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**Wellstart International's  
Expanded Promotion of Breastfeeding Program  
in the Republic of Georgia:  
*Country Close-out Report***

May 1994—November 1995

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In addition, EPB would like to acknowledge the ongoing work of the National Breastfeeding Committee (NBC) of the Republic of Georgia:

- ▶ Dr. Leila Beitrishvili, Pediatric Department, Tbilisi Medical University
- ▶ Dr. Zenaida Nihill, EPB Resident Advisor
- ▶ Dr. Medea Beleshadze, Institute of Pediatrics, MOH
- ▶ Dr. Ludmila Lomia, Chief Pediatrician of Tbilisi
- ▶ Dr. Maya Kherkheulidze, Center of Perinatal Neonatology
- ▶ Irma Gotsiridze, Institute of Pediatrics, MOH
- ▶ First Lady Nanuli Shevernadze, President, Women of Georgia for Peace and Life (WGPL)

In-country technical assistance was provided by EPB Resident Advisor Dr. Zenaida Nihill. Dr. Nihill assisted the NBC and its coordinator, Dr. Ketevan Nemsadze, to formulate and implement a national plan and policy (Decree 21) through country-wide lactation management training. She was also instrumental in assisting the NBC in obtaining the donor support described below and in coordinating with other non-governmental organization (NGO) and private voluntary organization (PVO) activities in-country.

Donor support, amounting to nearly \$54,000 or roughly one dollar for every three dollars spent by EPB, significantly added to EPB's limited resources and ensured the program's ultimate success. UNICEF contributed \$30,950 for training activities, AED/NET contributed \$13,000 to support Georgian participants in Wellstart International's Lactation Management Education (LME) Program, and Feed the Children contributed \$9,500 towards a brochure for mothers and a training for nurses and midwives. Donations of materials included 200 WHO pamphlets entitled *Protecting, Promoting, and Supporting Breastfeeding* in Russian and 700 copies of *Breastfeeding: How to Support Success, A Practical Guide for Health Workers* in Georgian from MSF-Spain.

Ongoing technical assistance and overall country program management was provided by Joyce Warner and Martha Holley-Newsome at EPB. EPB Training Advisor Linda Bruce carried out a training-of-trainers course in Georgia with an emphasis on adult learning principles for the Georgian master trainers. EPB Outreach Advisor Judy Canahuati provided limited technical assistance from Washington DC to dub into Russian and adapt the English-language video *Breastfeeding: A Special Relationship*.

## EXECUTIVE SUMMARY

Wellstart International's Expanded Promotion of Breastfeeding (EPB) Program began working in the Republic of Georgia at the request of USAID in May 1994. EPB carried out a "rapid assessment" of maternal and child health, family planning, and breastfeeding practices to determine local needs and plan appropriate support. This assessment identified an urgent need for breastfeeding promotion resulting from the declining economic and health situation and increasing dependence on emergency formula donations. The approximately 280,000 internally displaced persons in Georgia, many of whom were women and children, were especially vulnerable during this time of transition.

The assessment team found universal agreement that the decline of breastfeeding had accelerated in recent years and that new formulas were greatly valued by mothers. The Georgian government and foreign donors expressed concern that an unsustainable nutritional dependence was developing, in addition to the loss of health benefits associated with breastfeeding. Consequently, breastfeeding promotion was identified as an urgent need to reduce dependence on temporary emergency formula donations and to ensure better food security for Georgian infants. Increasing the rate of breastfeeding would reduce infant mortality and morbidity while conserving scarce financial resources.

Discussions with the Ministry of Health (MOH) about this situation led to the development of a Memorandum of Intent (MOI) for EPB's technical assistance in August 1994. The Memorandum was approved by USAID, funded by an add-on from the Newly Independent States (NIS) Task Force, and signed by EPB/Georgia and the Georgian Minister of Health, Dr. Avtandil Jorbenadze, in November 1994. The agreement outlined a three-pronged strategy for breastfeeding promotion with technical assistance in: 1) program and policy development; 2) training; and, 3) mother-to-mother support.

At the same time, the MOH expressed a strong commitment to launching a national breastfeeding program and named the country's Chief Pediatrician, Dr. Ketevan Nemsadze, national coordinator of this program. To provide continued support to the National Breastfeeding Program, EPB hired Dr. Zenaida Nihill as a resident advisor. An in-country EPB office was opened in January 1995. The joint commitment of the MOH, EPB, USAID, and other donors, including UNICEF, Feed the Children, and Oxfam led to an extraordinarily successful program that lasted from October 1994 through November 1995 and provides the focus of this close-out report.

The MOH breastfeeding promotion program has made tremendous strides in the promotion of breastfeeding in the Republic of Georgia. Since December 1994, two MOH personnel have participated in Wellstart International's Lactation Management Education (LME) program by attending the course in San Diego, a national decree was issued by the MOH to institutionalize rooming-in in maternity houses, a training strategy was developed, a training curriculum was adapted for use, a cadre of nine master trainers was created, approximately 328 health professionals have been trained, technical materials have been disseminated and published, a Lactation Management Center has been established, and a broad base of support for breastfeeding has been created. Stephen Johnson of UNICEF/Georgia described one Tbilisi training session and overall coordination between EPB/Georgia, UNICEF, and the Georgian government as a "model of cooperation that should be copied by others."

This work has been accomplished at one-half the cost of other national training programs. These developments have resulted in an overwhelming demand for training nationwide that extends beyond the current resources of the MOH. The Republic of Georgia is poised for a revolution in health care practices and should coordinate with the international donors working in health care reform to gain continuing support for its breastfeeding program. UNICEF and World Bank resources should be tapped to ensure that the tremendous progress made by training health care professionals is sustained.

**WELLSTART/USAID COOPERATIVE AGREEMENT  
PURPOSE-LEVEL GOALS AND STATUS: GEORGIA**

<b>GOALS</b>	<b>STATUS March 1994</b>	<b>STATUS November 1995</b>
1. Visible, accountable person of authority responsible for breastfeeding within the country	None	Dr. Ketevan Nemsadze National Breastfeeding Coordinator
2. National Breastfeeding Steering Committee composed of representatives from relevant government departments, non-governmental organizations (NGOs), medical associations, donor organizations, and private voluntary organizations (PVOs)	None	National Breastfeeding Committee (regular meeting twice monthly)
3. National Breastfeeding Policy with targets for improving breastfeeding practices	None	National Breastfeeding Program in place and under implementation (Lacks specific targets for exclusive breastfeeding)
4. Comprehensive, national breastfeeding program based on assessments	None	Based on MOH data (MOH placed focus on training component not a comprehensive program)
5. Significant host government budget allocations for breastfeeding activities	None	Limited (donation of National Breastfeeding Coordinator, television time, and office space)
6. Breastfeeding promotion integrated into overall health and development policies	Limited	Breastfeeding incorporated within control of diarrheal diseases (CDD)/acute respiratory infection (ARI)/Safe Motherhood/Child Survival
7. Improved monitoring and evaluation mechanisms established	None	None
8. Results of research disseminated widely to and applied by policy makers to improve breastfeeding programs	None	None

## BACKGROUND

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Georgia represents an interesting case study for breastfeeding promotion in the former Soviet Union. EPB carried out similar assessments in Georgia and Armenia in May 1994. During both assessments, each ministry anticipated decreased formula donations, although in Armenia a complete cessation of formula donations seemed imminent. Since a national program was in place in Armenia and a breastfeeding study had already been funded by USAID, EPB chose to support a rapid communications campaign to help ameliorate the pending formula crisis. In Georgia, EPB decided to concentrate investments in a resident advisor and an in-country office supported by limited outside technical assistance to jump start a national program. The results of the direction taken in Georgia are truly remarkable and this report will attempt to describe the unique factors leading to this success, as well as document the lessons learned in the process of implementation.

## MATERNAL AND CHILD HEALTH STATUS IN 1992/93

In *Maternal-Child Health Needs in Georgia* by Susan Welsby, the priority health concerns in Georgia were exacerbated by a general climate of economic upheaval and civil unrest that left large numbers of internally displaced persons, general food insecurity, lack of fuel, and civil unrest. Basic medicines and immunizations were in short supply and only available through humanitarian assistance programs. The leading causes of infant

morbidity and mortality included acute respiratory infections and diarrheal disease. Maternal mortality was high and perinatal mortality accounted for 40% of all infant mortality, estimated from 15 to 25 per 1000. Modern contraceptives were generally not available and abortion remained the primary method for controlling fertility.

In this environment, optimal breastfeeding promotion was particularly important, not only because of its health benefits to mothers and infants, but also as a strategy for food security.<sup>1</sup> Exclusive breastfeeding provides one of the only means to prevent diarrhea and acute respiratory infections while providing contraceptive benefits for mothers through the lactational amenorrhea method (LAM). Early initiation of breastfeeding also reduces postpartum hemorrhage and perinatal mortality.

As in other former republics of the Soviet Union, Georgian health facilities promoted less than ideal breastfeeding practices. Rooming-in was rare, immediate initiation was virtually non-existent, on-demand feeding was unheard of, and rigid schedules were the norm. Supplementation with milk formula began upon discharge from maternities and rapidly included supplementation with other liquids shortly thereafter. Consequently, exclusive breastfeeding was non-existent and the demand for formula was high. A summary of the general maternal and child health indices available in 1992/93 are listed in the text box below.

In 1992, highly placed officials in the MOH (including the Minister himself) were very supportive of introducing modern concepts of breastfeeding to both mothers and clinicians. This attitude was in part due to the impact that the UNICEF-sponsored Baby-Friendly Hospital Initiative (BFHI) Conference (St. Petersburg, January 1994) had on the two MOH/Georgia delegates. This support, coupled with formula insecurity and dependence on foreign donors, led the MOH to set priorities for the promotion of

Total Population, 1992:	5.5 million
Infant Mortality Rate:	24.3/1000
Maternal Mortality Rate:	54.9/1000
Breastfeeding at 3 months, 1993:	20%
Breastfeeding at 6 months, 1993:	3.5%
Total Fertility Rate, 1990	2.2%

breastfeeding, including the education and training of clinicians (physicians and nurses) in the modern concepts and techniques of breastfeeding, as well as the education of pregnant women and women immediately post partum concerning the advantages and techniques of breastfeeding. To meet these priorities, two hospitals began to incorporate some of the UNICEF/WHO *Ten Steps to Successful Breastfeeding*. An 18-hour in-service training was conducted by the delegates to the conference that included debunking the notions that Georgian women were too stressed to breastfeed and that infants should be breastfed according to a fixed schedule.

## TARGETS/OBJECTIVES

As mentioned above, the MOH and EPB signed the MOI on November 11, 1994 to increase optimal breastfeeding practices in Georgia and decrease infant and maternal morbidity and mortality. This document listed objectives for policy and planning, training, and mother-to-mother support (See Annex I). These objectives were further revised and developed to include:

<sup>1</sup>Optimal breastfeeding is defined as:

- a) initiation of breastfeeding within one hour of birth;
- b) exclusive breastfeeding from zero to six months with no water, milks, or other liquids;
- c) appropriate complementation of breastfeeding with energy-dense foods from six to nine months;
- d) continued breastfeeding well into the second year of life.

## Policy and Planning Objectives

- ▶ Provide technical assistance to review Georgian needs and develop a national plan and policies;
- ▶ Sensitize other donors to the need for breastfeeding promotion and secure additional donor assistance and support;
- ▶ Provide a full-time resident advisor to assist the MOH with all aspects of national program implementation; and,
- ▶ Provide assistance in revising norms and systems to promote optimal breastfeeding.

## Training Objectives

- ▶ Train the national coordinator and master trainer at Wellstart International's Lactation Management Education (LME) Program;
- ▶ Develop a curriculum for training physicians and health workers on breastfeeding promotion;
- ▶ Recruit and train six master trainers;
- ▶ Train at least 32 pediatricians, 43 neonatologists and 43 OB/GYNs from Tbilisi, Kutaisi, Telavi, and Senaki;
- ▶ Train at least 100 nurses and 77 midwives from Tbilisi, Kutaisi, Telavi, and Senaki; and,
- ▶ Revise the curriculum for submission to the scientific council for review and approval to be used in medical, nursing, and midwifery faculties.

## Mother-to-Mother Support Objectives

Technical and in-country assistance for mother-to-mother support was less defined and was planned based on the interest and availability of competent local women's organizations interested in promoting breastfeeding. Training and materials distribution were planned to support this outreach effort.

## DONOR INPUTS FOR THE NATIONAL PROGRAM

Virtually all of the EPB assistance described above was carried out in less than a year with only \$157,000 (\$124,000 USAID add-on funds and \$33,000 EPB core funds). In addition to being short and inexpensive, this program sought to leverage additional donor funding for in-country expenses. This proved to be a unique and effective approach, since complementary donor investments significantly added to EPB's limited resources (see Annex II for budget details). A chronology of all inputs whether technical assistance or financial support is described below.

### Chronology of Technical Assistance/Financial Support

January 94	St. Petersburg Conference	WHO/UNICEF
May—June 94	Maternal and Child Health Assessment	EPB Technical Assistance (TA)
August 94	Program Planning Visit	EPB TA
September 94	MOH Designated National Coordinator	MOH Funding

October 94	Team of Five Physicians to Maternal and Child Health/Family Planning/Breastfeeding Conference in Ukraine	EPB TA & Funding
November 94	Team of Two Pediatricians to Wellstart International's LME Program—Technical Materials	AED NET funding
November 94	Develop Training Strategy	EPB TA
January 95	Hire Full-Time Resident Advisor and Open Tbilisi Office	EPB TA & Funding
March 95	Translate Existing Curriculum into Georgian	UNICEF Funding
May 95	Fund Training Strategy and Training Equipment	UNICEF Funding
May—Oct 95	Television Spots for Training Strategy	UNICEF Funding
May 95	Office Equipment Donated	Oxfam Funding
July 95	EPB Training Advisor Visit for Training of Trainers (TOT)	EPB TA
September 95	History of Breastfeeding Video and Television Spots	UNICEF Funding
September 95	Donation of Office Space for Lactation Management Center	MOH Funding
October 95	Funding for Training of Nurses and Midwives in Zugdidi	Feed the Children Funding
Oct—Nov 95	Brochure for Mothers	Feed the Children Funding

## OUTPUTS OF THE NATIONAL PROGRAM

### National Program and Policy Development

The National Program began with the full support of the Minister of Health, Dr. Avtandil Jorbenadze. EPB recommended that Dr. Ketevan Nemsadze, the Chief Pediatrician of Georgia, be chosen as the National Breastfeeding Coordinator because of her position, interest, and vision for breastfeeding promotion in Georgia. Dr. Nemsadze's progressiveness, dedication, and ability to move forward to institute changes in the system pushed progress forward at a much faster pace than most programs around the world. Soon after Dr. Nemsadze's appointment, the National Breastfeeding Committee (NBC) was formed.

In early 1995, Dr. Nemsadze, with assistance from EPB, drafted amendments to Decree 55, an antiquated Soviet decree which governed practices in maternity homes. The decree did not encourage breastfeeding but encouraged separation of mother and child for two to three days after birth. With updated knowledge and practices learned during her participation in the LME course, Dr. Nemsadze proposed amendments to Decree 55 to incorporate more baby-friendly practices in maternity homes and hospitals. She was instrumental in getting a new decree signed by the Minister of Health on April 1, 1995. The new decree, Decree 21, emphasized the need to change the health care system and incorporated the UNICEF's *Ten Steps to Successful Breastfeeding* into hospital

reform plans. The decree set the stage for widespread reformation of maternity services and included provisions to:

- ▶ Initiate breastfeeding soon after delivery;
- ▶ Breastfeed exclusively and on demand for the first four to six months;
- ▶ Advise mothers to continue breastfeeding for up to two years;
- ▶ Provide rooming-in to mothers and babies; and,
- Train medical personnel on lactation management.

EPB/Georgia accompanied members of the NBC and MOH on several ocular inspections of maternity homes in Tbilisi to assess initial compliance with the decree. These inspections monitored progress toward incorporation of the baby-friendly practices including: immediate initiation of breastfeeding, rooming-in, and training of nurses, midwives, and other health personnel in lactation management.

Reorganization of the health care system in Georgia coincided with breastfeeding promotion efforts. Regionalization of the system led to regular meetings between the chief doctors from the field and the MOH. These meetings provided an excellent opportunity to assess the progress of the new health reforms being instituted. They also allowed better communication and collaboration between regional efforts and the PVOs and NGOs working on specific programs in Tbilisi to achieve a more national focus.

A Lactation Management Center was established in Pediatric Teaching Hospital #3 in Tbilisi. In coordination with the MOH, the hospital provided office space and efforts were underway to equip this office in late 1995. The NBC intends to make this the center for all efforts related to breastfeeding including clinical consultations, a telephone help and information line, a center for training, and a technical resource library.

In addition, a breastfeeding coordinator was chosen to act as the key contact person for the MOH in each region where training occurred. This doctor will be the liaison for continued information and materials exchange, as well as for continued technical assistance from the MOH and the master trainers trained by EPB/Georgia. These key contacts were chosen based on their ability, dedication, enthusiasm, and the frequency with which they visit the MOH office in Tbilisi.

### **Formula Guidelines and Code of Marketing of Breastmilk Substitutes**

As national breastfeeding promotion efforts got underway, the NBC realized the need to control the influx and distribution of breastmilk substitutes in Georgia. This led to closer monitoring of the entry and distribution of milk formula. The MOH gave the NBC and Dr. Nemsadze ultimate responsibility for the regulation of these donations. In the past, PVOs and NGOs distributed formula directly to MOH maternity homes that routinely gave formula to women immediately following delivery. No guidelines for formula distribution guided these efforts. This led to an exclusive reliance on donated formula without a guaranteed supply. Due to exorbitant prices, families were unable to purchase formula in the market.

During Martha Holley-Newsome's trip to Georgia in August 1994, a meeting with PVOs and NGOs provided an opportunity to sensitize local experts to the hazards of formula and milk powder distribution and discuss opportunities for promoting optimal infant feeding in their work. A separate meeting with CARE was held to discuss changing food distribution methods, particularly distribution of whole milk powder, for mothers of infants less than six months old. EPB also provided a memo describing the international recommendations for distribution of formula and whole milk powder. CARE responded by changing their distribution practices and promoting breastfeeding messages within their food program. At CARE's request, the NBC and EPB also trained CARE food monitors on breastfeeding knowledge and skills.

The NBC and Dr. Nemsadze instituted careful regulation of infant formula. All PVOs and NGOs involved in milk formula distribution now need to obtain approval before project implementation. New guidelines allow distribution only by prescription from authorized humanitarian drug distribution centers. PVOs and NGOs that distribute milk formula are also required to provide a portion of their funding for the promotion of breastfeeding. Monitoring efforts have been extremely successful and no new formula has been shipped to Georgia since January 1995.

The issue of monitoring formula distribution revealed the need for legislation guiding the marketing of breastmilk substitutes. The NBC is drafting this legislation with Georgian lawyers. They hoped to submit a version of the *International Code of Marketing of Breast-milk Substitutes* for parliamentary ratification before the end of 1995. It was hoped that legislation on the code would be prepared in time to present to the WHO/UNICEF regional conference on "Training on the *International Code of Marketing of Breast-milk Substitutes*" in Moscow in December 1995. Dr. Nemsadze participated with funding from UNICEF.

The Georgian code will include a unique provision that requires pre-service training in lactation management for pediatricians, obstetricians, nurses, and midwives. If passed, this will provide a legal mandate for universities to revise their pre-service curricula.

### **Training Strategy (Long-term and Short-term)**

Compared with other national programs worldwide, the results of the in-service training program in the Republic of Georgia are remarkable. Many country programs have been in operation for several years but have not achieved the number of health providers trained or the advances made in pre-service reform that Georgia has achieved. The success of the Georgian program can be attributed to a number of factors: (1) participation of two key and influential representatives from the MOH in the LME program; (2) development of a well-planned training strategy that included both short-term and long-term goals; and, (3) monitoring and follow-up of trainees.

#### ***Participation in Wellstart International's LME Program***

In November 1994 AED NET provided funding for the National Breastfeeding Coordinator, Dr. Nemsadze, and a master trainer, Dr. Leila Beitrishvili, to attend Wellstart International's LME Program in San Diego. The participation of these two physicians in the LME course was important to building a critical mass of experts on breastfeeding. However, the fact that these two participants were committed and influential representatives from the MOH was also a contributing factor to the success of the breastfeeding program. When these two physicians returned to their country, they worked together to develop a team of master trainers, secure funding for training activities, and galvanize the support of influential policy makers for breastfeeding and their training program.

#### ***Development and Implementation of Training Strategy***

While attending the LME course in San Diego, the Georgian team developed a strategy for training health care providers that had two goals: (1) a short-term goal to foster changes in lactation management within health services for pregnant women; and, (2) a long-term goal of institutionalizing breastfeeding promotion through the incorporation of lactation management into medical faculties. The short-term strategy was designed to address the immediate need of training physicians working in maternity houses on breastfeeding promotion, to give them skills to counsel mothers on breastfeeding management, and to teach them how to institute rooming-in in their maternity hospitals. The long-term goal addresses issues of sustainability of breastfeeding education to all physicians and health care providers nationwide.

The initial short-term strategy planned for training 118 physicians (pediatricians, neonatologists and OB/GYNs), 100 nurses, and 77 midwives to receive training on breastfeeding promotion and Lactation Management in four regions over twelve months. Upon their return from San Diego, the Wellstart Associates reviewed this strategy with members of the NBC and MOH. The strategy was then revised to: 1) focus training efforts more on physicians who have the first contact with pregnant and post partum mothers; 2) expand training activities to two additional regions; and, 3) schedule training workshops for the summer when the weather was less severe. It was decided that once a core group of physicians had been trained in a region, the MOH could focus on training nurses and midwives.

As part of its strategy, the NBC adapted a curriculum for training health care providers, which was developed in Pakistan, for use in Georgia. This 18-hour, competency-based curriculum outlines a participatory approach to training health care providers and includes guidelines for clinical practice and exercises. This is the only curriculum on child health care in the Republic of Georgia. The master trainers were trained in lactation management and on how to use the newly adapted curriculum.

Over a four month period, 328 physicians (pediatricians, neonatologists, and OB/GYNs) from six target regions were trained. Ten workshops were conducted in the following cities: Tbilisi, Kutaisi, Zugdidi, Senaki, Telavi, Poti, and Batumi. Results from the pre- and post-tests indicate an average 80% increase in knowledge among the workshop participants. The NBC was also able to train 35 nurses and midwives in Zugdidi with financial support from Feed the Children. Additionally, the NBC visited fourteen maternity houses to provide follow-up to the physicians already trained and to give half-day lectures on breastfeeding to nurses, mid-wives, and administrators ("paramedical" staff). The training program became so popular that, by the end of the four months, the Ministry was flooded with requests for training from health care workers nationwide.

Neonatologists	84
OB/GYNs	89
Pediatricians	120
Nurses	20
Midwives	15
<b>Total</b>	<b>328</b>

The fact that the NBC developed a strategy with realistic and achievable goals enabled the MOH to maximize its resources to achieve project objectives. With a training strategy in hand, the MOH was also better able to galvanize donor interest and support from UNICEF and to implement its ambitious training strategy. The NBC also received limited funding from Feed the Children for training nurses in maternity homes where physicians had already been trained.

Recognizing the uncertainty of donor and political support for breastfeeding, the NBC developed long-term goals to ensure that all physicians receive training in breastfeeding and counseling mothers on lactation management, especially in light of the influx of infant formulas into the country. This long-term strategy includes pre-service curricular reform and the development of decrees to ensure that breastfeeding is incorporated into medical schools. Presentations in scientific fora have helped to convince several key university administrators that breastfeeding should be a vital part of the curricula. Now that the short-term in-service training has ended with the onset of winter and the closing of the EPB/Georgia office, the NBC is focusing efforts on adapting the curriculum and having it accepted for use in medical schools.

Currently, a decree is being considered for signature by the president that will ensure that breastfeeding is incorporated into pre-service training. In addition, the National Breastfeeding Coordinator was recently named coordinator for the maternal and child health component of a World Bank project that will include medical school and curriculum reform.

### *Monitoring and Follow-up*

Between the regional training workshops, members of the NBC made five routine visits to maternity houses in Tbilisi, Zugdidi, Mshketa, and Kutaisi to observe physicians who had been trained, to monitor changes made to the maternity house services as a result of the training, to inform hospital administrators of the MOH decree on rooming-in, and to give a half-day seminar to nurses and midwives on breastfeeding promotion. These informal monitoring visits also served to strengthen the maternity houses' commitments to breastfeeding, check on the progress made on the actions plans developed by each workshop participant, and update the physicians on breastfeeding issues. During these visits the NBC observed increased incidence of rooming-in, early initiation, and on-demand feeding. Enthusiastic hospital staff demonstrated posters on breastfeeding that they had personally developed or had acquired through UNICEF to hang on the otherwise empty walls. As part of the NBC's commitment to UNICEF, it is hoped that five maternity homes will launch BFHI in 1996.

The NBC plans to put out a newsletter to keep in touch with all the doctors, nurses, and midwives that have been trained. This will highlight achievements of the Georgian breastfeeding promotion program and its future plans.

### **Collaboration with Non-Governmental Organizations**

The Georgian "rapid assessment" of May 1994 showed that many small and large PVOs and NGOs were active in Georgia. Most of these organizations were involved in providing emergency humanitarian assistance, primarily donations of food and other essential commodities. However, this emergency assistance provided opportunities to promote breastfeeding through the donors' contact with mothers and children while distributing food and formula. During the first EPB visit in August 1994, a general meeting with all donor groups was called to discuss infant feeding issues within the context of emergency assistance. A total of 23 NGOs and donor groups attended and most expressed interest in training and other materials to integrate breastfeeding promotion into their ongoing activities.

Given this important resource, EPB committed to providing as much assistance as possible, given limited funding, to help PVOs and NGOs incorporate breastfeeding promotion into their activities. The decision to hire an in-country advisor was made, in part, because of the potential for involving other counterparts in a national effort to promote breastfeeding. A strong coordination and collaboration component became part of the overall design of EPB's assistance.

EPB and the NBC provided technical assistance and information to PVOs and NGOs throughout the year. Approximately 40 meetings and workshops were held with NGOs and donors. Some of the results of this assistance are highlighted below:

- ▶ *CARE International* modified their food distribution strategy and refrained from distributing whole powdered milk to mothers who could breastfeed with children zero to six months. CARE field monitors asked for assistance in formulating responses to mothers who continued to ask for powdered milk to feed their infants. In response, EPB/Georgia and the NBC conducted a three-hour training for CARE's field monitors on the benefits of breastfeeding and how to help mothers optimally feed their children. The training focused on the impact of breastfeeding on the economy, reasons breastfeeding should be encouraged, and the relationship between formula use and increased morbidity and mortality among infants. Field monitors were given skills to help mothers who wanted formula to understand the benefits of breastfeeding in the absence of powdered milk.
- ▶ *MSF-Spain* At MSF-Spain's request, EPB emphasized LAM and family planning in their lactation management training of physicians in MSF-Spain-supported clinics in the Zugdidi region. MSF-Spain has been working on promoting family planning in this area. This collaboration enabled the region to include information about LAM and breastfeeding within family planning services.

- ▶ **Premiere Urgence** met monthly with EPB/Georgia for technical assistance on their infant feeding program in Sukhumi, Abkhazia. The program was designed to establish a rapid response to the needs of vulnerable populations, particularly children and pregnant and lactating women, in the context of a disaster relief operation. A breastfeeding survey in Abkhazia was completed in June 1995 by Action Internationale Contre la Faim (AICF).

Results of the survey indicated that outdated Soviet practices persist and negatively impact breastfeeding. Breastfeeding rates in Abkhazia were decreasing and artificial feeding was being introduced at an early age. Approximately 95% of mothers surveyed initiated breastfeeding, but at two months only 25% were still breastfeeding. Reasons given for decreasing levels of breastfeeding included stress and poor nutrition of the mother. The survey also documented the health facility impediments to optimal feeding outlined previously in Section III. The survey recommended re-education of hospital staff to encourage breastfeeding and to provide accurate information to mothers; infant formula distribution monitoring by health care workers; and, special attention to help pregnant and lactating women improve the quality of their diet.

To meet AICF's recommendations, Premiere Urgence agreed to provide breastfeeding education to mothers before they received infant formula and suggested that hospital administrators require a medical prescription before any formula was distributed. EPB/Georgia offered additional guidelines for effective distribution of formula and emphasized the need to train personnel on breastfeeding issues. EPB/Georgia provided technical information to clear up health workers' misperceptions of breastfeeding, including 70 copies of *Helping Mother's to Breastfeed* by Felicity Savage-King in Russian and a copy of the video *Breastfeeding: A Special Relationship* in Russian.

- ▶ **MSF-Holland** EPB/Georgia offered information and technical assistance to a pediatrician, Dr. Nalia Malakadze, who serves three mountain regions in Adjara near Batumi. She attended the training session in Batumi and would like to promote breastfeeding in these regions. Dr. Malakadze would benefit from further training and additional breastfeeding promotion materials from the Lactation Management Center.
- ▶ **Women in Georgia for Peace and Life** EPB and the NBC began working with a local PVO, Women of Georgia for Peace and Life (WGPL), headed by First Lady Nanuli Shevernadze. Madame Shevernadze is also a member of the NBC. Her dual affiliation provides an important link between the national program and this alliance of Georgian women. The WGPL has chapters in all regions of Georgia and includes women from various professions. The WGPL has begun promoting breastfeeding within their membership and in the community.

### Limited Community Outreach

EPB's original plan with the MOH included limited technical assistance for mother-to-mother support. EPB planned to support a local Georgian PVO, the Young Mother's Support Association (YMSA), to develop and implement a program of mother-to-mother support. Dr. Nihill worked with YMSA to obtain funds from Oxfam. This program ended prematurely when YMSA refused to comply with the terms of the grant, which included supervision of expenditures by EPB/Georgia.

EPB/Georgia and the NBC instead began working with the WGPL, mentioned above, to promote breastfeeding in the Georgian community. The WGPL published ten articles about breastfeeding in their monthly newsletter,

which has an average circulation of 5,000 copies.<sup>2</sup> EPB/Georgia donated \$1,000 toward the publication of the newsletter and invited the editor to participate in the 24-hour lactation management education training. The NBC is continuing to work with the WGPL and hopes to enlist and train volunteers to counsel mothers in their community.

A brochure for mothers, funded by Feed the Children, will also be used to answer questions that mothers have as they begin to make changes in the breastfeeding practices in their communities. Feed the Children funds will allow an initial printing of 30,000 copies of the five-fold color brochure. There are currently 70,000 live births in Georgia yearly so the brochures will reach about half of all Georgian mothers in 1996. The brochure will be distributed by nurses and mid-wives in women's polyclinics and in centers where staff have been trained in lactation management. It will be used as a tool to instruct mothers on breastfeeding.

### Mass Media and Materials Distribution

Social marketing was not included as a component of EPB's technical assistance to the MOH due to limited funds and the lack of policy support and health provider training when the program was initiated. The network of regional breastfeeding coordinators will facilitate further distribution of technical information and materials.

However, television reports emerged as an important component of the National Program. The MOH provided free programming on the state television station to cover the training strategy and each workshop made regional or national news, often with interviews of doctors, NBC members, Dr. Nemsadze, and the EPB Resident Advisor.

UNICEF contributed funds to create a twenty-minute video on the history of breastfeeding in Georgia, showing the traditional and cultural roots of breastfeeding in Georgian society. Encouraging Georgians to return to a cultural norm that had been forgotten during the Soviet era became an important theme to promote breastfeeding in Georgia. This video program was shown on national television on two consecutive Sundays in September.

EPB provided funds to dub the video *Breastfeeding: A Special Relationship* into Russian for use in Georgia. The video discusses the benefits and management of breastfeeding and is targeted at new mothers. A set of discussion questions has also been drafted to accompany the video. The video later served as the basis for a talk show about breastfeeding issues. With funding from UNICEF, ten-minute segments of the video were televised on Georgian television. The segments were aired on twelve consecutive Saturdays and included a discussion period with members of the NBC, physicians, and mothers to answer common questions and concerns about breastfeeding. Several of the shows had feature discussions including: problems of initiating breastfeeding in a premature infant, feeding low birth weight babies, the Kangaroo Method, and a special interview with First Lady Nanuli Shevernadze on the importance of breastfeeding promotion.

These programs increased knowledge and awareness of the benefits of breastfeeding. Both the television station and EPB/Georgia received many calls from interested mothers supporting increased breastfeeding promotion, looking for answers to specific questions, and asking the station to re-run the series. The NBC responded to information requests by setting up a telephone hot-line. In addition, all eight trainers and Dr. Nemsadze were given 100 business cards each with the Lactation Management Center's phone number and address so that mothers can contact trainers for informal breastfeeding counseling over the phone or schedule an office visit.

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<sup>2</sup>Breastfeeding articles printed in the newsletter were written mostly by EPB/Georgia master trainers and include: *Let's Not Disrupt Nature's Harmony*, an article about the basics and benefits of breastfeeding written by NBC member and trainer Luda Lomia; *How to Feed Infants*, an article about the contents of human milk; *Natural Feeding (Breastfeeding)*, a segment of an article written by a renowned Georgian physician Irakli Pagava about the benefits of breastfeeding and the risks associated with bottle feeding; and *The First and Most Important Honor of the Woman*, an interview with Dr. Nemsadze about the re-establishment of breastfeeding traditions in Georgia.

EPB/Georgia and the NBC also provided numerous print materials to organizations and health care providers. The distribution of these materials is covered above in the training and mother-to-mother support sections.

## **Capacity Building**

EPB/Georgia worked diligently with the NBC during the last few months the office was open to build local capacity and to make the NBC more self-sufficient and sustainable. EPB/Georgia trained the members of the NBC in general office management skills, financial reporting, proposal writing, and limited computer skills (word processing and Excel). This transfer of skills was vital for the NBC to continue to effectively submit proposals and leverage funding for breastfeeding promotion in Georgia.

## **LESSONS LEARNED**

### **Political Commitment to Breastfeeding Promotion**

Breastfeeding promotion is strongly supported by the Minister of Health, the Chief Pediatrician and National Breastfeeding Coordinator, and the First Lady. From this strong foundation of support, breastfeeding promotion has been given the visibility and credibility that is required for health professionals to take the issue seriously. Political commitment has been critical in galvanizing support for specific breastfeeding promotion activities as well. The MOH's strong support has created a favorable atmosphere for donors working in maternal and child health such as UNICEF, WHO, and the World Bank, to integrate breastfeeding into their in-country programs. UNICEF, the World Bank, WHO, and local NGOs have already begun to integrate breastfeeding into their maternal and child health projects in Georgia.

### **A Strong National Breastfeeding Coordinator**

EPB's assessment and planning visits fostered the creation of the National Breastfeeding Coordinator position. The Ministry's selection gave enormous credibility to their commitment to seriously promote breastfeeding. The selection of a person with political clout, dedication, enthusiasm, and extensive knowledge on the subject was instrumental in moving the program forward. In her roles as Chief Pediatrician of the Republic of Georgia, a very motivated Wellstart Associate, and National Breastfeeding Coordinator, Dr. Ketevan Nemsadze has been the driving force behind the Ministry's efforts to promote breastfeeding and implement its ambitious training schedule.

### **Effective Strategic Planning**

Many MOHs initiating breastfeeding promotion fail to develop a well-defined and realistic plan of action, resulting in the inefficient use of resources. The National Breastfeeding Coordinator along with other MOH staff developed a MOI and a specific in-service training strategy with realistic and achievable goals. With this strategic planning, the MOH was able to maximize its resources. The training strategy also helped the MOH to galvanize donor interest in breastfeeding promotion and broaden its base of support.

### **Collaboration with Other Donors and Leveraged Funding**

Collaboration and leveraged funding from other donors were vital components of the breastfeeding promotion program. Meetings with different PVOs and NGOs helped to increase awareness of breastfeeding issues. These

meetings served as excellent opportunities to inform other donors of EPB/Georgia's goals and accomplishments, provide a forum for an exchange of ideas and lessons learned, and find areas where collaboration was possible. Offering trainings or information broadened the base of support for promotion efforts and allowed more points of collaboration to emerge.

Multi-donor support was critical for the implementation of the Ministry's training strategy. Both EPB and UNICEF had limited funds to independently support the NBC's ambitious training strategy. However, the combined resources of the two organizations made project implementation possible. EPB provided the technical support while UNICEF covered in-country costs to conduct the workshops nationwide and to print materials for the workshop participants. Additional support from Feed The Children enabled the MOH to expand its training activities to include nurses and midwives. Given that in-service training is a costly intervention, the leveraging of funds from many donors made it possible to effectively implement an in-service training program.

### **In-country Presence**

The EPB Resident Advisor, Dr. Zen Nihill, was instrumental in using limited EPB funding to raise interest and leverage additional funding. A key component of the low cost and ultimate success of the EPB Georgia program was the Resident Advisor's ability to generate additional funds to implement the MOH breastfeeding promotion plan. EPB's budget acted as a seed grant to assist the Resident Advisor and the MOH to raise awareness and cultivate further support and funding. EPB's in-country presence made it possible to continually raise awareness of the need to protect breastfeeding in a country where donors had been providing emergency aid in the form of infant formula, milk products, and other foods that could replace breastmilk.

The technical assistance provided by EPB and its Resident Advisor was one of the first examples of development assistance given to the Republic of Georgia that was linked to but not rooted in humanitarian aid. Breastfeeding was the premiere health intervention in Georgia and this timing ensures its inclusion in other NGO agendas and interventions such as CDD/ARI and immunizations that will undoubtedly be implemented in the future.

Tight budgeting by the Resident Advisor was also a valuable asset leading to a successful program. Teaching the NBC to strictly monitor funding and spending will increase credibility with international donors and encourage them to donate additional funds. The reputation of getting "the most bang for the buck" coupled with detailed action plans describing how additional monies could be spent most effectively were instrumental in leveraging funds from donors and NGOs.

### **Top-down Strategy a Successful Model for Work in the NIS**

A large part of the success of the EPB Georgia country program is due to the "top-down" or vertical nature of the strategy that was implemented. Breastfeeding promotion efforts focused on established, formal, and credible mechanisms. As important as work with PVOs, NGOs, and international donors is, a commitment must be made by the government and MOH to make sustainable progress, particularly in the NIS.

The approval of Decree 21 and its distribution throughout the country necessitated that chief doctors implement the new protocols. In response, chief doctors were eager for more information, better collaboration with, and even training from, the MOH and the NBC.

Breastfeeding promotion in Georgia began concurrently with the Ministry's overall health reform. This offered an opportunity to include breastfeeding in all aspects of maternal and child health reform. As head of the Child Survival Section of the Maternal and Child Health Division, Dr. Nemsadze was able to stress breastfeeding as one of the cornerstones of a successful maternal and child health program. An additional component of the health reform that contributed to broadening breastfeeding promotion nationwide was decentralization of federal

management functions into eight regional health management centers. This gave EPB/Georgia and the NBC greater access to the regional health officers who came twice a month to Tbilisi to coordinate with the MOH. These meetings were excellent opportunities to meet regional health officers, encourage them to include breastfeeding in their regional hospital reform, help them comply with Decree 21, and even arrange lactation management trainings.

This is a valuable lesson for all future work in the NIS, where changes in health providers' attitudes and practices are most heavily influenced by formal decree and sound technical information. Perceptions of breastfeeding by health care workers will change only after a formal support network has been established within the MOH. Training should reach doctors, nurses, and mid-wives at pre- and in-service levels and be accompanied by state supported (or mandated) hospital reform. Only then will community-level outreach and mother-to-mother support be effective.

### **Emphasizing a Return to Georgian Custom**

Breastfeeding has been in Georgia for centuries. According to several Georgian physicians interviewed in May 1994, there is quite a positive folk tradition in Georgia about mothers breastfeeding their babies. One physician spoke of poetry on the subject, another about an adage that a breastfed child grows up to be a good person, another that a husband is obliged to be especially tender to his wife during the period when she is breastfeeding their child.

EPB/Georgia and the NBC breastfeeding training sessions and lectures placed special emphasis on Georgia's long history of breastfeeding. A video entitled *A History of Breastfeeding in Georgia*, made with UNICEF funding, was a powerful tool that was used to encourage health workers and mothers to breastfeed (and was later televised) by invoking Georgian national pride and promoting breastfeeding as a return to a Georgian custom that had been lost over the years.

### **Using Successes to Convince Others**

Using video equipment, the breastfeeding program was able to use testimonials from mothers, trainers, and health care workers to convince others of the importance of breastfeeding promotion. Video documentation that hospital practices had been improved quickly at low cost gave health care workers assurances that hospital reform could indeed be achieved. Dr. Nemsadze's grandson, who was born premature, was videotaped being fed expressed breastmilk via polyethylene tubing when her daughter was having problems initiating breastfeeding. The EPB Resident Advisor, a native of the Philippines, was also able to give examples of success in increasing breastfeeding rates in the Philippines. She stressed that successes in the developing world may have lessons that can be applied to NIS countries, which are developed but facing transition.

## **CONCLUSIONS**

The MOH breastfeeding promotion program has made tremendous strides in the promotion of breastfeeding in the Republic of Georgia. Since December 1994, two MOH personnel have participated in the Wellstart LME program by attending the course in San Diego, a national decree was issued by the MOH to institutionalize rooming-in in maternity houses, a training strategy was developed, a training curriculum was adapted for use, a cadre of nine master trainers was created, approximately 328 health professionals were trained, technical materials were disseminated and published, a Lactation Management Center was established, and a broad base of support for breastfeeding was created. Stephen Johnson of UNICEF/Georgia described one Tbilisi training session and overall coordination between EPB/Georgia, UNICEF, and the Georgian government as a "model of cooperation that should be copied by others."

This work has been accomplished at one-half the cost of other national training programs. These developments have resulted in an overwhelming demand for training nationwide that extends beyond the current resources of the MOH. The Republic of Georgia is poised for a revolution in health care practices and should coordinate with the international donors working in health care reform to gain continuing support for its breastfeeding program. UNICEF and World Bank resources should be tapped to ensure that the tremendous progress made by training health care professionals is sustained.

## **RECOMMENDATIONS for BREASTFEEDING PROMOTION in GEORGIA**

### **Policy**

- ▶ Finalize Georgian code of marketing legislation (IBFAN materials or technical assistance)
- ▶ Broaden breastfeeding support network beyond National Breastfeeding Coordinator and MOH to make breastfeeding promotion more sustainable (Ministry of Labor, Ministry of Education, and other local NGOs)

### **Monitoring**

- ▶ Revise routine MOH maternal and child health monitoring forms/exit interview questionnaires to include breastfeeding (intention, initiation, etc.) (w/UNICEF?)
- ▶ Assist the MOH to monitor and track breastfeeding via revised monitoring forms
- ▶ Measure quality of service and outcome indicators

### **Training**

- ▶ Plan Wellstart LME follow-up visit to assist in the development of pre-service training (Spring/Summer 1996)
- ▶ Integrate curriculum into pre-service courses (give to Scientific Forum and World Bank for inclusion into competencies for all medical students at the Maternal and Child Health Center (Atlanta-Tbilisi Perinatology Center))
- ▶ Continue training of nurses and midwives, BFHI follow-up, and operating budget for Lactation Management Center (possibly from UNICEF)
- ▶ Follow-up on training action plans—preliminary monitoring system—track progress on action plans to date

### **Mother-to-Mother Support**

- ▶ Provide mother-to-mother support by training members of WGPL to counsel mothers

### **Information, Education, and Communication**

- ▶ Develop and disseminate newsletter for the 328 "Georgian Associates" that were trained in lactation management
- ▶ Develop social marketing tools—flyers, radio spots, and newspaper advertisements
- ▶ Continue capacity building (train in-country counterparts to write proposals, use computers, and monitor financials)
- ▶ Assist the MOH to work with the United Methodist Committee on Relief (UMCOR) on food distribution and breastfeeding promotion

## **ANNEXES**

- ANNEX I. Memorandum of Intent between the Ministry of Health and Wellstart International
- ANNEX II. Total Budget for Georgia Breastfeeding Promotion Program
- ANNEX III. Criteria for Selecting Workshop Candidates and Training Materials Distributed
- ANNEX IV. Amendments to Decree 55
- ANNEX V. Training Grid (June—September 1995)



**ANNEX I**  
**MEMORANDUM of INTENT BETWEEN the MINISTRY of HEALTH**  
**and WELLSTART INTERNATIONAL**

## MEMORANDUM OF INTENT

This memorandum describes the anticipated cooperation between the Ministry of Health of Georgia and Wellstart International with support from the United States Agency for International Development (USAID). The purpose of this collaboration is to share technical expertise in order to strengthen and accelerate progress for the promotion of breastfeeding in Georgia.

The Ministry of Health will identify key personnel for this national effort who will dedicate their time to the breastfeeding initiative. Dr. Ketil Nemsadze has been appointed by the Minister of Health to serve as the National Breastfeeding Coordinator. Dr. Nemsadze will appoint and manage a national breastfeeding steering committee to oversee the national program. The Ministry of Health will sustain support for the positions of the coordinator and members of the steering committee for the duration of this agreement.

The Ministry of Health will pursue the strategy defined during the joint MOH/Wellstart informal meeting on breastfeeding promotion held on August 8, 1994. A national breastfeeding plan will be developed with support from UNICEF and Wellstart during late September or early October. The plan may include activities related to the revision of relevant norms and procedures in Ministry of Health service institutions; training and supervision to ensure that those changes are carried out at the level of service provision; monitoring, feedback, follow-up, and evaluation of the program; control of infant formula promotion and distribution in Ministry of Health institutions; implementation of a public education program; and revision of pre-service professional training.

The Ministry of Health can pursue additional support from UNICEF for local costs associated with activities described in its National Plan for Breastfeeding Promotion. At minimum this could include support for training logistic costs and costs associated with a national program planning workshop as well as other Baby Friendly Hospital Initiative related activities.

To enhance Georgia's emerging national program, Wellstart International will provide information support, training, and technical assistance related to the following X points:

### **I. Policy and Planning:**

- Review of the Georgian breastfeeding, maternal and child health care situation and preparation of an assessment report.
- Assistance to the Ministry of Health, Department of Maternal and Child Health to formulate next steps in the development of a National Breastfeeding Program Plan.
- Technical presentations on breastfeeding promotion for Ministry of Health Personnel.
- Advocacy support to encourage donor and other international and local Private Voluntary Organizations to actively participate in breastfeeding promotion.
- Assistance in securing resources and technical assistance from UNICEF for a National Program Development Workshop (UNICEF Geneva consultant for technical assistance and in-country UNICEF support for local costs).

- Support for an In-country Wellstart Advisor or Coordinator. The Wellstart Advisor will assist the Ministry of Health to:
  - Develop national breastfeeding policy and hospital norms;
  - Develop formula distribution strategy;
  - Develop breastfeeding indicators and monitoring system;
  - Implement the in-service training at the polyclinic level;
  - Develop and implement a mother-to-mother support network through local Georgian NGO's;
  - Coordinate breastfeeding activities between Ministry of Health, other donors and PVOs;
  - Access other resources for breastfeeding support;

For Wellstart, the advisor will also be responsible for all USAID reporting requirements and other financial and logistical needs.

- Support for five Georgians to participate in a Western NIS Reproductive Health Workshop that will be held in Kiev, Ukraine from October 24 to 28, 1994.
- Work with MOH to develop simple monitoring system for breastfeeding practices and formula distribution

## II. Training:

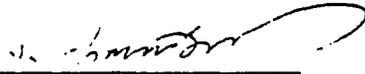
- Training at Wellstart International's Lactation Management Education course for a key Ministry of Health staff person designated to be in charge of the breastfeeding program as well as two other master trainers who will be given a significant role in breastfeeding training for maternity and polyclinic staff (this is subject to the availability of additional funding support from USAID or other sources).
- Technical assistance in Georgia on expansion and strengthening of the national breastfeeding training effort, with particular emphasis on in-service training of obstetric (prenatal care) and pediatric (infant care) personnel in the polyclinics.  
This technical assistance is likely to include:
  - Training Strategy Development at Wellstart EPB prior to Lactation Management Training;
  - Development of Curricula for Maternity and Polyclinic Health Staff Training;
  - Pre-testing of curricula and Development of a Training of Trainers Course for MOH and PVOs;
  - Printing of training materials or training tools (i.e. WHO breastfeeding manual translated by MSF-Spain);
  - Implementation of in-country polyclinic training and monitoring and supervision of training activities.

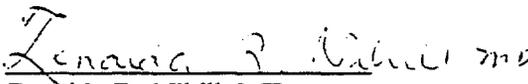
### III. Mother to Mother Support

Assistance to the Ministry of Health Breastfeeding Co-ordinator, local representative of La Leche League and other women's groups and associations ( i.e. Womens Association of Georgia, "Lazarus", MAG) to develop a mother to mother support program.

This assistance is likely to include:

- training for local women's associations and;
- development of simple educational materials for support group leaders and women

  
\_\_\_\_\_  
Dr. Avtandil Jorbenadze  
Minister of Health,  
Republic of Georgia

  
\_\_\_\_\_  
Zenaida R. Nihill, MD  
Wellstart Coordinator,  
Republic of Georgia

4.11.94  
Date

4 Nov. 1994  
Date

\*If additional funding becomes available, Wellstart could assist the Ministry of Health to develop a social marketing campaign



**ANNEX II**  
**TOTAL BUDGET for GEORGIA BREASTFEEDING PROMOTION PROGRAM**

Source	Amount
EPB Core Funds	\$ 33,000
USAID ENI Bureau Add-on Funds	124,000
AED-NET Funds (LME Training)	13,000
UNICEF (Curriculum Translated)	5,000
UNICEF (Ten Trainings)	25,000
UNICEF (TV spots & History of BF Video)	950
Feed the Children (Nurses & Midwives Training & Brochure)	9,500
<b>TOTAL</b>	<b>\$ 210,450</b>

UNICEF was EPB's most important collaborator and committed substantial assistance to the national program. UNICEF provided funds to translate an existing curriculum, support for in-country training costs, and limited social marketing (TV spots).

The MOH donated the National Breastfeeding Coordinator's time as well as provided television time for breastfeeding promotion programming and donated office space for the Lactation Management Center soon to be established in Pediatric Teaching Hospital #3 in Tbilisi.

AED-NET donated funds to send two participants to Wellstart International's Lactation Management Education (LME) course. Through participation in the LME Program, technical materials were available as well as technical assistance in the development of national breastfeeding plans and training strategies. EPB's Training Advisor worked with the Georgian participants to develop an in-service training strategy.



**ANNEX III**  
**CRITERIA for SELECTING WORKSHOP CANDIDATES**  
**and**  
**TRAINING MATERIALS DISTRIBUTED**

I. Criteria for Selecting Workshop Candidates

Candidates for the lactation management training were chosen according to their ability to create an impact by effecting long-term, institutional changes on breastfeeding in any of the following areas: clinical services, hospital policy and practice, and health professional education and training.<sup>3</sup> To assure institutionalization and ability, a key criterion was that these participants through their institutions should be able to make a positive impact not only in their own institutions, but also on the surrounding health care community.

II. Training Materials

The videos used in the training workshops include:

- ▶ *Breastfeeding: A Natural Resource* (English with Russian audio);
- ▶ *Feeding Low Birth Weight Babies* (English with Russian audio);
- ▶ *Mother Kangaroo* (English with Russian audio);
- ▶ *First Attachment* (English with Georgian audio);
- ▶ *Helping a Mother to Breastfeed: A Guide for Midwives* (English with Georgian audio);
- ▶ *The Lactation Amenorrhea Method* (English with Georgian audio);
- ▶ *Breastfeeding: A Special Relationship* (dubbed into Russian); and,
- ▶ *The History of Breastfeeding in Georgia* (in Georgian).

Reference and support materials distributed to each trainee include:

- ▶ Felicity Savage-King's book *Helping Mothers to Breastfeed* in Russian (350 copies were distributed);
- ▶ WHO's *Breastfeeding: How to Support Success, A Practical Guide to Breastfeeding for Health Workers* (700 copies were distributed);
- ▶ WHO/UNICEF's joint statement *Protecting, Promoting, and Supporting Breastfeeding (the special role of maternity services)* in Russian (200 copies were distributed);
- ▶ Handouts from the training curriculum and lectures in Georgian (400 copies were distributed);
- ▶ EPB's brochure in Russian;
- ▶ The BFHI "Ten Steps" in Georgian (500 copies were distributed);
- ▶ A poem *Today* by Gabriel Mistral in Georgian accompanied by a special message of thanks from the NBC and EPB/Georgia;
- ▶ A certificate of completion of the 24-hour Lactation Management course; and,
- ▶ A copy of Decree 21 was given to the chief doctors of the hospitals.

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<sup>3</sup>Summary Statement of Selection Criteria for entry into Wellstart International's LME Program.



**ANNEX IV**  
**AMENDMENTS to DECREE 55 (DECREE 21)**

**MINISTRY OF HEALTH OF THE REPUBLIC OF GEORGIA**

**NATIONAL COMMITTEE ON BREASTFEEDING**

**"CERTIFY"**

**MINISTRY OF HEALTH OF THE REPUBLIC OF GEORGIA**

**NATIONAL COMMITTEE ON BREASTFEEDING**

**ORGANIZING THE TREATMENT OF NEWBORNS IN MATERNITY  
HOUSES  
(RECOMMENDATIONS)**

**REVISION OF DECREE NO. 55 ( pp.13-35; 46-52;72-77 ) of the  
former USSR Ministry of Health (1986)**

**Tbilisi, 1994, December**

**MINISTRY OF HEALTH of the REPUBLIC OF GEORGIA**  
**National Committee on Breastfeeding Project Promotion**  
**Organization of Children's Treatment in the Maternity House**  
**(Methodical Indices)**

The strategy of reduction of mortality among infants in the Republic of Georgia must include immunization, oral rehydration, means against respiratory infections. It will be difficult to manage it without the stimulation and propaganda of breastfeeding.

This program is the basic component of the strategy.

The balance of nutritional elements and enzymes in the mother's milk is unique. The same can be said about the presence of immunological components which are necessary for survival, hormones for growth and necessary amount of factors. It is also necessary for a woman to naturally change the elements of her milk according to the baby's needs. In comparison to the children who are fed artificially, there is 2.5 times less illness and 25 times less mortality among breastfed children (UNICEF, 1993)

During the breastfeeding contact between the mother and child, there occurs the development of normal symbiosis. This minimizes adaptation of wrong practices.

Breastfeeding is also very positive for the mother because it stimulates the secretion of oxytocin and aids in the contraction of the uterus. The absence of menses during the lactation period helps to retain protein, ferum and other elements which are necessary for the mother after delivery.

Breastfeeding "according to the requirement" (including the night feeding) promotes the state of inovation, which prevents the mother from undesirable pregnancy, 30% better than any contraceptive. This is the best physiological contraception. During the lactation period, the infertilization quality works 18 months, even more. That is why an absolutely~"independent child" is given time to become "more independent". He starts walking before the mother switches on her attention to the following infant. Only breastfeeding guarantees good health for women in the fertile age. It also prevents mother and child from different ailments. It reduces mortality. It is the basis of secure motherhood.

To start breastfeeding successfully and for it to be continued, the mother needs assistance during the pregnancy period, as well as after the delivery( at the Maternity House, in the home, in the Pediatric Clinic)

The arguments cited justify the necessity to change the organization of the current practice, i.e. the need for instant contact between mother and child; placing them in the same room (rooming-in) , promoting breastfeeding, and to let them leave the Maternity Home as soon as possible.

The children adopted to mothers make the Pediatrician's work easier. Breastfeeding the children from 1-2 years reduces the illnesses, and mortality among neonatal children.

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## PREPARATION FOR DELIVERY

The average temperature in Delivery Rooms must not less than +26-28 degrees centigrade if a premature delivery is expected. Besides, it is necessary to prepare a basin. The air temperature must not be less than 36 degrees C., to warm the newborn's dressings, the packages for primary and secondary treatment of the umbilical cord, sterile vegetable oil for body treatment. An enamel basin for receiving the newborn is placed on a double water heater with the water temperature not less than 37 degrees C. After delivery, the air temperature is lowered according to the data of gestational age and the body weight of a child. For instance :

<b>Newborn weight</b>	<b>Temperature</b>
1-1.5 kg	34-35 degrees
1.5-2 kg	32-34 degrees
2-2.5 kg and more	28-30 degrees

An Obstetrician uses sterile instruments and packages to prepare a woman for delivery. The mother is taken to the Delivery Room, undressed, and placed on the delivery bed. A sterile gown is placed on her.

It is desirable to use individual packages during the delivery.

An Obstetrician prepares a sterile basin and places 2 covers in it. She prepares the aspirator, a sterile package which must be opened after parturition.

An Obstetrician uses one of the surgical methods of washing hands, puts on sterile gown, mask and gloves.

The newborn must be placed head-down on the mother's abdomen. Then the Obstetrician dries him with one cover and covers him with the other one, and also covers his head, and places him at mother's breast.

After the pulse ceases, the umbilical cord is knotted. Then it is treated with 95 degree ethyl spirit and is cut off. The stump is treated with 1% iodinated solution.

Skin-to- skin contact and placing a newborn close to the breast instantly after birth results in the stimulation of lactation. The process of sucking or simply touching the areola by the child's tongue causes the stimulation of nerve endings to send impulses to the hypothalamus. This causes the secretion of prolactin by the Anterior Lobe and oxytocin by the posterior lobe of the Pituitary Gland. Other hormones such as cortisol, insulin, thyroid and parathyroid glands also participate in the process of lactation.

Oxytocin causes the contraction of the uterus and the shedding of the placenta during the third stage of delivery. Newborns remain with the mothers in the delivery rooms. A dry cover and blanket is placed over both of them.

If a newborn is in a good state and has the sucking and swallowing reflexes, he must be breastfed within the first 30-60 minutes. Then he must be fed not according to the regimen, but whenever he feels discomfort. The frequency of feeding

is chosen by the newborn himself. The precaution of breastfeeding is applied to the methodical recommendations.

The preventive treatment of Gonnoblenorrhoea is held in 2 hours after the sensible and visual contact of the mother and the child.

The cleaning of the newborn occurs in the presence of his mother in 2 hours after the birth in the delivery room.

An Obstetrician washes her hand in running water by brush and soap, and puts on gloves. She prepares another package for the secondary treatment of the newborn. This package contains a pair of scissors placed into the cover, one pipette ligature( 1 mm in diameter and 10 cm in length), 2-3 cotton balls, a band to measure the newborn, and a blanket( if it is the cold season).

The Obstetrician fixes both eyelids by placing the cotton tampons and using the pipette, puts 2-3 drops of 30% solution and Sulfacylnatrium in each eye and (in female newborns) into the reproductive organs. It is better to use Erythromycin which is placed inside the lower eyelids. It does not cause reactive conjunctivitis and protects the newborn not only from Gonnoblenorrhoea but also from conjunctivitis.

The secondary treatment of the navel is done by using the following method:

Using a sterile band, one must clean the blood from the umbilical cord using efferent movements, then it must be treated by 95 degrees ethyl spirit. After that, on the length of 3 cm the plastic staples are fixed. The umbilical cord and skin around it is cleaned by 5% Calcium Permanganate.

In case the mother is Rh negative-isosensitization by ABO system is marked. The same happens with premature children as well as with the ones with some disorders. In this case no staples must be used. The secondary treatment of cardiovascular system of umbilical cord(transfusion and infusion) may turn out to be necessary. This is why on the distance of 3-4 cm from the umbilical cord, the silk ligature must be placed and the cord must be cut off on the distance of 5 mm.

After the treatment of the umbilical cord by 5% Calcium Permanganate, it must be placed with sterile covering.

It is forbidden to clean the umbilical cord from the primary smear because it protects it from microflora.

If a newborn skin is dirty in blood and mucus, the OB must use vegetable oil to clean it.

After the cleaning, 0.2 ml of Vitamin K is injected into the muscle of a newborn to prevent hemorrhage.

Then the newborn must be weighed and wrapped in a sheet. One must measure the newborn with the sterile band. The length must be measured from the top of the head to the feet. The breast must be measured as well on the level of the armpits and nipples.

The Obstetrician opens the package of the bracelettes, cleans them with antiseptics, writes the second name, the first name and the fathers name on it. After washing her hands, she fixes the bracelettes on the hands of the newborn and then wraps him in sheets. A medalion is also fixed on the outer sheet and the baby is taken to the room. If the eyes were treated by sulfacile natrium the doctor makes the second treatment of the eyes.

The report of the case of the child must correspond to the one of the mother. The mother's ailments during the pregnancy and the data of the labor process must be described in the newborn's report; the I and II periods separated, the prolongation of dehydration, the characteristic of the amniotic fluid, the drugs which were used during the parturition. In case of surgical delivery, (Cesarian section) all data must be given including anesthesia and the type of surgical operation. Gynecologists and neonatologists evaluate the state of a newborn after 1-5 hours.

The weight and length, the measurements of the head and chest, the method of treatment of the umbilical cord, the preventive method against gonorrhoea, asphyxia of the newborn and hypoxia, and all reanimational means must be marked in the report. It is necessary to mention all the hereditary disorders and abnormal reactions which were marked during the first 2 hours in the delivery room.

### **CHILD CARE IN POSTDELIVERY ROOM**

Sensible and visual contact between the mother and child is already achieved. These contacts must not be lost and the pair must be kept in one room. This way we can avoid the contact of the child with constantly changing medical personnel. This minimizes the spread of infection/ Those children who are placed in a natal room separated from the mother, suffer from colonization of microorganisms. Mother's milk contains antibodies to fight these microorganisms. This is the reason why bottlefed babies have more skin, respiratory and gastrointestinal diseases.

The first milk is especially important from the immunological point of view (it contains a big amount of immunoglobulins and other host-defensives.) It provides the newborn with vitamins and minerals. The first milk suits a newborn very well in the first days. A newborn receives his first immunization from this milk.

A child must be fed frequently, no regimen or nightbreaks is applicable. He must eat as long as he likes. During the first week after birth, a child must be fed not less than 8-12 times a day. Frequent sucking stimulates the mammary glands to produce the necessary amount of milk. In 1-2 weeks period, a newborn establishes a suitable rhythm of feeding.

When a mother and child are placed together, the mother actively starts to learn the basic elements of baby care. She feels the responsibility for personal hygiene. She also adopts and socializes with the child.

The rooms in which mother and child are placed must be provided with individual toilet and dush. They must be planned for 1-2 beds. It is also possible to place a mother and child in an ordinary room but must be supplied with running hot and cold water. If this is not available, containers with boiled water can be used. There must be beds for mothers and children, wardrobes for sheets, tables for wrapping the child and containers for dirty sheets.

The problem of placing the mother and child together must be solved by the Obstetrician and Neonatologist who were watching the parturition process. If this problem is solved negatively, it must be marked in the report, indicating the reason. This document must be signed by both the Obstetrician and Neonatologist.

The Neonatologist must describe in detail how the contact of the mother and child occurred, when the baby started sucking, the intensity, period in which he demanded the second feeding, etc. The fact of keeping a mother and child together must be marked every day in the report.

Transportation from the delivery room to another room happens in 2 hours after parturition in the presence of the Obstetrician on duty. The transportation time is marked on the first page of the report, as well as the state of the newborn (gender, characteristic of the first cry, color of the skin and mucus.) All these are signed by the doctor on duty. If the state of the newborn changes, he must be placed in the corresponding room instantly. He must be examined thoroughly, to decide his future location.

The doctor-on-duty provides the mother with necessary amount of linings (25 linings for one child a day), teaches her how to look after the child, indicates the consequence of skin and mucus treatment and others. A nurse helps the mother to look after her child.

The precautions against placing the mother and the child together may be the hard state of one of them. In this case, an intensive therapy or reanimation must be held.

After the recovery of mother and child, they must be placed together within 1/2 to 1 hour.

It is desirable to hang the following indications in each room.

### **EACH MOTHER MUST REMEMBER:**

Placing a mother and a child together in a Maternity House requires strict adherence to the sanitation regimen, private hygiene, keeping all the requirements of the medical personnel.

Every morning, the mother must clean the furniture and appliances which are in the room with 1% chloramine solution. The room must be treated with kwarts rays (disinfection) for 20 minutes. During this period the face of the newborn must be covered by a sheet. During the first days the baby is cleaned and treated by the nurse, who shows the mother the peculiarities of the procedure. Only sterile and disinfected materials are used.

During the following days, the mother must make her bed, clean the wrapping table using 1% chloramine solution. Then she must wash her hands with soap. She must clean the baby's eyes with 2 phuracelin tampons. Movements must be from the outer corner of the eye to the inner one. She must clean her face with the third tampon.

It is urgent that while washing the baby's genitals to avoid touching the basin by any part of his body.

Girls must be washed from the anterior part of the body.

Newborns must be washed by a personal piece of soap, which must be kept for this purpose only.

Mothers must wrap their children on the wrapping table only. The tables must be cleaned with 1% chloramine solution before the procedure.

Dirty linings must be placed in a special container.

Clean linings must be kept separately from the mother's things, in a special wardrobe.

The newborns must be fed by mother's milk " as often as he wants" without a night-break- 8-12 times a day.

Each meal he must suck from both breasts. Every time the breasts with which the baby starts must be changed.

It is forbidden to use any soap, cream or lotion to clean the breast.

It is forbidden to use bottles for feeding.

It is forbidden to give fluids( including water) if there is no indication from doctors.

Before feeding each mother must tie her hair up, wash her hands twice with soap, dry them completely, uncover a sterile sheet and place the child on it.

A newborn must be given a chance to suck as long as he likes. The more he sucks the more milk is produced by the mother.

If a newborn does not suck intensively, the mother must report this to the nurse and the doctor.

After each meal, the remaining milk must be pumped out and the amount must be given to the nurse within 30 minutes.

After each feeding several drops must be smeared on the nipple and left to dry. No creams must be used for the nipples.

Each mother must pay special attention to the behavior of the baby, the color of the skin, body temperature, excretion, frequency of urination, intensity of sucking and others.

### **IT IS PROHIBITED**

1. To keep food products and dine in the room.
2. To lay towels and any sort of napkins on the bed, both mothers' and children.
3. To bring books, bottles, and other things from the home.
4. To open windows in the cold season of the year.
5. To receive any messages or things through the windows.
6. To take the children to the balconies.

Everyone must remember that any problem must be solved together with the doctor or medical sister.

Umbilical cord and lesion cleaning must be performed by the Neonatologists only. Sister must prepare sterile basin and cotton balls for this procedure.

During the routine examination 95% ethyl alcohol, calcium permanganate 5% solution and hydrogen hydroxide are brought into the room.

On entering the room, doctor and sisters wash their hands in hot running water, and put on sterile gloves. The gowns must be changed everyday.

After the examination, the nurses take the packages with dirty linings and washes the room with water.

When a newborn is discharged from the hospital, all data about vaccines are listed on a discharge paper. The doctor warns the mother about the appearance of

papules, vesicles, or pustule in 4-6 days in the place of vaccination. Their size may be 5-10mm. They must not be treated.

A mother and child must leave the hospital on the 3rd day, as long as they are in good state.

Before discharging, a Pediatrician teaches the mother how to treat and feed her baby at home. In the room to discharge a patient a sister reads and signs the bracelettes and medalions, shows the mother how to wrap the child, and gives her the discharge paper which indicated the mother's name, child's gender, the baby's weight, length, measurement of head and chest, the peculiarities of the adaptation period, the body mass loss, condition of the navel, vaccination data, condition of the lactation. Justification paper is given to the mother in first days of his birth, so that before discharge she can present this document to the Maternity House.

In cases of asphyxia, parturition trauma, or any other diseases, the diagnosis, the examination data, methods of treatment and recommendation must be written in the paper.

When discharging the baby, the district doctor and sister must be informed (the district doctor must sign the above mentioned document, and given to the mother.

Those newborns who become ill in the Maternity Homes, or are premature must be transported to the Children's Hospital together with mothers. Such children need mother's milk badly because it contains antioxidants, hospholipids, immunoglobulins, growth factors, hormones, antibodies. In the absence of sucking and swallowing reflexes the baby must be fed through a pipette or a syringe. He must be fed not less than 8-12 times a day. The mother must be given a chance to see her child and try to breastfeed him. During this period, the mother must pump out milk not less than 6-8 times a day. (also at night time.) She must massage her breasts well. Even the small amount of milk must be given to a baby. As soon as the baby manages to swallow and breathing has stabilized, he must be taken to he mother's breast. Before it happens, a sensible contact of mother and a child must be regulated, and baby must touch the nipple with his tongue.

In case of Cessarian Section, a baby must not be isolated from his mother ( if a mother is not in a very difficult condition) As soon as the mother wakes up and she is free of narcosis, a child must be given a chance to suck. In case the mother is in bad condition, milk must be pumped out 6-8 times a day and given to the child. Milk must be given to a child without pasteurization. After the mother recovers, they must be placed together and breastfeeding must start. The discharge is decided upon by the Obstetrician and the Neonatologist.

It us recommended to use the "**KANGAROO METHOD**" with premature newborns. This method was initially used in Bogota, Colombia. As a result of this method, a lot of premature babies were saved.

The "**KANGAROO METHOD**" is Skin-to-Skin contact between the mother and the child. The mother keeps her child in a vertical position under her shirt, between her breasts, or on one of the breasts. This provides self-regulation of breastfeeding. The temperature of the two bodies synchronize. To be more exact, the mother's temperature changes according to the child's needs..

There are several distinct stages in the "**KANGAROO METHOD**".

- In the very early initiation when the child's condition is not critical. He is given to his mother within the first minute of his life. He remains under the mother's gown.
- The early starting, when the child's condition stabilizes easily, and in this case **"KANGAROO METHOD"** .and in this case, the method starts as stabilization occurs. It may happen during the first hour after birth.
- This method starts after the intensive therapy is finished. Mother goes to the Intensive Therapy Room, pumps milk into a sterile glass. It is given to the child, without pasteurization using the spoon.
- Late Starting: begins after the long period of therapy. When a baby is given the chance to lay in bed, and breathing stabilizes.

**"KANGAROO METHOD"** was testified in Dusseldorf, Germany; London, England; Amsterdam, Netherlands; Helsinki; and other countries. It resulted in saving a lot of lives of premature babies, and prevention of many diseases.

The criteria of discharging the premature children from Special Hospitals is :

- Stabilized breathing in laying position.
- Established breastfeeding.
- Recovering from diseases.

In the home situation, **"KANGAROO METHOD"** can be fulfilled by fathers, grandmothers and older children.

Thus, the prevention of many diseases, and mortality in Maternity Houses and Hospitals can be achieved if we manage to establish mother and child early contact. ( GFO. UNICEF, 1993).

Those Maternity Houses which attain the Ten Steps of Breastfeeding will be rewarded by respectability and the title **" HOSPITAL MARKED WITH KIND TREATMENT OF NEWBORNS"** . The National Committee in breastfeeding is trying to get this title. This must be certified by WHO experts.

**Ministry of Health of the Republic of Georgia**

**National Committee of Breastfeeding**

**"CERTIFY"**

**Minister of Health of the Republic of Georgia**

\_\_\_\_\_ **A. JORBENADZE**

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**TREATMENT OF NEWBORNS IN MATERNITY HOUSES**

**( METHODOICAL RECOMMENDATIONS )**

**Tbilisi**  
**1994**

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**ANNEX V**  
**TRAINING GRID (JUNE—SEPTEMBER 1995)**

MEDICAL TRAINING MATRIX	MEXICO	GEORGIA
<b>CURRICULUM</b>		
Developed by	UNICEF/MOH	MOH
Adapted from	NA	Pakistani Curr
Language	Spanish	Georgian
Date	Nov-92	Mar-95
Used for Training	Yes	Yes
<b>TRAINING COURSES</b>		
Length of Course		
40-hours	x	
24-hours		x
18-hours	x	
Audience for Course		
MDs	x	x
Nurses	x	x
Midwives		x
Other Health Care Workers	x	
Total No. of Courses Conducted	16	11
Time Frame for all courses	11/92-5/95	6/95- 10/95
Average No. of Participants per course	25	25-40
Total No. trained	375	328
<b>PARTICIPANTS</b>		
No. of Neonatologists trained		84
No. of OB-GYNS trained	45	89
No. of Pediatricians trained	62	120
No. of General Practitioners trained	68	
No. of Nurses trained	121	20
No. of Midwives trained	0	15
No of Social Workers trained	18	
No. of Nutritionists trained	?	
No. of other Health Workers trained	22	
No. of Administrators trained	18	
No. of MOH Staff trained	21	
No. of other people trained	0	
<b>TRAINING OF MASTER TRAINERS</b>		
Date of first TOT	Dec-92	May-95
No of master trainers trained	37	8
Courses conducted After TOT	15	7

No. of TOT's conducted by trainers	2	0
	<b>MEXICO</b>	<b>GEORGIA</b>
<b>RESPONSIBLE ORGANIZATION</b>	CENLAM	MOH
<b>FUNDING SOURCE</b>	UNICEF & Central & State MOH	UNICEF& FEED THE CHILDREN
Cost per training	\$3,500	\$ 2500-3500
<b>INTERNATIONAL REPLICATION</b>		
Curriculum adapted elsewhere	Cuba	
TOT conducted	1	
No. of persons trained	25	
<b>SUPERVISION SYSTEM</b>		
Organization responsible	MOH/CENLAM	MOH
Nature of supervision	BFHI	
How often		
<b>MONITORING SYSTEM</b>		
Organization responsible	CENLAM	MOH
Nature of monitoring		Maternity House
How often		visits bi-weekly
<b>EVALUATION</b>		
Workshops	4	11
Training Program		
Time Frame		
<b>WELLSTART TECHNICAL ASSISTANCE</b>		
Training Strategy	0	1
Curriculum Development	3	1
TOT	1	1
Monitoring/Supervision	0	0
Evaluation	0	0

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## 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.*

For information on corporate matters, the LME or National Programs, contact:

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