICEF, and the USAID mission office.

* Georgian team would also be invited.



LIST OF ACRONYMS

AMAA	Armenian Missionary Association of America
ARI	Acute Respiratory Infection
BFHI	Baby Friendly Hospital Initiative
CDC	Centers for Disease Control
CDD	Control of Diarrheal Diseases
D&C	Dilation and curettage
EPHISS	Emergency Public Health Information Surveillance System
GNP	Gross national product
ICRC	International Committee of the Red Cross
IUD	Intrauterine device
LAM	Lactation Amenorrhea Method
LME	Lactation Management Education
MCH	Maternal child health
MOH	Ministry of Health
NGO	Non-governmental organization
ORS	Oral Rehydration Therapy
TOT	Training of trainers
UNHCR	United Nations Higher Commission for Refugees
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
WHO	World Health Organization



I. SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE

A. Introduction

The Republic of Armenia, like many of the former Soviet republics, is facing economic and political crises which have exacerbated long-standing public health problems in addition to creating new, emerging public health needs. Armed conflict between the Armenian populated region of Karabagh and the republic of Azerbaijan, which began in 1988 and continues today, resulted in the Azeri blockade of all rail lines as well as all oil and natural gas pipelines into Armenia from other ex-Soviet republics. Armenia's only remaining source of fuel, through a single pipeline in the Republic of Georgia, is sporadic due to numerous explosions and attacks.

As a result of an almost complete lack of fuel and ground transport, Armenia's highly industrialized economy has been paralyzed and the standard of living for all Armenians has dramatically declined. For the last few winters there has been a dearth of heat or cooking gas throughout the nation and electricity has been severely rationed. Currently most families in Yerevan get one to three hours of electricity per day. Numerous hospitals and clinics were forced to close during the winter of 1992-93 due to the lack of fuel. Hyperinflation has caused food prices to soar beyond the reach of much of the population.

As of March 15, 1994, the cost of a minimally nutritious food basket for one was 45 times greater than the minimum monthly salary.¹

The conflict in Azerbaijan has also produced hundreds of thousands of refugees who now reside in Armenia. The majority of the refugees are women, children and elderly, many of whom are living in poorly equipped, unsanitary, and overcrowded shelters throughout the country.

Furthermore, one third of the nation of Armenia was devastated by an earthquake in late 1988 which killed 25,000 people, injured thousands of others, and displaced nearly a quarter million residents. These issues have served to compound the public health needs of the Armenian people.

B. Population

Armenia is the smallest republic of the former Soviet Union in terms of area and is said to be about the size of Maryland. As of the beginning of 1993, the government of Armenia estimated the population to be 3.7 million. Two-thirds of the population reportedly lives in urban areas, and one-third lives in rural areas. Due to out-migration as a result of the socio-economic conditions present in Armenia (especially during the winter months), there is some controversy as to the current population of Armenians residing in the Republic. Estimates ranging from approximately 200,000 to over one half million have been reported to quantify the exodus.

Within the current population of Armenia, 340,900 are estimated by the government to be refugees from Azerbaijan, Karabagh, Georgia and internally displaced from border regions. Of the 220,000 refugees from Azerbaijan registered by the UNHCR, approximately one half live in temporary shelters.

There are two distinguishing features of the population of the Republic of Armenia. The first, is ethnic homogeneity; over 90% of the population is ethnically Armenian. The other is the assumed universal literacy of the population. The overwhelming majority of women and men graduate from a ten year cycle

¹Personal communication, EPHISS March 1994.



of primary and secondary education, and, at least in the capital city of Yerevan, approximately 35% of all women graduate from a university.²

C. Economic Situation:

Armenia is considered a highly industrialized country which produced a large number of exports to the other Soviet Republics in the textile and chemical manufacturing fields. However, since the implementation of a blockade by Azerbaijan of transport and fuel lines into Armenia from Russia and the Central Asian Republics, the majority of Armenia's factories have completely shut down. The result is a dramatic decline in gross national product (GNP). Without a source of energy, Armenia's economy will remain paralyzed in the near future.

D. Transportation, Communication, Infrastructure

The structures for transportation and communication are quite developed in Armenia. The majority of the population had good access to paved roads, electricity, and running water up until the earthquake of 1988. Public transportation was accessible and affordable until the last few years.

Due to the severe energy shortage, however, access to transportation and communication has been impaired. Fuel for public buses is in short supply, decreasing their number and scheduled frequency. In addition, although most homes in the urban areas have televisions and radios, their effectiveness for the dissemination of information is limited due to electricity rations. Newspapers and other print media, therefore, have become the primary means of communication. Often there are lines of people in front of kiosks waiting to purchase daily newspapers. However, since the economic situation continues to decline and hyper-inflation increases daily, even the seemingly nominal cost of a newspaper becomes prohibitive to some of the local population.

In a recent survey of mothers of infants in Yerevan, Armenia, questions were posed regarding health education channels. Although over 95 per cent of mothers reported having a working television in the house, only 41.6 per cent reported watching Armenian television within the last 48 hours. Approximately 42 per cent report having a working radio at home, but only 21 per cent had listened to the radio during the 48 hours prior to the survey. In contrast, 44.7 per cent of mothers stated that they read the newspapers: 23 percent everyday, 48 per cent at least three times a week, and 29 per cent less than three times a week.³

E. Water Sanitation

After the earthquake of 1988, many homes in the northern region, and some entire villages, were left without running water. Some villages rely on water trucked in by local municipalities, but the system of transport provides ample opportunity for contamination.

In Yerevan, where between one third and one-half of the population resides, many water treatment stations have deteriorated and lack both the proper chemicals as well as sufficient electricity to ensure a

²Hekimian, Kim M. *Infant Feeding Practices in Armenia: A Study on Breastfeeding, Formula Use and Feeding During Episodes of Diarrhea*, 1993, funded by USAID/Caucasus.

³Hekimian, p.45.



safe water supply. Outbreaks of diarrheal diseases in various parts of the country have been linked to deterioration of the water and sewer systems, although the numbers are relatively small.⁴

In addition, lack of electricity prevents many apartment buildings from receiving a constant supply of water, leaving many to store water in open containers for days. This water is then used for all household needs. Lack of cooking fuel hinders boiling of drinking water, as well as hygienic preparation of infant formula for infants.

II. INFANT AND CHILD HEALTH PROFILE

A. Infant and Child Morbidity and Mortality

Definitions of infant mortality in the former Soviet Union differ from international standards. For example, babies born between 22 and 28 weeks gestation were recorded as spontaneous abortions or stillborn, instead of as live births. Thus, the method by which infant mortality has been calculated is regarded as under-reported by international agencies. UNICEF, in its draft report on the situation analysis of children and women in Armenia, has reported a rate of infant mortality of 25 for the year 1992.⁵ The same report estimated child mortality at a rate of 29.5 by international standards.

The infant mortality rate in Armenia declined steadily during the 1980's, with the exception of 1988, the year of the earthquake in which many infants and children perished. However, the data for 1992 suggest a slight increase from previous years, perhaps a result of the deteriorating socio-economic indicators in the country, and deteriorating sanitary situations in the hospitals.

According to UNICEF and the MOH, conditions in the perinatal period are responsible for a significant percentage of infant deaths, due to ineffective management of maternity services. These conditions include intra-uterine hypoxia and perinatal asphyxia. Approximately 45 per cent of the overall infant deaths in Armenia occurred within the first 28 days, and in Yerevan alone, 83 per cent of infant deaths occurred in this period, "possibly because difficult births tend to be referred from the regions to the central maternity hospital in Yerevan."⁶

Other causes of infant mortality reported by the UNICEF analysis included respiratory disorders and intestinal diseases. Infant mortality from acute respiratory infections was reportedly 4.1 per 1000 live births in 1989, and the rate increased to 5.6 (deaths per 1000 live births) when calculated for children under age five. Neonatal tetanus is not considered a risk in Armenia, as no cases have been reported in over 20 years, and the vast majority of deliveries occur in the hospital setting.

The mortality rate of children under five from diarrheal diseases, in 1989, was 2.9 (per 1000 live births).⁷ Salmonellosis, which has increased in incidence over the last few years, accounted for one seventh of all diarrhea cases. In a recent study, mothers of infants 0 - 12 months of age reported a rate of diarrhea (two week recall period) of over 18 per cent. One third of those reporting diarrhea also stated that there was blood or mucus in the stools. Median duration of diarrhea was six days. Of the infants

⁴WASH Field Report No. 396, *Emergency Water and Sanitation Assessment and Action Plan for Yerevan, Armenia*, May 1993.

⁵UNICEF, *Emergency and Beyond: A Situation Analysis of Children and Women in Armenia* written by Wolf Scott, 1994, p.41.

⁶ibid., p.42.

⁷UNICEF, p.44-5.



who had episodes of diarrhea, only 15 per cent were breastfeeding; almost 85 per cent were fed with infant formula.⁸

WHO provided 300,000 ORS packets to Armenia in 1993. In the study cited above, slightly over 50 per cent of mothers who reported incidence of diarrhea in their infants also reported administering ORS to their infants. UNICEF has agreed to continue supplying Armenia with ORS packets.

The MOH is concerned with the rates of perinatal and neonatal mortality and reportedly has devised a plan to improve perinatal services, with technical assistance from WHO, depending on available resources.

B. Nutritional Status for Children 0 to 5 Years

Under the guidance of the U.S. Centers for Disease Control and Prevention (CDC), an Emergency Public Health Information Surveillance System (EPHISS) has been in place in Armenia for over one year. Data obtained from pediatric polyclinics throughout Yerevan are analyzed to calculate indices on weight for height, weight for age, and height for age for children of three months to five years of age. Although prevalence of low height is three to four times higher than the norm, there is little evidence of severe malnutrition or even, at this point, prevalence of under nutrition, as measured by these indices in the Yerevan population.⁹

The UNICEF report states that although these measures do not indicate significant loss in body weight, the results are not necessarily conclusive: "average diets have probably changed in favor of starchy foods which may sustain weight for a time, but the loss particularly of milk and milk products and of animal proteins in general are likely to have an adverse affect on child health in the longer run."¹⁰

III. MATERNAL HEALTH PROFILE

A. Maternal Health Indicators

The recorded incidence of anemia in pregnant women has increased over the last few years. In addition, weight gain during pregnancy has declined during the same period.

Maternal mortality rate has been recorded with great variation, ranging from 49 per 100,000 live births in 1989 to a rate of 20 in 1992. These statistics are probably under-reported. As a result, with the available statistics it is difficult to determine the root causes and potential solutions for maternal mortality in Armenia.

B. Contraception and Fertility

The total fertility rate for Armenia in 1990 was 2.8 children per woman.

⁸Hekimian, p.43.

⁹EPHISS, *Armenian Monthly Public Health Report*, No. 14, 1993, annual review.

¹⁰UNICEF, p. 53.



There is a lack of information and contraceptive supplies available for women in Armenia. Unfortunately, no family planning study has been conducted to determine the extent of availability of contraceptives as well as knowledge and attitudes of Armenian women regarding family planning.

The primary method of fertility control throughout the former Soviet Union is induced abortion, which is legal for all women within the first three months of pregnancy. This is true in Armenia as well. Despite its legal status, many women in Armenia seek illegal, unregistered and sometimes self-induced abortions, perhaps due to the social stigma of having an abortion or an increasingly prohibitive cost. Some women report paying five times the monthly minimum salary to have an abortion performed in the state-run clinics. (These prices are unofficial, since health services, by law, are free). Thus, the data on incidence of abortion in Armenia is under-reported. Some researchers estimate that, for the former Soviet Union as a whole, the rates of abortion are underestimated by between 13 and 50 per cent.¹¹

The official abortion rate in Armenia in 1992, based on registered legal abortions, was 39 per 100 births. Official abortion rates had declined during the 1980s, but have risen over the last three years.¹² Again, these estimates are regarded as unreliable. One study of induced abortion estimates that the rate of abortions in Armenia is actually 2 to 3 times higher than the official figure.¹³ A longitudinal study involving 40,000 residents in the earthquake region of Armenia (conducted by Johns Hopkins University and the MOH of Armenia) has recorded a ratio of induced abortion to live births of 2.0:1.0 in the first two years after the earthquake (1989-91).¹⁴ This ratio, while highly valid, is not necessarily representative of the general Armenian population due to the circumstances produced by the earthquake.

Although an assessment of abortion methods and consequences has not been conducted in Armenia, information gathered in other parts of the former Soviet Union may represent the situation in Armenia. According to one study, most abortions are performed at between 9 and 12 weeks of pregnancy. Since vacuum aspiration technology is not widely available, a dilation and curettage (D&C) procedure is most often used, and complications are frequent. The lack of sanitary supplies such as disposable gloves and needles, short supply of drugs including antibiotics and anesthetics, and poor skills of the health care personnel all contribute to a high level of post-abortion morbidity and mortality.¹⁵ This is not reflected in official data collected in Armenia.

MOH officials have explained that the current policy allows vacuum aspiration only up to 4 weeks gestation; thereafter D&C is the prescribed procedure. The Ministry has expressed interest in training in this area.

A U.S.-sponsored women's reproductive health clinic, which provides various modern contraceptive methods as well as routine gynecological care, opened in the Armenian capital of Yerevan in the summer of 1992. The response to the center was overwhelming. In the first month of service, over 900 women were examined. By October, the waiting list for new appointments ran until August of the next year.

¹¹Popov, Adrej A. "Family Planning and Induced Abortion in the USSR: Basic Health and Demographic Characteristics," *Studies in Family Planning*, 1991 22(6):368-377.

¹²UNICEF, p. 51.

¹³Remennick, Larissa I. "Epidemiology and Determinants of Induced Abortion in the USSR," *Social Science and Medicine*, 1991, 33(7):841-48.

¹⁴Personal communication, The Johns Hopkins University Department of Epidemiology.

¹⁵Remennick, p.846.



Of the 900 women seen at the clinic, about 50 per cent presented with secondary infertility as a result of history of induced abortions or complications from sexually transmitted diseases.¹⁶ This high number, of course, represents selection bias; those who are most concerned with their fertility would be the first to learn of the new clinic and be the most motivated to attend. However, there is a study which estimates that one out of five women (20 per cent) of reproductive age in Armenia suffers from infertility caused primarily by unsafe abortion.¹⁷

Anecdotal information indicates that, in general, abortion is used not as a method of birthspacing or as a result of teenage pregnancy, but rather as a mechanism to control family size. In other words, married women with three or four children seem to represent those who are having multiple abortions, due to financial constraints of having a larger family. Although the Lactation Amenorrhea Method (LAM) is an effective method of birth spacing, the promotion of LAM among women who do not want more children will not be effective in decreasing the need for abortion for these women. While there is an obvious need to make the abortion procedure in Armenia more safe, the primary need is to provide an effective *supply* of alternative methods of birth control such as oral contraceptives, diaphragms, condoms, and surgical sterilization. Only when this occurs, can the abortion rate begin to decline.

Five pharmacies were visited during the planning trip in May. Discussions with pharmacy workers revealed that the only contraceptives available at these locations are Soviet-made condoms, each costing between 15 to 50 *dram* per condom. (The minimum monthly salary is approximately 200 *dram* per month; the exchange rate in May was 420 *dram* per dollar). Oral contraceptives were not available, and when we asked about them, the pharmacy staff told us they were very dangerous to use because they increase incidence of infertility and cancer. It appears that intrauterine devices (IUDs) (called spirals) were available through the pharmacies up until a year ago, but none of the pharmacies we visited had any in May. There did not seem to be any apprehension about the use of IUDs.

IV. BREASTFEEDING

In August, 1993, the USAID/Caucasus commissioned a research study on infant feeding practices in Armenia. The purpose of the research was to determine rates of breastfeeding and formula use, as well as to gather information to explain current practices. USAID, in response to urgent appeals from the MOH of Armenia, has spent millions of dollars on the import of infant formula as humanitarian aid for Armenia. Knowing that this supply could not be sustained, this study focused on collecting data which would be helpful in planning a breastfeeding promotion program. The main findings of the study are provided in this section.¹⁸

A. Breastfeeding Practices

Although there is almost universal initiation of lactation by mothers of newborns in Armenia, there is no exclusive breastfeeding, and very low percentages of predominant breastfeeding. By the fourth month of infant age, only 11.6 per cent of mothers in this study were predominantly breastfeeding (defined by WHO as breastmilk plus water, juice and/or tea). Over 44 per cent were combining breastmilk with infant

¹⁶Personal communication, clinic director, August, 1992.

¹⁷Coeytx, Francine M., Ann H. Leonard, and Carolyn M. Bloomer. "Abortion," Forthcoming in M. Koblinsky et.al. *Making Motherhood Safe*, World Bank Publication, 1993.

¹⁸Hekimian, Kim M. *Infant Feeding Practices in Armenia: A Study on Breastfeeding, Formula Use, and Feeding During Episodes of Diarrhea*, 1993, funded by USAID/Armenia.



formula, and almost 37 per cent were giving formula without any breastmilk. Already by the end of the first month, over 50 per cent of mothers report using bottles with nipples to feed their infants. That percentage climbs to over 80 per cent by the end of the fourth month.

There are a number of factors which explain the practice of early supplementation of breastmilk and subsequent decline of breastfeeding behavior. The first has to do with the timing of the initiation of breastfeeding. Over 50 per cent of the mothers in this study initiated lactation more than 24 hours after birth, and 30 per cent initiated after more than 48 hours. This has more to do with the practices of the health care system than with mothers' beliefs regarding initiation. Initiation of lactation occurs at the first time the baby is brought to the mother after delivery from the nursery. This decision is highly influenced by the nurse.

During the time between birth and first lactation, the infant is often given prelacteal feeds through bottles with a nipple/teat. These feeds include glucose water, infant formula, and hand expressed breastmilk, either from the mother or a donor.

In addition, medical education in Armenia, as elsewhere in the former Soviet Union, promotes breastfeeding on a rigid schedule, not on demand. That schedule is once every three hours for fifteen minutes, and no feeding between midnight and six o'clock in the morning. The nurses' role in bringing the child to the mother for periodic breastfeeds represent opportunities for the nurse to be compensated for her assistance. This practice indicates that there may be health worker resistance to rooming-in unless other incentives are built into this change in practice. Many of the mothers in the study reported that, in the hospital, their infants were brought to them to feed based on this schedule. The routine was often continued at home.

Current medical education in Armenia prescribes a schedule for early supplementation of breastmilk, including water from day one, fruit juice from day 20, and vegetable juice from day 40 of the infant's life.

B. Knowledge and Attitudes of Mothers

While the overwhelming percentage of mothers understand the importance of breastfeeding for good infant health, they harbor many misbeliefs regarding "insufficiency" of breastmilk. Most mothers believe that milk can be rendered insufficient due to stress or dietary intake. The reasons most often stated for having begun supplementation with infant formula were insufficiency of milk or poor quality of milk. The watery texture and appearance of breastmilk was often mentioned as a sign of the poor quality of milk which then required supplementation with infant formula.

Only 50 per cent of mothers in the study demonstrated an understanding of the importance of colostrum, and most mothers felt that breastfeeding can make a woman fat and can make the breasts ugly.

However, the majority of mothers in the study demonstrate awareness that breastmilk protects the baby from diarrhea and pneumonia, and that breastmilk alone is sufficient for the first four months of life.

C. Knowledge and Attitudes of Health Care Providers

Health care providers, as with mothers, are unaware of the importance of positioning and attachment of the baby during breastfeeding. The study shows that health care providers lack the appropriate knowledge necessary to treat issues of painful/sore nipples, insufficient milk syndrome, and engorgement. They also seem to be unaware of the link between frequency of breastfeeding and quantity of breastmilk produced by the mother.



Although most health care providers understand breastfeeding's protective effect against diarrheal and respiratory disease, the majority recommend supplementation with formula because they believe that the socio-economic conditions present today in Armenia (in the forms of stress and decreased dietary intake) result in breastmilk "insufficiency."

There is a belief among health care providers that the quality of a woman's breastmilk can be determined by its texture, and that a "watery" appearance of milk indicates the need to supplement with infant formula. Most physicians and nurses recommend feeding on schedule as opposed to demand, and there is the belief that babies can be allergic to breastmilk and should therefore be bottle fed.

D. Links Between Feeding Practices and Infant Diarrhea

In this study, mothers of infants 0 - 12 months of age reported a rate of diarrhea (two week recall period) of over 18 per cent. Of these, over one-third reported blood or mucus in the stools. This implies a 6 per cent incidence of dysentery. It is important to note that the majority of mothers who reported diarrheal episodes with their infants were feeding them with infant formula (almost 85 per cent). This data supports the notion that water contamination may be prevalent, and that mothers are not properly sanitizing the breastmilk substitutes they feed their children, either because they cannot (i.e. there is no fuel to boil water), or because they lack the information and skills to do so. Exclusive breastfeeding would greatly reduce the incidence of infant diarrheal disease.

V. SUMMARY OF THE NEEDS/PRIORITIES OF MATERNAL AND CHILD HEALTH, FAMILY PLANNING AND BREASTFEEDING IN ARMENIA

Without extensive and reliable epidemiological data concerning maternal and child health, family planning, and breastfeeding, it is more difficult to prioritize the needs for technical assistance in these areas. What we know is the following:

1) Exclusive breastfeeding rates are extremely low, due largely to lack of appropriate information regarding lactation management, poor hospital practices, and a decade-old medical doctrine taught throughout the former Soviet Union which encouraged early supplementation among other inappropriate practices which hinder exclusive breastfeeding. The result is a high level of dependency on infant formula, which for the last few years had been received entirely through humanitarian assistance contributions. This dependency has created another set of problems which center largely around the lack of consistent availability of the supplement most often recommended by physicians to mothers of young infants - infant formula. In fact, for 1994, there will be a sharp decrease in the amount of formula received in Armenia due to changes in USAID's humanitarian assistance commodities. Thus, the MOH has issued urgent appeals to aid groups for formula distribution. The provision of such formula without simultaneous breastfeeding promotion simply enables the problem to continue. In addition, recent outbreaks of water contamination and lack of fuel with which to boil water make exclusive breastfeeding even more urgent. Therefore, there is a pressing need to increase exclusive breastfeeding rates, thereby decreasing use of and demand for formula.

2) Abortion is the primary means of birth control due to a lack of contraceptive availability. The abortions are often performed through technologically antiquated methods and under unsanitary conditions. This leads to a high incidence of post-abortion complications including secondary infertility. There is concern that abortion-related maternal mortality is high and extremely under-reported. While there is certainly a need to make the abortion process safer, the ultimate goal is to decrease the incidence of abortion and increase the prevalence of contraceptive use. Based on anecdotal evidence, it seems that the key issue in Armenia is the lack of supply of contraceptives, in addition to lack of knowledge about



their use. Without addressing the issue of supply, it would be difficult to promote and sustain use of alternative forms of birth control other than abortion.

3) Valid infant mortality rates, as calculated by international standards, are not available for Armenia. However, UNICEF estimates the rate of infant mortality to be 25 (per 1000 live births). The UNICEF report is the only source of written analysis available which addresses the causes of infant mortality, identified as poor maternal management and problems during the perinatal period. There is a need for further clarification as to the primary causes of infant mortality.

4) Due to deteriorations in water and sewer systems in Armenia, as well as problems with food contamination, children are experiencing higher rates of diarrheal diseases. In addition, respiratory diseases are also increasing.

5) Official data demonstrate an increasing incidence of iron deficiency anemia among women of child bearing age. This is associated with recent drastic dietary intake changes resulting from the collapse of the Armenian economy. Supplemental food and vitamin programs have been proposed for pregnant and lactating women and are being carried out by UNICEF and CARE. UNICEF will provide vitamin kits to pregnant women, and CARE will distribute packages of dried whole milk, rice, and cooking oil to pregnant and lactating mothers.

VI. SUMMARY OF CURRENT PROGRAMS IN ARMENIA

There are a few programs currently in place in Armenia which address the needs and concerns raised in this report. They include the following:

The MOH sent representatives from the Maternal and Child Health division to a UNICEF-sponsored workshop on the Baby Friendly Hospital Initiative (BFHI) and Lactation Management which was held in St. Petersburg in August, 1993. Prior to this workshop, UNICEF and WHO officials had briefed ministry officials about the topics covered during the workshop. By the end of October, the MOH launched a physician-training program consisting of a three-day seminar to acquaint Armenian physicians with the modern techniques discussed in St. Petersburg. The "opening day" of the first in a series of projected seminars was covered by both television and print news. Since then, the MOH, with limited assistance from UNICEF, has conducted 6 similar seminars both in Yerevan and in regions outside of Yerevan. A monitoring system has not yet been employed to determine the impact of these seminars. However, visits by the planning team in May to two maternity hospitals in Yerevan show dramatic progress since the start of the seminars. Rooming-in was observed and patients that were interviewed described immediate initiation of lactation and on-demand feeding. There were no visible bottles, pacifiers or baby formula packages.

The Women's Reproductive Health Center, sponsored in part by the American International Health Alliance, Inc., opened in the summer of 1992 near the Erebouni Hospital in Yerevan. Originally, the clinic dispensed modern contraceptives for a nominal fee, treated women with sexually transmitted diseases, and provided routine gynecological care. American health professionals trained local Armenian obstetricians, gynecologists, and nurses throughout the year on various topics of concern largely centered around modern obstetric clinical techniques, but also including breastfeeding and lactation management. (Please refer to Appendix A for a list of seminar topics covered between 1992 and 1994). Currently, the clinic also provides prenatal care and is collaborating with the nearby delivery clinic. All of the contraceptives, laboratory equipment, and clinic technology have been sent from the US as donations. US physicians continue to go to Armenia to train in-country physicians who work at the clinic and at the nearby hospital.



UNICEF and the WHO have been involved in the provision of vaccines and ORS packets to the MOH. In July, 1994, they will also run a week-long training program for the MOH in Control of Diarrheal Diseases (CDD) and Acute Respiratory Infections (ARI). Both organizations have written of their intentions to address various other MCH problems in Armenia in the future. UNICEF's programs will aim at the prevention of morbidity and mortality, particularly in children under five years of age, by continuing their efforts in the areas of immunization and diarrheal diseases, as well as future endeavors in breastfeeding promotion and provision of medicine to pediatric and maternity health care clinics. UNICEF has stated that it will also provide vitamin and iron supplements for pregnant and lactating women. The WHO has signed a letter of intent with the MOH of Armenia which indicates that they will provide technical assistance in the areas of family health, perinatal health, nutrition, and nursing/midwifery. Technical assistance will largely be in the form of workshops and consultations within these four topic areas. The extent to which the activities outlined in the letter of intent will be implemented are subject to available resources. (Please refer to Appendix B for the full content of the letter).

In addition, there are a few proposals being submitted for financing which address the MCH sector. Project Hope, which established a pediatric rehabilitation clinic in Yerevan after the 1988 earthquake, is now proposing to develop a clinic which addresses perinatal needs by training local hospital staff. The Armenian Relief Society of North America has already started building a prenatal clinic in Gumry, a city in the earthquake region. They hope to expand in the future to provide delivery services as well. (The ARS has also run a two year nurses training program with funds from USAID). A separate branch of the Armenian Relief Society will soon begin a limited program of distribution of iron, vitamin, and food supplements to lactating and pregnant mothers, dependent upon financing. The Armenian Missionary Association of America (AMAA) distributes powdered milk and infant formula to children in the earthquake region and is seeking funds to begin a region-wide nutrition education program which will include information on breastfeeding.

There are other humanitarian assistance programs in place in Armenia which, more indirectly, affect maternal and child health. They consist largely of food, medicine and kerosene distribution programs. For example, the UNHCR provides food and kerosene for approximately 130,000 refugees. USAID has funded many food and kerosene distribution projects, three of which were implemented by CARE, the Fund for Democracy and Development, and the Armenian Assembly of America. The European Community has also funded a number of food, medicine and fuel distribution activities. Other organizations sending medical and/or food supplies include the International Committee of the Red Cross (ICRC), the American Jewish Joint Distribution Committee, Medecins Sans Frontier, Project Hope, and the World Food Programme.

In the summer of 1994, CARE will begin distribution of approximately 1400 metric tons of dried whole milk powder to pregnant and lactating women. This distribution will coincide with a gap in formula availability, and there is a fear that mothers will use the milk powder as a breastmilk substitute. CARE is addressing this issue by providing instructions for the mixing and use of milk powder.

The U.S. Centers for Disease Control and Prevention has developed the Emergency Public Health Information Surveillance System (EPHISS) to monitor nutritional status and market indicators that can serve as early warning signs of food shortages. Their skills may be used in conjunction with future monitoring of the impact of Wellstart technical assistance activities.

For a listing of current humanitarian assistance organizations in Armenia and their activities, please refer to Appendix C.



VII. POSSIBLE RESPONSES TO IDENTIFIED NEEDS

Given the identified key issues and concerns, there are a number of possible responses for MCH programs in Armenia. The following is a list of responses which correspond to the identified needs, and are provided as information for USAID and other donor organizations. This section is followed by a recommendation for Wellstart technical assistance, which incorporates many of these responses.

Breastfeeding:

Given the information available on breastfeeding practices and beliefs both of mothers and health care providers, and the expected crisis resulting from a complete lack of supply of infant formula, widespread promotion of breastfeeding is justifiably among the most important immediate interventions to improve the status of infant health, growth, and development. An increase in rates of exclusive breastfeeding would produce the following results: (1) reduction in infant morbidity and mortality from diarrheal, respiratory, and other diseases; (2) reduction in the cost of importing infant formula, perhaps creating space and money for other essential humanitarian assistance supplies; (3) reduction in household expenditures in terms of money, energy, and stress spent on finding infant formula and its preparation; and (4) reduction in costs to the health care system due to decreases in numbers and severity of infant diseases.

Inappropriate hospital practices and health care provider misinformation are the root causes of early supplementation of breastfeeding and therefore, need to be the focus of change. However, the population of women of childbearing age is a highly motivated and literate one. If they are empowered with the knowledge and skills necessary to exclusively breastfeed, they will demand changes within the health services sector as well. For example, a woman who enters a maternity clinic and is convinced of the need to initiate breastfeeding soon after delivery, will request that early initiation be implemented and assisted by health care providers. Simultaneous provision of information to women and health care providers will serve to reinforce the messages being provided.

Therefore, a comprehensive breastfeeding promotion program would consist of health care provider education and training, changes in hospital and maternity clinic practices, and health education of women of child bearing age. With this in mind, the following options for technical assistance in the area of breastfeeding are presented:

- Work with the MOH in their efforts to re-train health care providers regarding lactation management education and reform hospital practices (ten-steps for Baby Friendly Hospitals), perhaps using a training of trainers (TOT) model;
- Train staff in the MOH on effective means of health education and implement, with them, a social marketing campaign to raise global awareness of proper breastfeeding practices; this training should include areas of qualitative research and design of educational materials;
- Conduct a demonstration or pilot project in one hospital or clinic by implementing changes in routines and practices which affect infant health, including breastfeeding; create an effective model for change which can then be applied elsewhere;
- Train a local non-governmental organization (NGO) to establish mother-to-mother support initiatives similar to the La Leche League approach.



Family Planning:

Currently, there is little epidemiological or formative data to describe contraceptive availability as well as the knowledge, attitudes and practices of women in Armenia. Nor is there data available which adequately describes the extent of health complications arising from the current use of abortion as the primary source of birth control. As a result, it may be timely to conduct a study which will provide information necessary to create policy and plan future action in the area of family planning. On the other hand, there may be enough anecdotal evidence of a lack of knowledge coupled with improper practices among both Armenian health professionals and women of childbearing age regarding methods of birth control to justify a physician training program coupled with health education for women. Thus possible responses in this area are as follows:

- Assess contraceptive supply and accessibility and explore means to provide an effective, affordable, and sustainable supply;
- Conduct a study to produce reliable data on contraception use, as well as knowledge and attitudes regarding family planning;
- Update knowledge and skills of health professionals regarding contraceptives and voluntary surgical sterilization;
- Conduct health education programs for women regarding pregnancy prevention.

Infant Mortality:

Assuming that the UNICEF estimate of infant mortality in Armenia (25 per 1000 live births) is correct, the key causes for this relatively high rate should be determined and addressed. As with the area of family planning, there is little reliable data upon which to base policy and plan intervention strategies. However, UNICEF has indicated a need for further training in maternity management and perinatal policy, and this need is echoed in the WHO letter of intent. Therefore, there is a need to:

- Conduct health care provider training regarding appropriate management of mothers and infants in the perinatal period.

Child Morbidity/Mortality:

Official statistics and a recent study on infant feeding practices show a relatively high incidence of diarrheal disease among infants and small children. Other reports have acknowledged deteriorating water and sewer systems, which increase risk for contamination, and the spread of water-borne disease. The MOH and the WHO have recognized the need to disseminate ORS packets. In the Hekimian study, 50 per cent of mothers who reported incidence of diarrhea in their infants also reported using ORS. However, the study did not explore whether the ORS was properly administered. If a social marketing campaign were launched regarding breastfeeding, messages of ORS use could be reinforced within the same campaign. Information could also be provided regarding basic home hygiene and preventive measures for acute respiratory infection:

- Conduct a social marketing campaign targeted at mothers of children regarding home hygiene, oral rehydration, and information relevant to ARI.



Maternal Anemia:

Data from the MOH demonstrate an increase in the rate of maternal anemia. As a result, donor organizations should consider the following:

- Assist in the procurement and distribution of iron-supplement tablets for pregnant women;
- Determine other maternal nutritional needs, such as vitamins, milk products, etc. and assist in their procurement and distribution.

VIII. RECOMMENDATION FOR WELLSTART TECHNICAL ASSISTANCE

Wellstart proposes to use the add-on funds appropriated by the NIS Task Force to address a number of the needs and recommendations identified in this report. While a conference targeting health care professionals working in the area of maternal and child health (similar to the one conducted in Almaty in January 1993) was originally considered, Wellstart suggests that such information sharing be incorporated into a larger process of sustained change rather than use all resources on a limited one-time conference event. Instead, Wellstart proposes technical assistance for a conference on perinatal care issues with assistance to the MOH in the implementation of their national breastfeeding promotion program. After extensive discussions with the MOH of Armenia, UNICEF, and the USAID/Caucases office, the following technical assistance activities are proposed:

Communications:

Wellstart plans to assist the MOH to develop a social marketing campaign to promote breastfeeding. Public education strategies, productions, materials and dissemination will begin in the summer of 1994, with target audiences of mothers, older women, and other key providers of information and support for infant feeding. The urgency of starting the campaign this summer stems from two considerations. First, the summer months provide households with the most hours of electricity, enabling use of television and radio for educational purposes. Second, the supply of infant formula has all but ceased and there is a projected dearth of infant formula available this summer. Simultaneously, dried whole milk powder will be distributed, which may be used as a breastmilk substitute due to the lack of formula. Mass media and inter-personal channels of communication will provide information and motivation to assist mothers to cope with this change and exclusively breastfeed, thereby eliminating any threat to their infants' health. In addition, representatives from women's organizations will be invited to participate in the information dissemination process.

Training: (a) Training at Wellstart International's Lactation Management Education (LME) course for two or three key MOH personnel involved in the national breastfeeding program (this is subject to the availability of additional funding support from USAID or other sources). (b) Technical assistance in Armenia on expansion and strengthening of the national breastfeeding training effort, with particular emphasis on in-service training on obstetric (prenatal care) and pediatric (infant care) personnel in the polyclinics. This training may also begin in the summer of 1994 due to the pending cessation of infant formula distribution. Georgian participants may also play a part in the training workshops.

Perinatal Conference: Wellstart will provide technical assistance to the MOH and UNICEF on selection of issues and participants as well as development of an agenda, program, and methodology. Wellstart will support at least two internationally known experts as faculty for the conference and will endeavor to coordinate provision of additional international expertise related to women's reproductive health, prenatal care, birthing management, and family planning. The purpose of the conference is to provide



technical updates on perinatal care issues and facilitate the formation of revised national maternal and child health care policies. Participants from Georgia will also take part in the perinatal conference. The conference is tentatively scheduled for October 1994.

Evaluation and Monitoring: Wellstart will provide technical assistance to the MOH in the design of breastfeeding indicators, data collection strategies and analysis for monitoring and surveillance system(s). In addition, Wellstart will aid in the design and implementation of outcome evaluation of the national breastfeeding program. This might include a post intervention repetition or expansion of qualitative research and surveys conducted in late 1993. This evaluation will occur in the Fall of 1995 or the Spring of 1996.

Provision of Scientific and Technical Information: The MOH has requested information on infant feeding, reproductive health, birthing and postpartum care, research, program design, and training. This information is needed to strengthen the scientific base for decision making and action related to breastfeeding. Wellstart will begin providing technical information in June and will continue throughout the program.

The technical assistance for training, social marketing, and the implementation of a national breastfeeding program in general, could generate extensive media coverage, both in Armenia and throughout the region. This coverage would further raise public awareness of the maternal and child health issues being tackled.

The results of the national breastfeeding program will enable USAID, the MOH of Armenia, and other donor organizations to understand the potential barriers to changing health care practices which affect maternal and child health. This is essential since there is no precedent in this region for such change. Through this process, a perinatal policy will be devised for the region. The perinatal conference and the evaluation of the breastfeeding efforts will play crucial roles in the replication of such programs elsewhere, not only in Armenia, but in the rest of the NIS as well.

All of the proposed activities will be conducted in partnership with the MOH. The decision makers in maternal and child health in the MOH have already been exposed to information about breastfeeding practices and have made a concerted effort to disseminate this information. However, they may need further technical assistance to ensure the implementation, for example, of the ten steps involved in the UNICEF/WHO Baby Friendly Hospital Initiative. Wellstart has the necessary experience to provide such assistance. The areas of activity that have been outlined allow those participants in the project to guide the formation of workshops, conduct research studies, and be trained as trainers in the areas of perinatal care. This approach enhances the sustainability of the changes produced through technical assistance.

In summary, the goal of the proposed program is to improve maternal and child health through improved optimal breastfeeding.¹⁹ This will be achieved by:

- fostering changes in hospital practices and routines which are harmful to maternal and child health, focusing on the implementation of the Ten Steps to Successful Breastfeeding (see Annex D);

¹⁹ Optimal breastfeeding includes:

- immediate or near immediate initiation of breastfeeding;
- exclusive breastfeeding for the first six months of life;
- initiation of appropriate complementary feeding, in addition to breastfeeding, from the sixth month on; and
- continuation of breastfeeding into the second year of life.



- involving local women's groups in providing support to women;
- using a training of trainers (TOT) approach which will allow for the spread of breastfeeding and family planning information throughout the country;
- mounting an effective social marketing campaign that includes the development of effective messages, use of print and other media, including written materials on maternal and child health issues, breastfeeding in particular;
- drafting revised maternal and child health care policies for Armenia and Georgia;
- evaluating changes and documenting a successful model National Breastfeeding Program;
- disseminating results to foster change within the region.



ANNEX A

**LISTS OF SEMINAR TOPICS GIVEN BY: THE
CENTER FOR WOMEN'S REPRODUCTIVE HEALTH IN YEREVAN,
THE INTERNATIONAL CONFERENCE ON ADVANCES IN
MODERN OBSTETRICS IN YEREVAN, AND THE MCH SEMINAR
FOR THE CAR IN ALMATY**

**Topics Discussed at Seminars
and Daily Conferences Held at
The Center for Reproductive Women's Health
Yerevan, Armenia**

Induced Abortion	Endometriosis
Sepsis and Bleeding	Adenomyosis
Post Abortion Counseling	Treatment of Pelvic Mass
Anaesthesia	Menopause
Laminaria	Osteoporosis
Pelvic Relaxation	Fibroids
Surgical Repairs	Abnormal Uterine Bleeding
Incontinence	Hypothalamic Amenorrhea
Non-Surgical Treatments	Endometrial Abnormalities
Tests for True Stress Incontinence	Chronic Anovulation
Surgical Procedures for Stress Incontinence	
Pelvic Infections	Obstetrical Hemorrhage
Organisms	Hypertension in Pregnancy
Sequellae	Proteinuria
Treatment	Edema
Abcess	H.E.L.L.P. Syndrome
	Maternal Complications
Benefits of Oral Contraceptives	Hydralazine
Oral Contraceptive Pills	Magnesium Sulfate
Contraindications	Eclampsia
Barrier Contraception	Fetal Effects of Convulsion
Female Sterilization	Differential of Late Eclampsia
Tubal Ligations	Chronic Hypertension
Male Sterilization	Analgesia and Anaesthesia in Obstetrics
Ectopic Pregnancy	Psychoprophylaxis
	Epidural
Diagnosis of Cervical Disease	Local Anesthetic Toxicity
Vaginal Disease	General Anaesthesia
Diseases of the Cervix	Puerperal Infection
Vulvar Disease	Chorioamionitis
Infectious Diseases of the Vulva	Mastitis
	Episiotomy Infections
Breast Self-Examination	Prolonged Pregnancy
Breasts Diseases - Benign	Postmaturity Syndrome
Breast Cancer	Diagnosing Cephalopelvic Disproportion
Causes of Ovulatory Disturbance	Oxytocin
Normal Semen Analysis	Induction
Recurrent Abortion	Contraindications to Induction
	Infertility in the Male
	Infertility in the Female
	The Epidemiology of Pregnancy

Management of the Normal Pregnancy

- Prenatal Care
- Management of Labor and Delivery
- Fetal Evaluation - Antepartum and

Intrapartum

- Immediate Care of the Neonate

Identification of Risk Factors

- Anetpartum
- Intra Partum
- Post Partum

Management of Complications of Pregnancy

- Fetal Loss
- Perinatal Infections
- Hypertension in Pregnancy
- Multiple Gestation
- Diabetes
- Preterm Labor
- Premature Rupture of Membranes
- Third Trimester Bleeding
- Postdates and Macrosomia
- Augmentation and Induction of Labor with Pitocin
- C-Section
- Analgesia and Anesthesia

Management of Complications in the Neonate

- Meconium Aspiration
- Neonatal Resuscitation
- Congenital Anomalies
- Hyperbilirubinemia
- Others

Data Collection and Documentation

The Role of Technology in Obstetrics

The Role of Obstetrical Nurses

**Topics Discussed
at the International Conference
on Advances in Modern Obstetrics
Yerevan, Armenia**

Post-Partum Hemorrhage

Fetal Monitoring

Maternal Mortality

Family Planning

Follow-up of Low Birth Weight Infants

Newborn Resuscitation

The Asphyxiated Newborn

Sudden Infant Death Syndrome

Prenatal Care and its Purpose

Preeclampsia in Pregnancy - Risk Factors, Screening, Outcome

Fetal Lung Maturation and the Use of Steroids

Thyroid Disease in Pregnancy

**Topics Discussed
at Maternal and Child Health Seminar
for the Central Asian Region
Almaty, Kazakhstan**

Country Presentations on Maternal and Child Health and Family Planning	Effective Breastfeeding Promotion Programs
Reducing Maternal Mortality: The Safe Motherhood Initiative	Changing Lactation Management Practices in Maternity Services and Training Health Staff
Definitions of Maternal and Infant Health Indicators	Policy Change, Mother-to-Mother Support Groups and Education of Families
Effective Care in Pregnancy and Childbirth Based on Outcomes Research	Breastfeeding Promotion in Poland
Prepregnancy and Prenatal Care	Environmental Contamination of Breastmilk
Risk Assessment in Kazakhstan	Rooming-in and Breastfeeding Promotion
Maternal Nutrition: Prevention and Treatment of Anemia in Women of Reproductive Age	Impact and Benefits of Family Planning on Health
Intrapartum Care	Worldwide Experience and Trends with Contraceptives
Postpartum Care: Prevention and Treatment of Hemorrhage	Impact of a Community health Worker Program on Maternal and Child Health and Family Planning
Infection Control and Family Involvement in Maternity Services	New Family Planning Methods (Surgical Methods and Intrauterine Devices)
Strategies for Reduction of Maternal Morbidity (including Anemia) and Mortality in Central Asia	New Family Planning Methods (Hormonal)
Care of the Newborn	Educating Families about Family Planning and Contraceptive Marketing
Reduction of Perinatal Infection with Rooming-In	
Health and Economic Benefits of Breastfeeding and Global Patterns in Breastfeeding Practices	
Maternal Nutrition, Breastfeeding Practices and Lactation Performance	
Breastfeeding Practices and Lactation Performance in Kazakhstan	



ANNEX B
WHO LETTER OF INTENT



ANNEX B

**Memorandum of Intent
between
the Ministry of Health of Armenia
(Department of Maternal and Child Health)
and
the World Health Organization (WHO)
European Regional Office
(Women and Children's Health Unit and, as appropriate, other units)**

Depending on available resources, it is intended to have the following areas of collaboration between the Armenian Ministry of Health and WHO, in collaboration with UNICEF and, when appropriate, with other intergovernmental organizations and non-governmental organizations.

1. Family Health

1.1 Consultation on reproductive health status including: studies, such as knowledge, attitudes, and practices of family planning; programmes for the prevention of infertility through reduction of abortion and sexually transmitted diseases.

1.2 Consultation on maternal mortality, including evaluation of causes and implications for health services.

1.3 Consultation in education for healthy reproduction with emphasis on teenagers and on shifting from abortion to contraception.

2. Perinatal Health

2.1 Workshop on perinatal policy. To set policy on appropriate prenatal, birth, postpartum (women) and neonatal (baby) technology.

2.2 Consultation on perinatal epidemiology, including national and regional data systems and patient record systems.

2.3 Consultation on appropriate management of low birth weights, including for example the use of the mother as source of heat stimulation and milk (kangaroo).

2.4 Workshop for physicians on perinatal and neonatal care.



3. Nutrition

3.1 Baby-friendly hospital initiative.

3.2 Other promotion of breast-feeding, including health education of the public (mass media, etc.).

3.3 Programme to provide prophylactic iron and vitamins to all pregnant women.

4. Nursing and Midwifery

4.1 Evaluation of present activities, including at primary level in urban and rural areas.

4.2 Provision of educational materials for nurses and midwives.

Signed:

Marsden Wagner

Vahgn Demirchian

World Health Organization
EURO
Consultant

Ministry of Health
Deputy Health Minister
in charge of Maternity
and Child Care

13.10.1993



ANNEX C

LIST OF ORGANIZATIONS WORKING IN ARMENIA

ARMENIAN ASSEMBLY OF AMERICA

The Armenian Assembly opened its Yerevan office in February of 1989 and began construction on its state-of-the-art housing manufacturing complex in the earthquake zone. The housing complex, officially in operation since October of 1991, has the capacity to produce the components needed for the construction of 10,000 housing units per year. Since the 1988 earthquake, the Armenian Assembly of America has provided grants and direct support to a number of Private Voluntary Organizations (PVOs) engaged in medical and technical assistance programs.

The Armenian Assembly serves as in-country coordinator of PVO activities and serves as Chair of the Western PVO Council, which meets regularly to share experiences and information. In March of 1993, the Assembly completed a thorough logistics assessment of the currently existing infrastructure in the Republic of Armenia. The ensuing report includes recommendations on strengthening existing resources in order to better prioritize, receive, store, warehouse, distribute and account for a massive influx of humanitarian aid. As part of the 1993/1994 Winterization Plan, the Armenian Assembly is carrying out a monitoring role of the in country kerosene distribution.

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ARMENIAN RELIEF SOCIETY

"Armenian Relief Society" (ARS) benevolent union represents the "Armenian Relief Union" in Armenia. The organization was registered by the Ministry of Justice in June, 1991. The ARS has 28 branches in Armenia registered by local authorities. Initiative groups were formed in the regions of Amasia, Ashtarak, Charentsavan, Sevan, Taush, Ijevan, Masis, Vaik, Vardenis and Spitak. The total number of members is 500. The organization carries out its activities through various committees: Fighters, Public Health, Karabagh Issues, Press and Ideology, Economy, and Handicrafts.

The aim of the organization is to support the families of those killed in action, wounded fighters, orphans and the needy. The organization currently cares for 500 orphans. It is also in the process of setting up a program to support the children of fighters.

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ARMENIAN GENERAL BENEVOLENT UNION (AGBU)

In the two years that followed the tragedy of the 1988 earthquake, the AGBU collected \$10 million and initiated many relief projects.

* In September, 1991, the AGBU celebrated the opening of the Yerevan based American University of Armenia (AUA), a joint project of the AGBU and the University of California. At present there are more than 350 students at the AUA. It has the following spheres of study: business management, industrial and seismic engineering, and political science. There are also extension program courses with lectures on law, economics, public administration, etc. given by professors from the University of California. On October 3, 1993 the commencement ceremony for the first AUA graduates was held at the AUA building. Of the 56 graduates, 41 received Master's Degrees in Business Administration, 10 graduates received Master's Degrees in Industrial Engineering and five in Earthquake Engineering.

* A Plastic and Reconstructive Surgery Center was opened in Mikaelian Surgical Institute in Yerevan. Four Armenian doctors and seven nurses were trained at Yale University for one year. The center has modern equipment and facilities. At the PRSC the AGBU/Yale trained team is now training others while providing caring for patients. About four hundred operations have already been performed at the center.

* Araratian Diocese of Armenian Church is realizing the following activities through AGBU:

- a) Sevan Seminary is second after Etchmiadzin seminary. The seminary has eighteen students.
- b) Three Youth Centers, formerly Pioneer Palaces, where now nine thousand children are being taught music, dance, sports, etc.
- c) Two soup kitchens have been opened: one in Yerevan, the other in Charentsavan. 220 people get lunch in each of them.

* A cold storage facility has been built in Gyumri. It can store 10,000 tons of food for the region. The storage facility is already operational with meat and other foodstuffs being stored there.

* AGBU sponsors the Armenian Philharmonic Orchestra directed and conducted by Loris Tjeknavorian.

* Recently the AGBU embarked on a new project - the reconstruction of the Academy of Art in Gyumri. Funds are provided by AGBU and Loris Tjeknavorian's pilgrimage to Gyumri.

* During last year's harsh winter in Armenia, the AGBU was a part of Operation Winter Rescue. The three shipments worth \$506,000 and weighing 3,256,000 lbs, have already reached Armenia. The shipments contained: dried milk, cooking oil, lentils, rice, bulghur, sugar, flour.

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ARMENIAN MISSIONARY ASSOCIATION OF AMERICA (AMAA)

The AMAA's projects and relief work in Armenia began following the 1988 earthquake. The office representative provides support and supervises the following on-going relief projects: two mobile medical clinics; an orphan and child Sponsorship Program; the Armenian Children's Milk Fund; summer camps for undernourished children and orphans; providing relief to the needy in Nagorno-Karabakh; providing electric generators to churches, nurseries, homes and schools; pilot projects for Renewable Energy (solar energy systems and wind turbines) to generate much needed electricity; the distribution of Bibles; and the Haigazian Graduate School of Management.

AMAA continues to provide relief supplies on a monthly basis through the UAF flights, and has been a major participant in Operation Winter Rescue, having shipped more than 2,560,000 lbs of food to date.

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AMERICAN UNIVERSITY OF ARMENIA (AUA)

AUA began operations on September 23, 1991, when 102 graduate students were admitted to courses leading to advanced degrees in engineering and business management. Admission is by examination and is highly selective. Courses are taught in English by faculty recruited from U.S. institutions. Nominal tuition is charged in local currency and financial aid is provided to qualified students. AUA is affiliated with the University of California.

Master's degree programs are offered in Earthquake Engineering, Industrial Engineering, Human Resources Management and International Business with an emphasis on finance and marketing. Selected students spend a part of their academic career in U.S. graduate schools or working as interns in U.S. or European corporations.

Intensive English language courses are offered under the supervision of the International Studies and Overseas Program of UCLA. All students take courses in Computer Application designed by the University of Southern California faculty.

Research and Development Centers in Business, Engineering and Environmental Management have been established to undertake joint projects with local institutions for advancing economic and technical expertise in the Republic of Armenia and the region.

AUA plans to establish degree programs in Public Policy and Political Science, Health, Agricultural Sciences, and to expand existing programs to include Environmental Engineering and Computer Science. Long-range planning is also underway to establish an undergraduate college of Arts and Sciences and enable admission of students from other countries.

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AZNAVOUR FUND

The Yerevan office of "Aznavour for Armenia" officially opened in March 1993, although their activities began as early as December 1988. The Fund provided emergency aid in the early stages and continues to bring humanitarian aid to Armenia mainly in the form of food, clothing, and medicines. The aid is distributed through government infrastructures and the offices of local NGOs. The Aznavour Fund projects are mainly geared towards orphans, needy and handicapped children of Armenia.

In addition to 300 prefabricated houses in the earthquake zone, there are 3 cultural centers where 170 village children are taught dance, music and painting.

Aznavour for Armenia funds the indigenous NGO "Pyunik" (which specializes in sports for the handicapped), and summer and winter camps at Tzaghkadsor and Sevan. Aznavour also finances and organizes 2 summer camps at Goris. This year a total of 1700 children took part in the camps.

Aznavour for Armenia takes a close interest in the state of Armenia's orphanages. It works to improve living conditions on the financial and human levels in association with the Governmental Orphanage Commission. The Fund has committed to the medical follow-up of these children and recently it has fully undertaken the financial assistance for two newly opened orphanages in Kanaker and Spitak.

At the Armenian government's request, Aznavour for Armenia has built a state-of-the-art baby food factory which can provide meals for children between 6 months and 2 1/2 years old. Under normal energy conditions (no energy blockade), the factory can produce 42 million vitamin enriched meals per year.

Medical assistance is provided mainly to the Orthopedic hospital, Yerebouni hospital, "Gtutyun"/Aznavour for Armenia pharmacies, and, as of this year, to the 4th Children's hospital. Each year Aznavour for Armenia subsidizes volunteer work by 50 french-armenian doctors to practice in Armenia for various periods of time. The Fund assists a group of doctors who are creating ambulatory clinics in the refugee camps. Aznavour for Armenia has opened in Vanadzor a diagnostic center and a dental clinic for the French-Armenian doctors. This year the Fund plans to open an orthopedic center in Yerebouni hospital. At the end of this year, when the German Red Cross will cease activities, the Fund plans to take charge of the prosthesis center.

Aznavour for Armenia assists the "Gtutyun" branch in Vanadzor and has opened a branch of its own in Goris. This year, in addition to the already existing store in Yerevan, two additional stores will be opened. Receipts from the sale of merchandise in these stores is used to finance humanitarian projects. In Goris we are also financing a soup kitchen and a farm which produces food for the local kindergartens and the soup kitchen. The European Community has entrusted us with the distribution of 51,000 20-kilo family food parcels.

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CARE

CARE's presence in Armenia began in March 1992 as support for a broad U.S. food and medical assistance program in the CIS republics known as Operation Provide Hope II.

In March 1993 CARE signed a new cooperative agreement with the U.S. Department of State for the distribution of relief food aid to needy mothers and children. This five month program (June - October, 1993) includes distribution of 4,800 metric tons of commodities valued at \$11.4 million to specialized institutions for approximately 450,000 pregnant women, lactating mothers and children under the age of five. The program is designed to enhance the diets of beneficiaries with a basket of food supplies consisting of whole milk powder, infant formula, corn-soya blend, farina, and a strawberry-flavored protein drink. CARE will work closely with the recipient, the Ministry of Health, to ensure the proper receipt, storage, distribution and monitoring of these commodities. At the same time, CARE will undertake procurement of fuel supplies to ensure smooth internal distribution.

In addition to this Emergency Relief Program, CARE has undertaken the following humanitarian assistance activities:

Kerosene Stoves: In May 1993 CARE completed a trial project to distribute door-to-door kerosene stoves to 734 single pensioners in Yerevan. Each pensioner received a kerosene stove, 20 liters of kerosene in two ten-liter canisters and a funnel. CARE worked with the Ministry of Social Protection to identify and select the beneficiaries.

Surveys of Vulnerable Groups: In cooperation with the U.S. Centers for Disease Control (CDC), CARE completed two surveys last year of pensioners in Armenia.

Medicines Monitoring: CARE monitored the end-use of emergency medicines donated and delivered to Armenia by the U.S. Government in 1992 and 1993.

Training: CARE has provided technical training to local private voluntary agencies (PVOs) on methods of distribution and monitoring for humanitarian assistance.

Transporting Syrian Wheat to Armenia: During December 1992, CARE facilitated surface transportation through the territory of Turkey of 6000 metric tons of Syrian wheat donated to Armenia. Successful completion of this project proved yet again that humanity has no borders.

Agriculture Survey: In December of 1992, CARE also conducted a small scale agriculture survey in one of the districts of Armenia.

CARE is exploring other possible programming activities in an effort to assist vulnerable segments of the population in Armenia.



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U.S. CENTER FOR DISEASE CONTROL (CDC)

In order to assess and monitor the current health and nutritional status of the population of Armenia, the Armenian National Institute of Health, the U.S. Agency for International Development (US AID) and CDC have developed the Emergency Public Health Information Surveillance System (EPHISS). The EPHISS was designed to retrospectively and prospectively monitor nutritional status or market indicators that might serve as early warning signs of food shortages.

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EUROPEAN COMMUNITY (EC)

TACIS ("Technical Assistance to the Commonwealth of Independent States") is the European Community's effort to support economic reform and development in the independent states of the FSU, including Armenia. The overall aim of the program is to contribute to the building up of a market economy.

Technical assistance is provided in key areas to support Armenia's efforts to create the conditions for a market-oriented economy and a democratic society. The European Community has provided 2.3 million ECU in 1991, 9.55 million ECU in 1992 and 8 million ECU for 1993 and 1994 for this purpose (ECU=\$1.10).

The TACIS Program aims to develop local skills by providing the advice, know-how and practical experience necessary for the effective functioning and management of a market-based economy and related institutional structures. This, in turn, will accelerate the integration of Armenia into the world economy.

The TACIS Program is implemented on a decentralised basis. The final recipients of Community assistance are closely involved in the preparation and execution of program activities. Currently there are 35 projects being implemented in the following sectors: Energy, Human Resource Development, Financial Services/Support for Enterprise, Transport, Advice to Government.

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EUROPEAN COMMUNITY HUMANITARIAN OFFICE (ECHO)

ECHO, a service of the European Commission, has the task of managing humanitarian aid to all countries in the world, outside the European Community. In 1992 it provided almost 500 million ECU of emergency aid, food aid and aid to refugees and displaced persons in over 35 countries. The EC was the largest donor of humanitarian aid in the world in 1992 with a contribution of 1.2 billion ECU.

In Armenia, the EC has been funding humanitarian aid programs since 1988. A permanent ECHO office was established in Yerevan in May 1993. For the period May - October 1993, ECHO allocated 5.7 million ECU for humanitarian aid to the Republic of Armenia.

<u>Implemented By</u>	<u>Program</u>	<u>Amount(ECU)</u>
1) Ministry of Agriculture and ECHO	Seed Potatoes	298,400
2) Aznavour for Armenia and Red Barnett	Food Parcels	1,396,000
3) TRI-MED, Armenian Red Cross & ECHO (monitoring)	Medicines	850,000
4) German Red Cross	Milk, Baby Food	2,820,000
5) Partner to be identified	Kerosene heaters	350,000
	TOTAL	5,714,440

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FUND FOR ARMENIAN RELIEF

The Fund for Armenian Relief (FAR) is the successor to the Diocesan Fund for Armenia's Recovery (DFAR) which was established by the Diocese of the Armenian Church of America following the earthquake that devastated Armenia in December 1988. FAR's activities in Armenia during the past five years have been quite extensive.

FAR has built a community of 96 earthquake resistant homes in Stepanavan. The community has been chosen as a site for pilot project for developing condominium associations in Armenia.

FAR is the largest recipient of food grants for Armenia from the U.S. Department of Agriculture. To date it has distributed approximately 15,000 metric tons of USDA granted food and has approximately another 20,000 metric tons awaiting shipment.

In the medical area, FAR has sponsored three-month fellowships in the United States for more than 40 doctors, maintains the foreign-language department of the National Medical Library, regularly sends large quantities of drugs and medical supplies, and is involved in the reform of the healthcare system.

FAR has been in the forefront of developing the agricultural sector of Armenia. FAR has sent 600 metric tons of high quality seed potatoes to make Armenia self-sufficient in potato production. Other programs in progress or which are planned for the near future include providing agricultural equipment and technical training to farmers.

FAR's ongoing humanitarian assistance projects include aid to refugees and displaced persons, assistance to orphanages and old age homes and other vulnerable segments of society.

For the winter of 1993/94 FAR has a program in progress to provide heating fuels to certain needy segments of society and institutions. The focus is on developing locally available fuel resources like coal and peat. FAR is also supporting and actively participating in the winter relief program developed by the Armenia Fund U.S.A. and member organizations of the United Armenian Fund. This program aims at raising \$21,000,000 in order to make operational the country's program of central heating.

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INTERNATIONAL COMMITTEE OF THE RED CROSS (ICRC)

Detention/Protection activities in Armenia

In Armenia, the ICRC has been able to visit and register 58 Azeri nationals detained under the authority of the Republic of Armenia's government. The delegates were given access to 8 different places of detention. Four of those detained were repatriated to Azerbaijan by the ICRC after they were released by Armenia.

On the other hand, 12 Armenians released by Azeri authorities were brought back to Armenia under protection of the Red-Cross emblem and accompanied by ICRC personnel.

Detention/Protection activities in Nagorno-Karabagh

In compliance with its mandate, the ICRC is requesting access to any person detained for conflict-related reasons. The concerned authorities are asked by the delegates of the ICRC to allow them to visit such detainees as prescribed by the Geneva Conventions of 1949 and their Additional Protocols of 1977.

From January to October 1993, the ICRC was able to carry out repeated visits to over 200 Azeri nationals detained in 15 different sites. In addition, the ICRC has repatriated 14 Azeri nationals as well as 6 Russian citizens released by the Nagorno-Karabagh authorities.

In mid-October, the body of an Armenian deceased in Azerbaijan was repatriated to Stepanakert in a cross-line operation. After obtaining the necessary authorization and security guarantees from the responsible parties on both sides, ICRC delegates based in Azerbaijan transported the body half way through the no-man's land between the Agdam front lines. There they met their colleagues from ICRC/Stepanakert who then took charge of the coffin to finally deliver it to the deceased's relatives.

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INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES (IFRC)

Since 1988 the Federation has utilised the services of over 250 delegates in Armenia. The Federation is involved in a wide range of humanitarian assistance activities in the country, as follows:

Post Traumatic Rehabilitation Center

Inaugurated in August 1992 the PTRC is the largest single International Assistance Project built in Armenia after the earthquake. The center for both functional and professional rehabilitation of patients with spinal cord injuries is the only one of its kind in the CIS. The center has 120 beds. Local medical staff (doctors, nurses, therapists and orthotists) have received training from qualified expatriates since 1989.

Relief Programmes

A number of separate relief programmes are underway in the Republic, in association with a number of other agencies:

American RC/US State Dept.	-Refugees
American RC/USAID	-Refugees
American RC/USDA	-Food Supplement
German RC/ Echo	-Child Nutrition

The total number of beneficiaries is estimated at approximately 196,000.

Construction

In response to the needs created by the earthquake, 1,215 prefabricated houses have been erected on 19 separate sites within the earthquake zone. A series of 13 "mini-projects" (schools, clinics, kindergartens, hospitals and a counselling center) were established with funds contributed by a number of national societies.

Visiting Nurses

The Federation sponsors a visiting nurses program in Armenia. This provides funding for house calls by over 100 nurses throughout the country.

Medical Supplies

The Federation is currently procuring US \$1,000,000.00 of essential medical supplies, for distribution to regional hospitals. This operation is being funded by a grant from the government of Japan.

Armenian Red Cross

The Federation has provided support to the Armenian Red Cross and has consistently encouraged its institutional development. It is planning to assist extensively in the decentralization of Armcross activities in 1994.

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INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)

The International Organization for Migration (IOM) is an international organization founded in 1951, based in Geneva, made up of 48 member countries and 24 observer nations. There are approximately 80 offices worldwide and over 1,000 staff. The primary focus of IOM is in the area of migration and related programs. By the end of 1992, IOM had provided migration assistance to over 5 million persons worldwide. IOM has been active with the Armenian community since the mid-60's with migration assistance from Lebanon and in more recent years from the Soviet Union. During the past year IOM has also been involved in providing capacity building workshops and training for emergency management, to a number of CIS and NS countries of the former Soviet Union. Armenia has been included in this project.

The IOM mission to Armenia is currently funded under a bilateral USAID grant which provides technical assistance to the Republic in the form of institutional capacity building in the area of humanitarian aid management. In Armenia, IOM works closely with the Ministry of Economy, the ROA body responsible for coordinating humanitarian assistance to Armenia, preparing and presenting various emergency and disaster management training programs through a series of inter-ministerial workshops and through daily capacity building activities within the Ministry of Economy's Department of International Organizations.

IOM's activities during 1993 have been:

- January: Assessment Mission
- June: "Strategic Planning Disaster Management Workshop"
- July - Dec: IOM In-House capacity building training in conjunction with the Ministry of Economy's Department of International Organizations
- Aug: Computer system for tracking donor commodities and humanitarian assistance and information flow
- July - Aug: IOM winter emergency plan team prepares working draft
- October: IOM/MOE's Winter '93 "Emergency Planning Workshop"

For 1994, additional activities are planned in the areas of migration assistance and emergency operational planning.

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AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE (JDC)

In response to the earthquake of December, 1988, the JDC's International Development Program (IDP) airlifted 61 amputees and "crush syndrome" from Armenia to Israel for surgery, prostheses, and specialized treatment. Working in a consortium led by Project Hope and including the American Red Cross and the Armenian Assembly of America, JDC-IDP continued to help the people of Armenia. It designed and constructed a fully-equipped, 15,000 square foot Children's Rehabilitation Center in Gyumri, the epicenter of the earthquake. The Center provides out-patient physical and occupational therapy and has the capacity to treat 200-250 children/week.

Along with Project Hope, JDC-ICP introduced the profession of physical therapy to Armenia, where it was previously unknown. Armenians were trained to become physical therapists, enabling them to provide quality services and maintain the Center after project support ends. As of November, 1992, JDC-trained Armenian professionals took responsibility for staffing the Center. JDC-IDP used the Center as a distribution point for badly-needed relief supplies during the winter of 1992-1993. \$30,000 worth of food packages and kerosene cookstoves were given to local residents.

In May of 1993, the Center was renamed for Aryeh Cooperstock, the founding Director of JDC-IDP, whose vision and compassion were instrumental in creating the center.

Responding to the needs of the community, the Center has expanded its services to include adults as well as children, and an orthotics laboratory was established in mid-1993. It has become a major regional medical center for northern Armenia.

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MEDICAL OUTREACH FOR ARMENIANS, INC., EASTERN REGION

Since December 1988, Medical Outreach for Armenians, Eastern Region has been actively involved in bringing children of Armenia requiring immediate medical attention to the United States for treatment. Primarily, we deal with cases of congenital heart disease and other correctable life threatening conditions.

At present, Medical Outreach, Eastern Region is establishing the Children's Cardiac Center of Armenia. Once established this will be the only facility in the geographical region capable of performing pediatric open heart surgery. The purpose of the CCCA is to treat all of Armenia's children born with congenital heart defects.

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MEDECINS SANS FRONTIERES (MSF)

Context

MSF first went to Armenia to provide relief for victims of the earthquake in 1988 - its first official intervention in the USSR - and has since run various projects in the area. Following the outbreak of the conflict in Nagorno-Karabakh, the missions had to be reorganized in order to provide emergency assistance to the wounded and displaced in Armenia and in Nagorno-Karabakh itself. Hundreds of thousands of refugees have settled in Armenia in families or small groups, but given the economic crisis, and food, medicine and fuel shortages caused by the Azeri blockade, the Armenian authorities are hard put to cater to them.

Programs

* **Medical supply program:** In both Armenia and Nagorno-Karabakh, MSF distributes medical and surgical supplies to hospitals and clinics for the treatment of war casualties. A special pharmacy management program was also set up to improve the management of medical stocks in both the hospital and the central pharmacy.

* **Refugee program:** Direct assistance is given through an emergency program which covers distribution of medicines and medical equipment to tens of thousands of refugees in Armenia. In order to identify new needs, the MSF teams carry out health surveys among the displaced and monitor population movements as fighting continually breaks out in new areas.

* **Handicapped children's program:** This is a two-year project to upgrade the social, medical and therapeutic services and living conditions of a group of 150 mentally and physically handicapped children (aged 4 to 18) in Yerevan. The children were especially neglected during the years of communism. In addition to their disabilities, they suffer from various diseases resulting from poor hygiene and inadequate nutritional and medical attention. As part of the program, a building with improved facilities is being renovated and fitted out to house the institute.

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PEACE CORPS

Background: President John F. Kennedy and the Congress of the United States established the Peace Corps in 1961 with three equally important goals:

1. To help the people of interested countries meet their needs for trained men and women.
2. To promote a better understanding of the American people on the part of the people served.
3. To promote a better understanding of other people on the part of the American people.

Armenia Program Purpose: The purpose of the Peace Corps Small Enterprise Development (SED) Program in the Republic of Armenia is to promote and support the development of free market enterprise skills. Currently there are 11 Volunteers in the SED program. Some SED Volunteers are working on collaborative business related projects with USAID, USDA, World Bank, VOCA and DFAR. Others are working directly with small to medium sized businesses at the local level.

The purpose of the Peace Corps Teaching English as a Foreign Language (TEFL) Program is to assist Armenia in achieving its goal of effectively working within the world market by increasing the quality of English speakers through direct teaching and the training of quality teachers. There are 16 Volunteers in the TEFL program. In addition to their primary jobs of teaching English, Volunteers are also engaged in secondary projects such as starting a Little League Baseball team, public health education, tree farming, etc.

Peace Corps views its present and future collaboration with NGO and PVO organizations as vital to the fulfillment of the goals of the Peace Corps and to its contribution to the delivery of humanitarian assistance to Armenia.

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PROJECT HOPE

To date, Project HOPE has contributed over \$13.4 million to Armenia since the 1988 earthquake. Almost \$5 million in cash and gift-in-kind donations has been provided to help the Ministry of Health establish the Republican Pediatric Rehabilitation Center and to train rehabilitation specialists. The remaining approximate \$8.4 million was comprised of urgently needed pharmaceuticals, vaccines and medical supplies provided to Armenian hospitals and health facilities.

HOPE's next humanitarian assistance shipment to Armenia is scheduled to fly into Yerevan in February 1994.

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SAVE THE CHILDREN

Save the Children, USA is a private organization established in 1919. The original purpose was to assist children who were victims of World War I. Since that time SAVE has had and now has programs in 40 countries in such fields as development activities in child survival, maternal child health, child development and, more recently, emergency assistance. SAVE is very active in providing food and medical supplies in several of the current crisis situations including Somalia, Bosnia, Angola and the Middle East.

The current activity of SAVE in the Caucasus region is primarily the management of the humanitarian assistance funds coming from the US Government, through the United States Agency for International Development (USAID) to PVOs. SAVE is tasked with the initial review of proposals submitted for funding that are related to humanitarian assistance or initial development activities. SAVE's mandate also includes monitoring of the approved project activities during the lift-off of the project and receiving financial reports for review.

The SAVE scope of responsibility includes Armenia, Azerbaijan and Georgia. SAVE has offices in each country.

The Regional Director is Stuart Willcuts located in Yerevan. The Georgian representative is Frank Catania in Tbilisi. The Azerbaijani representative is Ron Shaw.

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UNITED NATIONS

The United Nations Interim Office in Armenia was established on December 3, 1992. This is one of the first examples of a unified United Nations presence at the country level. It is expected to enhance the impact of the Organization and facilitate coordination among the agencies of the United Nations System, in support of national action, as the Organization would thus assist in strengthening the linkage between global strategies and operational activities in the field.

At present, the UN Unified Office in Armenia is composed as follows:

- Ms. Thelma O'Con-Solorzano
United Nations Representative & Resident Coordinator in
Armenia
- United Nations High Commissioner for Refugees (UNHCR)
- United Nations Development Program (UNDP)
- World Food Program (WFP)
- UNICEF

GOAL: To strengthen the image of the United Nations in Armenia within the new comprehensive and overall approach established by the Secretary General, which consists of joint efforts within the UN in order to better assist in solving political, socio-economic, environmental and humanitarian requirements in the country.

AIM: The integrated offices jointly with the government elaborate and conduct special projects to support the political, economic and social transition of the country. In order to assist Armenia, the United Nations requires a comprehensive approach of the three concepts and priorities: PEACE, DEVELOPMENT and DEMOCRACY.

Challenge: Armenia, as the rest of the FSU countries, has been experiencing a thorough-going socio-political and economic crisis. Further, as a result of the blockade by Azerbaijan and the war between the ethnic Armenians of Nagorno Karabagh and Azerbaijan, the country has been almost completely paralysed. Therefore, the main elements of transition to a market economy, such as market institutions and balances, internal convertibility, and change of the overall mentality, are not in the process of being established, but non-existent.

The big challenge in the case of Armenia, considering that no two countries are alike, and taking into consideration the human resources available in the country, is for the United Nations to turn this into an opportunity, and assist in capacity-building in the political, social and economic spheres, pending the lifting of the blockade and the beginning of the peace process, so as to be ready, when the time comes, to transfer smoothly to a safer and more stable macroeconomic environment, including formation of a legal framework that will attract, among other things, foreign investment. Ultimately, in the case of Armenia, small and modernised enterprises could become the engine of growth. The large Armenian Diaspora will be most probably attracted to establish businesses in the country, once a stable political, economic and social ambience is predominant. This challenge is also preconditioned by the fact that the history of this nation dates back to the 7th century B.C., and since that time Armenia is the only Armenian State and motherland for the 7 million Armenians worldwide, half of which reside in the country, the other half being scattered all around the world.

Activities: The activities of the United Nations Integrated Office in Armenia consist of the following fields:

1) Political

In the conflict relating to Nagorno-Karabagh the role of the UN is essentially to support the efforts of the ID Minsk Group, as well as related Russian initiatives. The international political developments, as well as those in the Caucasus will dictate the future of the activities of the UN in Armenia. A unified presence of the UN in such circumstances is a must.

2) Humanitarian

In December 1992 the UN launched a joint appeal for assistance to Armenia. UNHCR, UNICEF and WFP, as well as the Department for Humanitarian Affairs (DHA) have been involved in responding to the humanitarian requirements of the country, estimated in June for US \$22.5 million.

Since 20 September UNICEF has already a local staff working within the Unified Office in order to comply with its programs for Armenia. We are expecting a Resident Representative. UNICEF's activities in the future should be enhanced.

WFP started its operation on 2 October, and has appointed Director of Operations in Armenia Mr. Bhim Udas. WFP will provide the know-how, expertise and logistical support in the transport of humanitarian assistance to Armenia via territories of neighboring States, as this is a land-locked country. WFP's activities in the future should be enhanced.

UNHCR already has experience in assisting Armenia during the winter crisis, and this year these efforts will be complemented by activities of UNICEF and WFP.

3) Development

UNDP is the lead agency to develop the capacity in Armenia to appropriately deal with a specific social, economic, environmental, political and humanitarian requirements of Armenia. UNDP's challenge is to develop projects and assist in the aid management and co-ordination with the Armenian Government.

Since the opening of the UN/UNDP office in December of 1992 we have held Donor Meetings, that have indicated the need for assistance in the aid management and coordination with donors, including USAID, the European Economic Community, World Bank, and the International Monetary Fund.

The Government of Armenia and the UNDP Umbrella Project which identifies the main assistance requirements in the fields of democratisation, human resources development, development of environmental protection, and energy capacity infrastructure, has been launched in September of 1993.

UNDP's work in the years to come will assist the Armenian Government towards human development with social, economic and environmental dimension, which will include projects in the fields of health, education, alleviation of poverty level, programs on income levels and income distribution, participation in the political process, and market transition.

4) Information

The role of the information component of the integrated office is to strengthen the national media infrastructure, Government and academic institutions, public libraries and local bodies in order to create a greater awareness of the work of the United Nations and a wider dissemination of the United Nations public information material. As well, this office provides feedback to the United Nations on the publicly available media and official comments concerning the United Nations. The Interim Office is issuing a monthly bilingual Armenian-English newsletter, has organized regular distribution of information material to the media, Government, and Academic institutions, and is organizing library of the official United Nations information.

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UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)

The UNHCR office in Armenia officially opened on December 6, 1992. Initially they were to initiate a "once-off" winter crisis program, with a six month duration.

In early February, UNHCR took the decision to extend its program in Armenia until the end of 1993.

Armenia has approximately 300,000 refugees. Of these approximately 260,000 arrived between 1988 and 1991 from Azerbaijan. The remainder arrived in 1991 and 1992 from Nagorno-Karabagh. During the first six months of 1993, some 25,000 refugees returned to the enclave. Though refugees are generally given residence permits, their legal position will remain uncertain until a law on citizenship and refugee status has been adopted.

The present UNHCR assistance programme addresses 130,000 of the most needy refugees, primarily those who arrived recently and reside in communal centers. As many "old" refugees live in similar difficult circumstances, the programme ensures that a number of such persons are also included as beneficiaries.

Program achievements include:

1. Distribution of 130,000 blankets.
2. Distribution of 9000 kerosene and wood stoves.
3. Distribution of 130,000 lt. of kerosene for heating and cooking purposes, in the second half of 1993.
4. Distribution of foodparcels to 70,000 persons (an additional 60,000 refugees receive Red Cross foodparcels).
5. Distribution of soap and detergent in the second half of 1993.
6. Emergency repair of communal centres, particularly sewage and water systems.

The above actions were carried out through signed agreements with:

1. State Commission on Refugee Affairs, for the registration of beneficiaries, distribution of stoves and kerosene, as well as emergency repairs of communal centres in cooperation with UNHCR. The State Commission on Refugee Affairs is the central government body responsible for all questions regarding refugees.
2. Armenian Red Cross Society, covering the distribution of blankets, foodparcels and soap.

The UNHCR has decided to extend the programme in Armenia until December 31, 1993, given the general situation of the country and particularly that of the refugee population. UNHCR will continue the emergency programme with priority for the emergency repair of sanitation and water systems in refugee centres, and prepare for next winter. UNHCR will also strengthen the capacity of the government to deal with refugee questions, through the adoption of refugee legislation, training and material support. This means that gradually Armenia will develop national laws and regulations for protection and assistance of refugees, in line with the terms of the Geneva Convention. UNHCR will also try to induce other agencies to include refugee components into their development programmes, given the government's policy to fully integrate refugees into the Armenian society.

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UNITED NATIONS (UNICEF)

The main thrust of the first programme of cooperation between UNICEF and Armenia will be to prevent any deterioration in the survival and development prospects of children in this period of rapid political, economic and social transition. A priority will be to protect the considerable advances made in the fields of child health and education, and to bolster the social infrastructure where it appears weakest. Assistance will be carefully targeted to reach the most vulnerable children.

Initially, the programme will employ an emergency strategy. Every year Armenia is gripped by a severe winter with an almost total absence of heating fuel. A serious shortage of food and lack of medicine can pose the survival of vulnerable children at risk. Therefore, the initial phase of the programme will aim at preventing death and disease, primarily among children under five years of age, in the population most at risk. Special attention will be given to control of diarrhoeal diseases, programme on immunization, cold-chain maintaining, control of acute respiratory infections, promotion of breastfeeding and provision of necessary medicine for distribution at primary health care level and in maternity centers.

The early urgent assistance phase will be followed by work in laying the basis for longer-term cooperation in child development. Of particular importance will be the undertaking of action-oriented research to determine the exact nature of the causal factors underlying the main health and social problems affecting children in the country. This will not only establish the basis for a more development oriented programme of cooperation in the future, but will also have the effect of orienting the public health system and social services in general towards the kind of low-cost, but highly effective intervention, advocated worldwide by UNICEF.

Closely related to this will be the promotion of a system to monitor the changing conditions of children and how they are affected by the economic, political and security situations. A central focus of the programme in the bridging phase will be support for the development of a national programme of action with clearly defined goals and priorities, as well as the identification and mobilization of the necessary human, financial and institutional resources which will be required for implementation.

The effective implementation of the new programme will require close collaboration with other agencies and development organizations, particularly with the office of the United Nations Coordinator in Yerevan and also WHO. National and international NGOs will also play an important supporting role.

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VOLUNTEERS ON OVERSEAS COOPERATIVE ASSISTANCE (VOCA)

VOCA is a private, non-profit, international development organization whose mission is to increase economic opportunities and incomes of members of private cooperatives and other small and medium-scale enterprises which are agriculturally based. VOCA accomplishes its work through short-term technical assistance on the part of U.S. specialists who serve as VOCA volunteers.

VOCA's work in Armenia is funded by USAID to begin an agricultural and agribusiness development program. For program start-up and the first 18 months of operations, VOCA was provided \$4 million. This funding will provide VOCA with sufficient resources to complete over 200 projects in Russia, Armenia, Ukraine, and Kazakhstan. In Armenia, VOCA has hired Armenian and American staff, has established an office in Yerevan, has completed an initial project development survey in Armenia, and is implementing projects in several target areas.

VOCA's program in Armenia will focus on the following:

- Work with farmers and agricultural leaders to help create farmer-owned and controlled marketing and supply associations.
- Help farmers to improve their operations by sending American farmers and agricultural specialists to work with them on their farms and with training programs now being created to help private farmers improve their profitability.
- Help agricultural leaders and farmers in creating agricultural banks and an agricultural banking system designed to assist private farmers and their economic enterprises in receiving the credit and banking services they require.
- Help in the privatization of agro-processing enterprises.
- Help farmers and rural entrepreneurs to identify opportunities for enhanced processing and value adding, and then work with them to help them take advantage of such opportunities.

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WORLD FOOD PROGRAMME (WFP)

In Armenia the World Food Programme (WFP), the food aid organization of the United Nations system, established its regular presence in the beginning of October 1993. WFP plans to provide food assistance for 70,000 refugees and some 280,000 needy population among the most vulnerable groups in the country. In order to assist them, WFP expects to deliver 262,500 food parcels for refugees and about 7,500 tons of dry food commodities for a period of eight months at a total estimated cost of US\$ 10 million.

WFP is also planning to establish a Regional Logistics Advisory Unit in order to disseminate information on logistic issues and to coordinate food aid consignments in the Caucasus region. The estimated cost for the establishment of this unit, including the regional aircraft operation is US\$ 1.7 million.

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WORLD REHABILITATION FUND

The World Rehabilitation Fund built and equipped a prosthetic/orthotic center in Yerevan (with the help of the Lebanese Armenian Committee and the Diocese of the Armenian Church of America), in response to the December 1988 earthquake.

Since that time 55 medical experts have volunteered/served both as faculty and practitioners. The WRF Center staff is currently exploring local supply sources, and is developing a plan with the Armenian Social and Welfare Ministry and USAID to assure sustainability of the program.

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Y-CARE INTERNATIONAL/YMCA ARMENIA

The idea of establishing YMCA in Armenia was initiated by Y CARE INTERNATIONAL which is part of the worldwide YMCA Movement, and which has been conducting relief and assistance work in Armenia since the earthquake of 1988.

Armenian National YMCA Movement aims at promoting the spiritual, mental and physical harmonious development of young people, and creating an exemplary Christian lifestyle amongst the youth in various spheres of the society.

PYUNIC Handicap Sport Association of Armenia and the Armenian Charity Union of Vanadzor act as integral parts of the Armenian National YMCA Movement.

PYUNIC deals with physical and spiritual rehabilitation of disabled children. Last winter, Y CARE financed the WINTER OF HOPE project, which lasted three months, and 101 disabled children benefitted by it. This project also included two weeks at Vercorin ski center in Switzerland with participation of four more skilled in skiing children with disabilities. The National handisport Children Championship was the end of the project. In August twenty disabled children will spend two weeks in the summer camp of the YMCA of Thessaloniki.

The Armenian Charity Union volunteers services for parentless children, disabled young people, as well as for the elderly people. An income generating workshop was founded by Y-CARE International. All the workers of this workshop are young people with disabilities.

With regard to the present humanitarian crisis, Y CARE has taken the initiative together with the International Rescue Corps, to produce two logistical assessments concerning the transportation to and within Armenia and concerning the purchase of relief items in adjacent countries. With regard to the latter study, Y CARE, in a trial demonstration project purchased and transported 524 MT of food and fuel from Iran to Armenia, which are now being transported from the southernmost town of Meghry to the earthquake area. The transportation and the distribution are not finished yet.

YMCA Armenia is now establishing a new YMCA Center in Spitak.

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FUND FOR DEMOCRACY AND DEVELOPMENT

The FUND was involved in Operation Winter Rescue which shipped humanitarian aid to Armenia during the winter season of 1992 to 1993. The FUND is currently shipping private shipments of humanitarian aid to Armenia on an ongoing basis.

Humanitarian Assistance - Status Report

Update: During October the FUND generated and shipped 125 containers to the people of the new states of the former Soviet Union. These containers bring the total shipped in 1993 to 2,635 containers. The current total value of the 11,973 metric tons of mainly private source humanitarian aid shipped to date is \$157.7 million. Current projection for winter shipments is 250 containers per month.

Program Status: The FUND has been a leader in mobilizing and coordinating the shipment of humanitarian assistance goods for volunteer groups and private organizations with transportation and logistics funded by the Department of State. Since it started the program with the first shipment of humanitarian aid on February 24, 1992 for the United Methodist Church Committee on Relief, a total of 3,481 containers have been shipped to 171 different cities in 12 of the new states of the former Soviet Union. These shipments have been sponsored by nearly 500 different communities across the United States, Canada, and Europe representing many caring individuals in 323 humanitarian organizations and churches throughout the world.

FUND Goals: While the FUND continues to focus on private sector humanitarian assistance with people to people donor-recipient relationship, it is moving forward with other private sector support efforts.

Winter Warmth 1993-94

At the end of October, the FUND was selected by USAID as the lead PVO in an effort to provide kerosene, heaters and kerosene containers to help up to 200,000 Armenian families survive the impending harsh winter. The project is estimated to reach \$15,000,000. The kerosene will be moved in bulk to Batumi, Georgia and then by rail tank cars to distribution centers in Armenia. The storage sites and accountability will be under FUND control. The first shipment should arrive about the first of December and continue throughout the heating season.

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ANNEX D

TEN STEPS TO SUCCESSFUL BREASTFEEDING

TEN STEPS TO SUCCESSFUL BREASTFEEDING

A JOINT WHO/UNICEF STATEMENT (1989)

Every facility providing maternity services and care for new-born infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health-care staff.
2. Train all health-care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.
6. Give new-born infants no food or drink other than breast milk unless medically indicated.
7. Practice rooming-in — allow mothers and infants to stay together — 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies and soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital or clinic.



ANNEX E
NATIONAL BREASTFEEDING PROGRAM²⁰

²⁰ Translation to English was completed in Armenia.



The National Breastfeeding Plan of Armenia
BREAST FEEDING PRESERVATION, STIMULATION AND ENCOURAGEMENT PROGRAM
Compiled by V. Demirchian, K. Saribekian, A. Demirchian

The Structure of the Program:

- I. The scientific and practical basis of the Program.
 - 1.1 The situation in the world;
 - 1.2 The situation in Armenia.
- II. The basic propositions of the Program.
- III. The goals and objectives of the Program.
- IV. The basic scientific fields.
- V. The list of measures for the implementation of the Program.
- VI. The financial sources of the Program.

I. THE SCIENTIFIC AND PRACTICAL BASIS OF THE PROGRAM

It has been known that breast feeding is the only rational way of natural nutrition which has no alternatives in terms of usefulness. Nature established it as a means of survival for the species, in the course of millennia the evolution of breast feeding accumulated the most necessary things in order to protect the newly born creature from all dangers and provide its growth and development in the best possible way.

Before the beginning of the 20th century no alternative to breast feeding had been considered, and man remains true to nature: thanks to breast feeding the best start for a baby is provided.

However, the unprecedented growth of science and technology in this century managed to do what uncountable years of famine, privation, disasters and hardship could not do. The mass production and availability of breast-milk surrogates, or adapted baby formulas caused catastrophic consequences: the number of breast-fed babies began to drop all over the world at an enormous rate.

Out of 4237 existing species of mammals, one, man, violated the naturally established procedure of feeding his offspring and endangered the future and health of his posterity.

Meanwhile, both the age-long human experience and the research conducted for years by international health organizations in the developed and the developing countries prove unequivocally that there is only one reason for the decline of breast feeding: the new psychological and practical unpreparedness for breast feeding, lack of self-confidence and the availability of alternative adapted baby formulas; although some explain the mother's rejection of breast feeding by inadequate nutrition, every-day life hardships, stresses and illnesses.

Being aware of the disastrous consequences of mass rejection of breast feeding, international health organizations in the last two decades have been taking active measures: single-minded encouragement and stimulation of breast feeding, which is the only way of nourishment of the newly born, established by nature.



At present this activity is in a decisive phase. It encompasses the health services of numerous nations and in many of them (both developed and developing) undoubtedly positive results have been reached.

1.1 THE SITUATION IN THE WORLD

The following belief started to spread in the mid 20th century: according to it, thanks to the development of science and technology it was possible to provide surrogates of breast milk which could ensure normal growth and development of the child.

In many countries such surrogates were considered even preferable and as result of it the share of artificially fed babies reached a critically high level (e.g. up to 75% in the USA as of 1970).

Baby formula producing firms, seeking new markets, started to address the population directly through advertising, bypassing the health protection institutions. In a relatively short period the adapted baby formulas rapidly spread also in the developing countries.

However, the intensive research conducted in various parts of the world during the recent decades proved unequivocally the shortcomings of the belief about the value of the surrogates of breast milk.

The data from numerous research studies were published, proving that breast feeding was indispensable. The multi-fold positive effects of breast feeding on both the child and the mother became obvious. As result of the recent studies in this field the World Health Organization (WHO) came to the following conclusion: all over the world more than 1 million young babies die and many millions fall ill because of being deprived of breast feeding.

In the developing countries, during the first 3-4 months of life the probability of dying of diarrhea for artificially fed babies is 15 times higher than for exclusively breast fed babies, and the risk of dying of pneumonia is 4 times higher.

Artificially fed babies are 4.3 times more prone to middle otitis; they are 4-16 times more vulnerable to bacterial diseases and meningitis; their mortality rate is three-fold.

The head of the Panamerican Health Organization in his report mentions that in the Latin American and Caribbean countries the mortality of babies on artificial feeding is 3-5 times higher.

The death of artificially fed babies in the developing countries is mainly because of diarrhea, whereas the impact of artificial feeding on the mortality figures in the developed countries is weaker thanks to satisfactory sanitation and hygiene, which helps to reduce infant mortality.

It has been calculated that breast feeding can prevent 100 cases of lethal necrotic enterocolitis in the British neonatology wards.

In the prevention program implemented in Sheffield (England) breast feeding plays the role of the only and the most important factor, thanks to which post-perinatal mortality fell from 5.2 to 1.9 per 1000, and the infant mortality fell by 24%.

According to the preliminary data of the US National Health Statistics Center, the post-perinatal mortality rate of the breast fed babies is 3.7% lower.

According to the data of the American Medical and Hygiene National Institute breast feeding reduces the risk of death during the first year by 4%.



In West European countries the main reason for the post-neonatal mortality is sudden death which occurs 5 times as much in the artificially fed babies.

There are numerous proofs that breast feeding has long-standing effects on the health condition. Thus, the artificially fed children have a pre-disposition to auto-immune diseases; the probability to develop celiaca, ulcerative colitis and Kron's disease at an older age.

From 2 to 26% of insulin-dependent diabetes cases can be considered the result of the risk factor caused by artificial feeding. The risk of the development of malignant lymphoma is about 6 times as high in artificially fed babies. The positive effect of breast feeding on chronic liver diseases at old age has been discovered.

There is extensive evidence that breast feeding stimulates the development of the baby's brain, it has indispensable anti-allergic and nutritional influence, it stimulates the psychological intimacy of the mother and the baby, it provides the optimal emotional background for the baby.

The positive influence of breast feeding on the mother is manifested by the anti-cancer effect, prevention of post-natal hemorrhages and various hormonal distortions as well as the positive emotional effect.

However, the decline of breast feeding still continues in many countries, and, as international health organizations note, health protection institutions often unwillingly stimulate this decline, either failing to encourage breast feeding, or due to practices which hamper the implementation and enhancement of breast feeding.

The international community in the recent decade has been closely monitoring the problem of breast feeding stimulation and encouragement. Back in 1981 the WHO and UNICEF adopted an "International Code on the Marketing of Breast Milk Substitutes" in an attempt to prevent the rapid spread of artificial feeding in the developing countries.

In 1990 the "Children's Rights Convention" was put into action; among them the provision of breast feeding rights for babies by means of necessary information and assistance to the mothers and families.

In the same year, 1990, 32 governments and 10 UN organizations announced and ratified the Innocenti Declaration, which established the necessity for the powerful process of breast feeding stimulation.

The Declaration adopted the idea of exclusive breast feeding put forward by health protection experiments as well as the feasibility of breast feeding during the second year of life.

In September 1990, at a meeting devoted to children, the heads of 71 states ratified the "International Declaration on Protection and Development of Children" and the "Activity Plan" in which great importance was attached to the creation of the social environment which would enable women to breast feed their babies.

The specific purpose of the world leaders, the re-establishment of breast feeding, was used as the basis for by the consortium of non-governmental organizations which in 1991 founded the "World Association for Preservation and Stimulation of Breast Feeding" (WABA).



Only 3 months later an important event took place: the International Association of Baby Formula Producers committed to stop (by the end of 1992) the supplies of baby formulas at reduced prices and free of charge to the maternity centers of the developing countries.

Starting in July, 1991, the WHO and UNICEF (the children's foundation at the UN) undertook the "Baby Friendly Hospitals Initiative" campaign, and its purpose was to provide medical and prophylactic aid to mothers and children, and, in particular, to implement 10 basic steps aimed at breast feeding in maternity centers. These steps are supposed to ensure the optimal beginning of life for the baby, creating a medical and social environment in which breast feeding would become a norm.

Thus the activities of the international health organizations to re-establish breast feeding have begun and the preliminary results are already obvious. Thanks to breast feeding stimulation policy the mortality rate decrease in the new born babies has been noticed in a number of countries. For example, thanks to increase of breast feeding in maternity centers and hospitals, in the Costa Rican country side the mortality rate from diarrhea, pneumonia, bacteremia and meningitis fell 4 times.

In the Philippines, the general hospital in Baggio keeps the mother and the baby together, reduces the postnatal hunger and the increase in breast feeding from 48% to 92% was accompanied with the decrease of new born mortality from sepsis from 13.6 to 0.6 per thousand, and the decrease took place mainly among low birth weight babies.

Similar figures are numerous and the conducted research proves that undernourishment and hard living conditions in developing countries do not hamper the re-establishment of breast feeding. Moreover, according to WHO data, at present the share of breast feeding is the highest in the poorest village regions of African and Asian developing countries.

On the whole, in the developing countries one can notice the same picture as in Europe at the turn of the century, i.e. the decline of breast feeding, especially in urban areas. Whereas in the developed countries one can see the opposite tendency, thanks to the efforts of the medical personnel and public education the resultant beneficial social environment stimulates the increase of breast feeding in the more educated mothers, for whom the information about breast feeding is more accessible. One can see such a picture in Canada, Sweden, England and Australia. The spread of breast feeding is most characteristic among the urban population. Thus, the share of breast feeding among the urban population in the big cities of France, Norway and the Netherlands is higher than in the countryside. The reason is again the same, the availability of the necessary information about breast feeding in big cities.

Thus, for the re-establishment of breast feeding the most important factors are the following: the health care institutions should reject their unsuccessful approach to breast feeding; mothers, families and the society in general must trust in breast feeding, regardless of current conditions; the people must be aware of the indispensability of breast feeding.

Of course, according to international health experts, global efforts are necessary to unify the whole world in order to destroy the obstacles to breast feeding, and to ensure the undeniable right of breast feeding for the babies worldwide.

1.2 THE SITUATION IN ARMENIA

During the recent years, especially, since 1988, an abrupt decline in the number of breast fed children can be observed in Armenia. Statistics show that in 1988 64.4% of infant population under the age of 1 year was breast fed till the age of 4 months; in 1989 the figure became 59%; in 1990, 57%; in 1991, 47.6%; in 1992, 37%.



The following reasons and even excuses are given to explain the disastrous decline in breast feeding: the decrease in well being, including food supply, in the recent years; the continuous stressful conditions and hard living conditions.

The given reasons are indeed important, however, they can not explain the present situation.

Both the international experience and the age-long history of man prove the opposite. The research done by international health organizations in the developing countries shows that even in considerable undernourishment the amount of milk production in feeding mothers is preserved within the norm (700 ml per 1 day), providing breast feeding for at least 3-4 months.

The mothers' insufficient nourishment affects the quality of produced milk: some fats, especially those dependent on nourishment, decrease; the share of C and B vitamins falls; nevertheless, despite the deficiency of these components, the mother's milk retains its undoubtable advantages over the baby formulas.

Thus the main reason for the decline of breast feeding in Armenia is not the biological but the social and psychological impact of the above mentioned factors.

The feeding mother's confidence and belief in her own capabilities are crucial for the normal beginning of lactation.

During the formation of milk production she is in constant need of encouragement. The surrounding people should help her struggle with the doubts that naturally originate in her. Meanwhile, there is a widely spread belief in the society that the growing deterioration of living and material conditions makes normal lactation in feeding mothers impossible.

However painful it can be, the health service workers contribute to the formation this belief, they often fill feeding mothers with diffidence about their capabilities; they, in fact, stimulate the rejection of breast feeding by the mother.

The future mothers are under great psychological influence from the baby formulas which have been imported into Armenia since the earthquake through humanitarian aid channels, which is covered by all mass media; thus they advertize baby formulas, although they do not mean to do so.

There is a great deal of commotion around the supply and distribution of baby formulas, they are nicely packaged, they appear on street vendors' tables and at health institutions; besides, the existing belief in the perfection of any imported good makes the mother add these formulas to the baby's ration, which eventually leads to rejection of breast feeding.

There are numerous cases when still during the pregnancy the future mother starts creating a stock of baby formulas totally destroying her important period of psychological readiness for breast feeding.

The knowledge of the indispensability of maternal milk and breast feeding has been widely accepted, however, unfortunately, for the majority of the society, including the representatives of the health service, it is theoretical knowledge, not enhanced in the appropriate psychology and does not lead to necessary practical encouragement of the feeding mothers.

Thus, separation of mothers from their babies in maternity wards, feeding the babies with various liquids and formulas through a dummy, the strict feeding schedule and night breaks, the delay of the first



feeding immediately after birth are the factors which directly hamper the process of normal lactation and, which are, unfortunately, widely practiced here.

According to sociological study conducted in Yerevan by USAID, in about 30% of cases the newly born took breast for the first time 48 hours after the birth; in 30% of cases, from 12 to 24 hours later; in 10% of cases, from 6 to 12 hours later; and only in 12% of cases, earlier than 6 hours (the research was conducted among 500 feeding mothers.) This example throws light on the current situation in Armenia and calls for drastic measures.

That is why the application of internationally accepted principles of breast feeding is crucial here, especially nowadays. Also, the initiative of WHO and UNICEF, "Baby Friendly Hospitals," should be adopted and implemented.

II. THE BASIC PROPOSITIONS OF THE PROGRAM

1. To recognize the priority of problems concerning the protection, stimulation and encouragement of breast feeding of infants in Armenia.
2. To adopt the practical and theoretical principles of breast feeding put forward by the international organizations (WHO, UNICEF, WABA, Wellstart International, etc.)
3. To develop a national policy in the field of breast feeding based on the strategy proposed in the August 1, 1990, Innocenti Declaration.
4. The implementation and propagation of the concept of exclusive breast feeding until the age of 4-6 months.
5. To reconsider and reshape the practical aspects of breast feeding, by means of adoption of internationally tested approaches; to teach these principles to health protection workers.
6. To overcome the widely spread beliefs about the impossibility of breast feeding in unfavorable social and living conditions; to destroy the psychological obstacles to breast feeding.
7. To implement the initiative of the WHO and UNICEF, "Baby Friendly Hospitals" in Armenia.
8. To reconsider the programs of humanitarian aid, paying special attention to meeting the demands of pregnant women and lactating mothers.
9. To limit the indications for prescription of baby formulas; to prevent open and indirect advertizing of the latter.
10. To adopt the purposes and principles contained in the International Code and in the additional documents, concerning the marketing of breast milk surrogates.
11. To create for the lactating mother a favorable and encouraging social atmosphere, where breast feeding is a norm.
12. The integration of breast feeding strategy into the general strategy of health care and development, by means of all measures which stimulate breast feeding directly and indirectly: antenatal and perinatal care, family planning service, nutrition, social program aimed at the improvement of the mothers' condition, prevention and treatment of mother-and-child diseases.



13. To accept breast feeding as an important factor for the reduction of infant and neonatal mortality, as well as infant and maternal diseases.

III. THE PURPOSE AND THE GOALS OF THE PROGRAM

3.1 The purpose of the Program is to improve the breast feeding situation:

* 25% increase in the number of babies under 4 months of age by 1995, and 50% increase by 2000, as compared with 1992 figures.

* general breast feeding of the newly born (about 100%) in maternity institutions by 2000 (except cases strictly contraindicated by doctors.)

* due to breast feeding, to reduce the infant mortality and diseases because of diarrhea, etc., by 10% by 2000, as compared with 1992 figures.

* by the year 2000 to provide the availability of necessary practical assistance and information for all mothers, in order to ensure favorable implementation of breast feeding.

3.2 The goals of the Program:

The Program suggests the establishment of a social environment in which breast feeding would be a norm. In order to do that, it is necessary to work in various areas at the same time:

1. To change the attitude of health care workers towards the value of breastfeeding, towards the measures and possibilities of implementation. The activities in this area must include:

- a) enhancement of the idea of compatibility of breast feeding with hard social and economic conditions;
- b) provision of education and implementation of the proper approach to breast feeding in all health care institutions, i.e. maternity consultations, maternity centers, hospitals and clinics;
- c) creation of multi-level educational programs for doctors, nurses and students;
- d) review of the indications and contraindications for baby formulas and the efficiency of breast feeding.
- e) creation and translation of scientific and educational literature on breast feeding.

2. To form the conviction in mothers and families about the indispensability of breast feeding, stressing that breast feeding is possible in any conditions; to use for that purpose health care workers, mass media: press, radio and TV.

Every mother must know that:

- a. Breast feeding is the only best means of providing nutrition and liquids to a baby during the first 4-6 months of life.
- b. Practically all mothers can breast feed their babies, starting immediately after the delivery.
- c. Frequent, unlimited breast feeding is necessary for the stimulation of lactation.
- d. Artificial feeding increases the baby's risk of illness and death several times.
- e. Breast feeding must continue also after the age of 1 year and is desirable till the age of 2 years.
- f. Breast feeding is compatible with hard living and financial conditions, is also possible during the first postnatal months if the mother is undernourished.



3. To prevent the spread and advertizing of baby formulas; in accordance with the requirements of "The International Code of Baby Formula Marketing" adopted by the WHO and UNICEF:
- a) to ban the advertizing of baby formulas, bottles and dummies among the population;
 - b) to ban the free distribution of baby formula samples at health care prophylactic institutions;
 - c) to indicate on the baby formula packages that their usage is hazardous to health.

It is necessary to impose strict limitations on the usage of baby formulas and prescribe them only in case of basic medical indications.

4. The main part of the program activities is to provide the optimal start for the newly born child; by means of implementation of the 10 steps delineated in the "Baby Friendly Hospitals" initiative undertaken by the WHO and UNICEF:

- a. To have a written procedure for the implementation of breast feeding.
- b. To teach this procedure to the whole medial personnel.
- c. To inform all pregnant women about the advantages of breast feeding.
- d. To assist mothers in breast feeding during the first 30 minutes after the delivery.
- e. To demonstrate to the mothers the best ways of breast feeding.
- f. Not to give any other food or drink to the newly born, except the breast milk (apart from cases when indicated by a physician).
- g. To keep the mother and the child together in order to provide their round-the-clock communication.
- h. To encourage unlimited breast feeding, in accordance with the demand.
- i. Never give artificial dummies to the babies.
- j. To encourage the creation of groups that stimulate breast feeding, and help mothers join these groups.

5. One of the important domains of the Program is the evaluation of the initial situation in breast feeding (the social problems of the population and the health care workers), and its dynamics, in terms of the main factors:

- a) type of feeding (exclusive breast feeding, predominant breast feeding, partial breast feeding ~~high~~, medium, low/, incidental breast feeding).
- b) duration of breast feeding (in accordance with the above mentioned types).
- c) when was the first breast feeding initiated.
- d) the body contact of mother and child in the early postnatal period.
- e) keeping the mother and child together.
- f) usage of baby formulas at the maternity center.
- g) usage of artificial dummies (at the maternity center and afterwards).
- h) the indicators of the baby's growth.
- i) data about infant diseases (mortality).
- j) data about the child's living and social conditions.

6. To reconsider the character of humanitarian aid; to shift the focus from breast milk surrogate supplies to the supplies of food, vitamin and mineral additives for pregnant women and feeding mothers, which would be more feasible both in terms of efficiency and expenses.

IV. THE BASIC SCIENTIFIC FIELDS

- 1) In local clinics: to establish the average deviations from the norms of growth in conditions of exclusive breast feeding.
- 2) To study the short- and long-term effects of feeding type in children under 1 year on their growth, development, infant mortality and diseases in Armenia.



- 3) To study the effects of breast feeding on maternal mortality and morbidity, including the frequency of breast-related complications.
- 4) To reconsider the present-day list of contraindications for breast feeding, its substantiation and limitation.
- 5) The study of the relation between the amount of lactation, the quality of the composition of milk, and the quantity and quality of food used by the mother, in Armenian conditions.
- 6) The comparative research of the effects of unlimited breast feeding and other types of feeding on family planning in Armenia.
- 7) The study of water-salt exchange in exclusively breast fed babies in Armenia.
- 8) The study of the relation between environmental wastes and the composition of maternal milk.
- 9) The study of short- and long-term effects of breast feeding on the psychological and emotional state of the mother and child.
- 10) To reconsider the indicators and average deviations for the main components, energy, vitamins and minerals in various types of feeding, based on the new data concerning the composition and norms for maternal milk.
- 11) To reconsider the accepted schedule for additional nutrition for children under 1 year in various types of feeding.
- 12) To study the effects of the unlimited breast feeding and the proper breast feeding technique on the frequency of hypogalactia in Armenia. The discovery of reasons for hypogalactia in Armenia.

V. THE LIST OF BASIC MEASURES AIMED AT THE IMPLEMENTATION OF THE PROGRAM

- 1) To create a national center for the protection and stimulation of breast feeding, with the following functions:
 - a. consultations at maternity centers and pediatric clinics to implement the "Baby Friendly Hospitals" initiative;
 - b. creation of educational manuals and programs; to conduct educational courses for medical workers and mothers;
 - c. consultations for mothers in order to cure and prevent hypogalactia;
 - d. creation and dissemination of questionnaires, bulletins, slides and films concerning the implementation of breast feeding;
 - e. to monitor the situation with breast feeding;
 - f. to publicize breast feeding by all mass media means;
 - g. to form and coordinate the activities of volunteer groups of mothers who would encourage breast feeding.
- 2) Within the framework of the "Baby Friendly Hospitals" initiative:
 - a. to start a new practice of keeping the mother and the child together;
 - b. to start breast feeding within 30 minutes after the delivery;
 - c. exclusive breast feeding, in accordance with the demand, regardless of the hour of the day or night; multiple feeding with both breasts during one session;
 - d. to provide the proper posture at breast feeding, as a means of efficient feeding and the only way to prevent breast-related complications;
 - e. implementation of exclusive breast feeding to exclude the intake of any other liquids and water from the child's ration, as well as to rule out dummies.
- 3). To create a system of dynamic monitoring of the current situation with breast feeding.
- 4). To create educational and popular literature based on the theory and practice of breast feeding; translation and dissemination of the existing foreign literature on the subject.



- 5). To use the new principles of breast feeding in the education of doctors and nurses, as well as at re-educational courses.
- 6). To publicize the efficiency and accessibility of breast feeding through all means of mass media.
- 7). To organize the necessary scientific research within the framework of breast feeding stimulation and protection program.
- 8). To provide the pregnant women and breast feeding mothers with the necessary food and additives (containing the necessary vitamins and minerals).
- 9). To ban all kinds of baby formula advertisement; to prescribe baby formulas strictly by indication.

VI. THE FINANCIAL SOURCES OF THE PROGRAM

The following institutions are the financial sources of the Program: the Armenian Health Ministry, the USAID and the UN children's foundation.

WELLSTART INTERNATIONAL

Wellstart International is a private, nonprofit organization dedicated to the promotion of healthy families through the global promotion of breastfeeding. With a tradition of building on existing resources, Wellstart works cooperatively with individuals, institutions, and governments to expand and support the expertise necessary for establishing and sustaining optimal infant feeding practices worldwide.

Wellstart has been involved in numerous global breastfeeding initiatives including the Innocenti Declaration, the World Summit for Children, and the Baby Friendly Hospital Initiative. Programs are carried out both internationally and within the United States.

International Programs

Wellstart's *Lactation Management Education (LME) Program*, funded through USAID/Office of Nutrition, provides comprehensive education, with ongoing material and field support services, to multidisciplinary teams of leading health professionals. With Wellstart's assistance, an extensive network of Associates from more than 40 countries is in turn providing training and support within their own institutions and regions, as well as developing appropriate in-country model teaching, service, and resource centers.

Wellstart's *Expanded Promotion of Breastfeeding (EPB) Program*, funded through USAID/Office of Health, broadens the scope of global breastfeeding promotion by working to overcome barriers to breastfeeding at all levels (policy, institutional, community, and individual). Efforts include assistance with national assessments, policy development, social marketing including the development and testing of communication strategies and materials, and community outreach including primary care training and support group development. Additionally, program-supported research expands biomedical, social, and programmatic knowledge about breastfeeding.

National Programs

Nineteen multidisciplinary teams from across the U.S. have participated in Wellstart's lactation management education programs designed specifically for the needs of domestic participants. In collaboration with universities across the country, Wellstart has developed and field-tested a comprehensive guide for the integration of lactation management education into schools of medicine, nursing and nutrition. With funding through the MCH Bureau of the U.S. Department of Health and Human Services, the NIH, and other agencies, Wellstart also provides workshops, conferences and consultation on programmatic, policy and clinical issues for healthcare professionals from a variety of settings, e.g. Public Health, WIC, Native American. At the San Diego facility, activities also include clinical and educational services for local families.

Wellstart International is a designated World Health Organization Collaborating Center on Breastfeeding Promotion and Protection, with Particular Emphasis on Lactation Management Education.

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