

**Programme for the Promotion of  
Breastfeeding in Kazakhstan**

**Samil Tazibaev  
Tamara Paltuseva  
Tamara Cuvakova  
Gul'nara Semenova**

**Submitted 1 October 1993**

**Developed in cooperation with WELLSTART as part  
of the Programme on Lactation Management  
Sponsored by the Nutrition Department of USAID, DAN-5117-A-00-9099-00**

Filename: h\nut\dorte\djekazbf.doc

The programme was drawn up in conjunction with the specialists of WELLSTART (Lactation Programme, San Diego) and the Washington Extended Programme for the Promotion of Breastfeeding, financed by USAID.

1. Background information

1.1 Present situation

General information

Kazakhstan is the second largest in area of the Republics of the former USSR and since achieving independence in 1991 has been building up a market economy. The area of the Republic is 2.7 million km<sup>2</sup> and its population 17.2 million. The density of population is 6.2 persons per km<sup>2</sup>. 58% of the population live in urban localities and 42% in rural areas. The main population groups are Kazakhs (46%) and Russians (35%). Kazakhs in rural areas, are characterized by large families with four or more children. Most Kazakhs are Moslems.

The Republic is rich in many natural raw material resources, including coal, petroleum, gas, gold, uranium, lead, chrome, copper, nickel, phosphorus, etc. Every year about 16 million tons of cereals are grown in the Republic. However, Kazakhstan imports the main groups of finished products and exports only raw materials. In the past few years of economic crisis the people's standard of living has fallen considerably. People spend the bulk of their wages on food. A process of marked stratification of the population in accordance with levels of income is currently taking place.

In Almaty, the capital of Kazakhstan, there are two WHO collaborating centres: one on primary health care and one on medical problems of nutrition. In Almaty there is also a USAID regional office for the republics of Central Asia.

Public health

The Republic has an extensive network of hospitals, polyclinics, maternity homes, women's advisory clinics, feldscher-midwife posts and pharmacies, which are quite well provided with medical staff both at physician level and in the medium grades. However most of these establishments do not possess modern medical apparatus and equipment. There have been acute shortages, especially lately, of many medicinal preparations.

In Kazakhstan there are six medical teaching institutes and one institute for the further training of physicians, over 20 schools for intermediate level medical personnel and 15 research institutes.

The birth rate during the past four years of economic crisis fell from 23.0/per thousand in 1988 to 19.9 per thousand in 1992, while the mortality rate rose from 7.6 to 8.1 per thousand. As a result, the natural population increase fell during this short period from 15.4 to 11.8 per thousand. Infant mortality in 1992 was 25.7/1 000.

Births take place mainly in medical establishments: in specialized maternity homes, in maternity departments of provincial (oblast), municipal and district (rayon) hospitals, of which there are 284 in the Republic, and also in feldscher-midwife posts in rural areas. Women are examined during pregnancy in the same establishments and also in women's advisory clinics. Mother and child are usually discharged from hospital on the sixth or seventh day after the birth.

For 56 days before the birth and 56 days after it the woman receives statutory leave with full pay. In addition, a woman who has had a baby has the right to partially paid leave (50% of wages) until it reaches the age of 18 months, and then unpaid leave until it reaches the age of 3 years. However, this period is deducted from the woman's length of service, which is of importance for the subsequent level of her old age pension. After discharge from the maternity home, the child is regularly examined by paediatricians.

#### PREVALENCE OF BREASTFEEDING

According to statistical data from the Ministry of Health of Kazakhstan for 1992, out of 304 000 children in the first year of life only 50.1% were still being breastfed at the age of three months, and only 30.2% at the age of six months. Subsequently the percentage of babies being breastfed continues to fall and by the age of one year has practically reached zero. However, it should be noted that on discharge from the maternity home almost all babies (over 90%) are being breastfed.

##### 1.2 Problems

Present public health practices in Kazakhstan are responsible for reducing the prevalence and duration of breastfeeding. These practices, which have existed for several decades, are a feature of all regions of the Republic since the public health system is practically entirely financed from the State budget and all the main programmes are carried out in a centralized manner. As a result, all the shortcomings of centralized regulation, including those concerning breastfeeding, are found at every level of public health practice. Among them are the following:

- The absence of special cycles of lectures and practical lessons on breastfeeding in the student syllabuses, the syllabuses for receiving higher medical qualifications in medical institutes and those in schools for intermediate-level medical personnel.
- The absence of teaching programmes on breastfeeding for medical workers in practical health establishments (maternity homes, children's hospitals, etc.)
- The absence of programmes for dispensing knowledge on breastfeeding to the public through the mass media, and also the absence of support groups for nursing mothers.

- Out-of-date and erroneous ideas, both among the public and among medical workers, that have been prevalent for many years concerning the value of breast milk and breastfeeding for the health of mother and child, and also about methods of putting the baby to the breast and the technique of breastfeeding.
- The prevalent practice in maternity homes of separating the mother from the baby and delaying the time at which the baby is first put to the breast, and the existence of numerous unjustified contra-indications to breastfeeding; feeding strictly at set times and the absence of feeding during the night; the absence of exclusive breastfeeding and the early introduction of fluids (in the maternity home itself) and complementary foods (already in the first month of life) into the baby's diet; the promotion of breast milk substitutes and the creation of an atmosphere in which the population is extremely worried about the possible contamination of mother's milk with foreign compounds, etc.
- The absence of posts for nutritionists in the staffing structure of maternity homes, women's advisory clinics, children's polyclinics and hospitals.
- The existence of other social and economic priorities and problems in this period of transition to a market economy.

## 2.0 Objective and targets

### 2.1 Objective

To improve the indicators of health status and to reduce morbidity and mortality among infants by increasing the frequency of exclusive breastfeeding to 40% and of mainly breastfeeding to 35% among babies up to four to six months of age by the end of the third year of the programme.

### 2.2. Targets

By the end of the third year of the programme the following targets are to be achieved:

- The obligatory programmes in the syllabuses of all seven medical institutes (six training institutes and one institute for the further training of physicians) and 20 schools for intermediate-level medical personnel in Kazakhstan must include special cycles of lectures and practical lessons on breastfeeding.
- About 50% of the permanent staff of national, oblast, urban and rayon maternity homes, women's advisory clinics and children's hospitals and polyclinics (obstetrician-gynaecologists, paediatricians, neonatologists, dieticians, midwives and nurses) must be given an 18-hour course of training.
- Not less than 80% of central and regional maternity homes must have a written programme of their own for the support and promotion of breastfeeding.

- By the 32nd week of pregnancy at least 75% of women must know at least three of the advantages of breastfeeding.
- At least 80% of newborn babies after a natural birth and at least 30% of babies delivered by caesarean section should be put to the breast not later than one hour after birth.
- At least 60% of newborn babies in central and regional maternity homes must be exclusively breastfed (without any other sources of fluid or solutions).
- Newborn babies in at least 80% of maternity homes must not be given dummies.
- Before they have been three days in the maternity home 60% of the mothers must be able to put their baby correctly to the breast.
- 30% of mothers in maternity homes must be able to express milk correctly from the breast.
- At least 80% of newborn babies born through the vagina in 50% of central and regional hospitals must be fed on demand.
- At least 40% of maternity homes must have organized support groups for nursing mothers.

### 3. Strategy and measures

#### 3.1 Organizational measures

The seminar on problems of breastfeeding and family planning organized by USAID, WELLSTART and WHO and held in January 1993 in Almaty, where one of the main subjects discussed was the prevalence of breastfeeding, gave a strong impetus to developing and adopting organizational measures designed to introduce into public health practice in Kazakhstan the recommendations made by the international organizations and adapted to regional conditions in Kazakhstan. At the present time the Ministry of Health of Kazakhstan, in conjunction with the research centres and institutes in this field, has already laid down the main directives and identified the main priorities and the principal executing agency for drafting and implementing a national programme for the promotion of breastfeeding in Kazakhstan. The main directives include the organization of a system of education, training and further training of the specialists concerned and appropriate improvements in the work of establishments and practical health units

in the sector, the carrying out of extensive education work for breastfeeding among the public, and scientific development and assessment of the breastfeeding programme.

### 3.2 Training and further training of medical personnel

This section of the programme is designed to tackle the following problems:

- To provide for the training of students at medical schools and medical institutes in aspects of breastfeeding, by including in their syllabuses special cycles of lectures and practical and clinical lessons on breastfeeding.
- To provide for the further training of the medical specialists (obstetrician-gynaecologists, paediatricians, neonatologists, midwives and nurses) in maternity homes, women's advisory clinics and children's hospitals and polyclinics.

To implement this section of the programme, the following problems must be tackled:

- The establishment in Almaty of a centre to provide training on breastfeeding (Regional Centre on Lactation Problems), where courses will be given to improve the qualifications in this regard of teachers in the corresponding departments of medical institutes and medical schools and of the specialists concerned (obstetrician-gynaecologists, paediatricians, neonatologists and matrons) at oblast, urban and rayon levels. Such courses are to be given once every five years, as is the normal present practice for improving the qualifications of medical staff.

This Centre will also have methodological and consultative functions whereby programmes will be developed for training the public and specialists in various units in aspects of breastfeeding. In addition, the Centre's specialists will give advice to departments in medical institutes and medical schools regarding the development of syllabuses for training their students on matters of breastfeeding. The Centre will take into account the experience of WHO/UNICEF, WELLSTART and USAID and work as closely as possible with those international organizations.

- The organization of departments or courses with special cycles of lectures and practical lessons on breastfeeding for students in medical institutes and medium-grade medical schools.
- The organization of courses of training for medical personnel in matters of breastfeeding in oblast centres and cities, using the facilities of major maternity homes.

### 3.3 Dispensing knowledge to the public

With a view to creating a current of public opinion favourable to breastfeeding and aware of the necessity for wide promotion of breastfeeding programmes, public awareness will be developed through the various mass media, viz:

- television
- radio
- newspapers and magazines
- the issue of special brochures and leaflets
- the organization of a breastfeeding week.

In carrying out this section of the programme, special attention will be paid to educating and giving the public advice on aspects of breastfeeding and weaning, social marketing and public opinion research activities and ensuring observance of the International Code of Marketing Breastmilk Substitutes.

### 3.4 Research work

This section of the programme will be designed to adapt international recommendations on the promotion of breastfeeding to the regional features of Kazakhstan and also to develop research on aspects of breastfeeding that have been little investigated, particularly in connection with such adaptation. In particular, it is proposed to carry out work on the following questions:

1. To study, in various regions of Kazakhstan, the prevalence and duration of breastfeeding of babies up to two years of age in relation to their health status.
2. To determine the main reasons for the low prevalence and early cessation of breastfeeding, and also for the development of hypogalactia and agalactia in mothers under actual conditions in the regions investigated.
3. To investigate the effect of exclusive breastfeeding on child health indicators.
4. To investigate the immunological properties of breast milk.
5. To study the contamination of breast milk with foreign compounds (pesticides, heavy-metal salts, etc.) in regions where environmental conditions are unfavourable, and to draft recommendations.
6. To draft recommendations for the Government and the Ministry of Health of Kazakhstan on organizational measures designed to promote wide adoption, increased frequency and longer duration of breastfeeding.

7. To work out rational systems of supplementary feeding for nursing mothers, taking into account conditions in the regions, and to develop special foods to stimulate lactation and increase the duration of exclusive breastfeeding.
8. To assess the medical, social and economic impact of programme implementation by monitoring up the prevalence of breastfeeding and diet-related diseases (rickets, diarrhoea, exudative diathesis, adiposity, anaemia, etc.) among young children and pregnant and nursing mothers and also to analyse the indicators of overall child and maternal morbidity and mortality in Kazakhstan.
9. To study the diet of lactating women and the influence of diet on the nature of lactation, taking into account regional features, and to publish recommendations on the diet of nursing mothers.
10. To introduce the WHO/UNICEF baby-friendly hospital initiative programme in all maternity homes of Kazakhstan and obtain the right to issue certificates to maternity homes that fully meet the requirements of that programme and put into effect all 10 principles for successful breastfeeding.

Research work will be carried out on the basis of the widest possible international cooperation (WHO, WELLSTART, etc.).

#### 4. Organization and staff

The Ministry of Health of Kazakhstan, the research institutes in this branch of medicine, medical teaching institutes, medical schools and practical health establishments will all take part in implementing this programme, as will foreign and international organizations and establishments with which the necessary cooperation has been established (possibly WHO, WELLSTART, USAID). In particular, an agreement has already been concluded on cooperation between collaborating organizations and establishments in implementing the programme for promoting breastfeeding in Kazakhstan:

- The Ministry of Health of the Republic of Kazakhstan (acting as State placer of orders and ensuring the bulk of funding of the programme from the State budget).
- The Scientific Centre for Regional Nutritional Problems (acts as the lead organization and coordinator and executing agency of the programme and takes part in its financing). The above-mentioned national centre on problems of breastfeeding and lactation ( see section 3.2 ) will operate on the basis of this establishment and with the participation of other executing agencies
- The Kazakh Child Nutrition Fund (participation in funding and programme implementation, section 3.0).

- The National Research Centre for Protection of Maternal and Child Health (participation in programme implementation, section 3.0).
- The Almaty Institute for Further Training of Physicians (participation in programme implementation, section 3.2).
- The Paediatric Research Institute (participation in programme implementation, section 3.0).
- Almaty Maternity Homes No. 3 and No. 5 (participation in programme implementation and provision of clinical facilities for the national breastfeeding centre).

#### 4.2 Staff

The staff of these establishments will take part in implementing the programme, together with the personnel in the relevant departments of medical institutes, medical schools and practical health establishments (maternity homes, women's advisory clinics, children's polyclinics and hospitals).

The staff of WHO, UNICEF, WELLSTART and USAID have played a major role in launching this programme. These international organizations are providing help with information, advice on methods and technical and consultative assistance in implementing the programme.

#### 4.3 Work plan

The first stage of the programme is to last for three years (from October 1993 to October 1996). All the main stages in the work (3.1, 3.2, 3.3, 3.4) will be launched in the current year.

A considerable part of section 3.1 has already been implemented. Work on this aspect will be continued with due allowance for actual conditions and circumstances requiring the adoption of specific organizational measures.

It is planned to begin training specialists in the national centre for breastfeeding (see section 3.2) already in the current year. It is proposed to establish the following stages in the training of specialists in courses at that Centre.

- Principal specialists (obstetrician-gynaecologists, neonatologists, paediatricians, and matrons) at the national and oblast levels (19 oblasts and 2 cities) making a total of about 90 persons. These specialists will undergo an 18-hour course of training on breastfeeding. Later, with help on methods and the provision of advisory assistance from the breastfeeding centre,

these specialists will organize courses of training at the oblast level for rayon and urban specialists and also in large maternity homes and children's hospitals.

- The heads of obstetrics/gynaecology departments and paediatric departments in eight medical institutes and 20 medical schools (18-hour course of training, about 100 persons). The programme for training students in medical institutes and medical schools will include special cycles of lectures and practical lessons on breastfeeding, based to begin with on existing departments. Later (in the second and third years of programme implementation) it is proposed to establish in medical institutes and medical schools independent child nutrition departments where one of the main aspects of training will be breastfeeding.

- Workers in practical health establishments (obstetrician-gynaecologists, neonatologists and paediatricians) coming for specialist training after graduation from a medical institute (4-6-months' courses) or undergoing 1-2-month courses of further training in their main specialty every five years (about 4,000 specialists) from different regions of Kazakhstan at the appropriate departments of the Almaty Institute for the Further Training of Physicians. . These specialists will at the same time be given an 18-hour course of training at the Breastfeeding Centre. Later (second and third year of the programme) an independent breastfeeding and child nutrition department will be set up in the Institute for Further Training of Physicians that will give two to four week courses of training.

- The public will be given information on aspects of breastfeeding through the mass media, using the resources of the national "House of Health" and all 19 oblast "Houses of Health", with help on methods and advisory assistance from the Almaty Breastfeeding Centre. These houses of health are designed to promote medical and health knowledge among the population and have quite wide experience in these matters.

Research work will be carried out along the lines indicated above (section 3.4), and each aspect will have its own plan and schedule of activities. The cost of carrying out the research work and the programme on training is estimated at 320 million roubles per annum.

##### 5. Assessment

The effectiveness of programme implementation will be assessed by analysing the following data:

- Statistical data from the Ministry of Health of Kazakhstan.
- The results of outcome-oriented research on the problem (see section 3.4). In this connection two groups of breastfeeding indicators will be analysed:

- Direct indicators of the prevalence and duration of various types of breastfeeding (using indicators on breastfeeding - exclusive breastfeeding, mainly breastfeeding, etc.) among various age groups of children up to two years of age and in the country as a whole and in the 19 separate oblasts.

- Indirect indicators of the prevalence and duration of breastfeeding, among which may be mentioned indicators of morbidity from diarrhoea, rickets, otitis, anaemia, exudative diathesis and adiposity and also the level of infant mortality. These indicators will also be analysed at national and oblast level.

An evaluation of the effectiveness of programme implementation will be carried out at the end of each year and also after three years.

## 6. BUDGET

The programme has been drawn up with due allowance for the State system of medical training and the promotion of medical knowledge among the public at present prevailing in Kazakhstan, the features of the functioning and financing of practical health bodies and also the capabilities available in the Republic's research institutes. Since these bodies and establishments are practically all funded by the State and are actually operational at the present time, implementation of the proposed programme does not require large additional financial expenditure.

A draft of this programme, set out in a more concise form, has already been approved and signed by the Ministry of Health of Kazakhstan and also by the managing staff of the establishments acting as the main executing agencies.

Financial expenditure in roubles for carrying out the programme will be covered mainly from the State budget and partly from the funds of various sponsors. The State's orders for implementation of the main sections of the programme, particularly research work, are placed by the Ministry of Health of the Republic. The plans for this work include the detailed financial expenditures necessary for carrying it out.

It should also be noted that in accordance with existing practice, which makes it obligatory for medical staff to undergo special and further training, all transport and other mission expenses during training are covered by the establishment or organization where the staff member is mainly employed and he or she continues to draw salary. This considerably reduces the cost of implementing the section of the programme for giving specialists training in aspects of breastfeeding.

The financing of programmes requiring expenditure in hard currency is the most difficult problem for Kazakhstan. This is because of the economic difficulties in the transitional period and the predominance of imports of finished goods and products over exports. Hard currency is needed in carrying out the proposed programme mainly for obtaining technical instruments and equipment, information equipment and advisory services. In view of this, the provision of hard currency is the weak point in the programme and support is required from international organizations. Below is given a list of the hard currency expenditure needed for implementing the programme under consideration.

(Dollars;\* - provided by the State; \$- requires further examination)

	1993	1994	1995	Total
Furniture, equipment and accessories				
Furniture				
15 tables	0*	0*	*0*	0*
25 chairs	0*	0*	0*	0*
10 filing cabinets	0*	0*	0*	0*
40 chairs for the classroom	0*	0*	0*	0*
20 bookshelves	0*	0*	0*	0*
Total	0*	0*	0*	0*
Equipment				
2 slide projectors	400	-	-	400
2 kaleidoscopes	800	-	-	800
2 video recorders	600	-	-	600
2 Karamat projectors	2 200	-	-	2 200
6 slide holders	60	-	-	60
7 computers with hard disks	21 000	-	-	21 000
4 computers of the lap-top or notebook type	8 000	-	-	8 000
4 lap-top printers	\$	\$	\$	\$
2 laser printers	6 500	-	-	6 500
1 dot matrix printer	500	-	-	500
1 copier				
large	1 500	-	-	1 500
small	1 000	-	-	1 000
1 fax machine	1 200	-	-	1 200
1 set of ProCite software	395	-	-	395
2 cassette recorders	300	-	-	300
2 cameras	600	-	-	600
2 bases for stands	300	-	-	300
8 beam scales	800	-	-	800
2 baby scales	400	-	-	400
4 sets of plaster casts of the female breast	1 700	-	-	1 700
4 sets of casts of the thorax	360	-	-	360
20 dolls representing babies	2 200	-	-	2 200
12 Marshall-Kaneson manual breast pumps, per annum	288	144	144	576

24 stretchers for Pigeon teats, per annum	180	180	-	360
24 nipple shields, per annum	90	90	-	180
4 floor scales	\$	\$	\$	\$
1 video camera	1 300	-	-	1 300
1 tripod for the video camera	\$	\$	\$	\$
Total	\$	\$	\$	\$
Office supplies and other necessities				
2 boxes of floppy disks	40	45	50	135
20 boxes of transparencies	200	220	240	660
8 lectern notepads	120	130	140	390
24 films and sundries (paper, envelopes, pens, pencils, paper clips, staplers, notepads, inserts, hole-punchers, rapid staplers, files, markers, etc.)	1 000	600	660	2 260
Total	1 480	1 127	1 234	3 841
Members of staff				
Economist (50%)	0*	0*	0*	0*
Anthropologist	0*	0*	0*	0*
Legal expert (50%)	0*	0*	0*	0*
Hygienist-epidemiologist	0*	0*	0*	0*
Obstetrician-gynaecologist	0*	0*	0*	0*
Paediatrician	0*	0*	0*	0*
Sociologist	0*	0*	0*	0*
Market specialist	0*	0*	0*	0*
Public health teaching expert	0*	0*	0*	0*
TV journalist (50%)	0*	0*	0*	0*
Radio journalist (50%)	0*	0*	0*	0*
Newspaper journalist (50%)	0*	0*	0*	0*
Illustrator (50%)	0*	0*	0*	0*
Midwife	0*	0*	0*	0*
Nurse	0*	0*	0*	0*
Typist	0*	0*	0*	0*
Administrator	0*	0*	0*	0*
Orderly	0*	0*	0*	0*
Driver (50%)	0*	0*	0*	0*
Translator	0*	0*	0*	0*
Total	0*	0*	0*	0*

Transport				
Motor vehicle	\$	\$	\$	\$
Petrol	200		200	200
600				
Servicing	0*	0*	0*	0*
Total	\$	\$	\$	\$
Other premises				
Lecture hall	0*	0*	0*	0*
5 work rooms	0*	0*	0*	0*
Lactation clinic	0*	0*	0*	0*
Auditorium	0*	0*	0*	0*
Water and electricity	0*	0*	0*	0*
Total	0*	0*	0*	0*
Education and training				
Drawing up of a schedule and syllabuses	2 000	1 000	800	3 800
Library (books, etc.)	1 000	500	550	2 050
Slides	1 000	2 000	2 000	5 000
Seminar (each)	15 000	15 000	10 000	40 000
National educational courses (each)	20 000	20 000	10 000	50 000
Regional and oblast educational courses	-	7 140	7 850	14 990
Training	-	8 000	8 800	16 800
Per diem and travel expenses, food for participants in the seminars and training courses	\$	\$	\$	\$
Courses in rayon polyclinics	15 540	12 810	23 485	51 835
Courses for administrators	10 000	-	-	10 000
Transcoding of video films to the PAL-SECAM system	\$	\$	\$	\$
Issue of own video products	\$	\$	\$	\$
Other publishing work	\$	\$	\$	\$
Subscriptions for foreign periodicals	\$	\$	\$	\$
Total				
Other means of supplying information				
Expenditure on postage, stamps and communications	50	60	70	180
News bulletin	340	160	180	680
Radio broadcasts	0*	0*	0*	0*
Scientific meetings	2 910	3 200	3 750	9 860

Exchange of information	\$	\$	\$	\$
Missions abroad for exchange of experience	\$	\$	\$	\$
Training missions abroad	\$	\$	\$	\$
Total	\$	\$	\$	\$
Clinical aspects				
Activity of the model maternity home	676	1 490	2 460	4 626
Salaries from various organizations	500	1 200	1 500	3 200
Activity of field teams of the model maternity home	520	1 140	1 890	3 550
Upkeep of polyclinics	676	2 235	6 150	9 061
Salaries from various organizations	500	1 500	4 500	6 500
Field work by department	520	855	2 225	3 600
Total	3 392	8 420	18 725	30 537
Scientific research				
General research	4 500	6 000	8 000	18 000
Programme monitoring	200	500	1 000	1 700
Special research	\$	\$	\$	\$
Total				
Assessment				
General assessment	-	-	10 000	10 000
Data collection	1 000	1 000	2 000	4 000
Seminar	-	-	5 500	5 500
Technical supplies	4 000	4 400	4 900	13 300
Total	5 000	5 400	22 400	32 800
Total direct expenditure	\$	\$	\$	\$
Overheads (30% of the direct expenditure)	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

7. Annexes

7.1 More detailed information on the status of breastfeeding in Kazakhstan.

7.2 Outline plan of training in breastfeeding

Annex 7.2

National plan for training in breastfeeding in Kazakhstan.

Meeting with representatives of the authorities.

Introduction to the subject and evaluation of requirements at a seminar for decision-makers.

Establishment of a managing committee and four working groups and appointment of a coordinator for the national programme.

Training of future teachers in breastfeeding.

Selection of the base model maternity home for the Baby-Friendly Hospital Initiative.

Training of personnel of oblast maternity homes.

Training of personnel of rayon maternity homes.

Training of personnel in polyclinics.

-----