Armenia Communications Campaign
to Promote Breastfeeding:
A Qualitative Evaluation

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Executive Summary

In the early 1990s, the Ministry of Health (MOH) of Armenia along with many donor organizations, including the U.S. Agency for International Development (USAID) sent out an urgent appeal for donations of infant formula for Armenian infants. These requests were supported by the misguided notion that mothers were unable to breastfeed due to recent socioeconomic changes in Armenia. USAID, after supplying Armenia with 900 metric tons of infant formula in 1993 alone, reversed its policy, deciding to cease all formula shipments to the region in 1994. After being generously supplied free of charge for approximately five years, the MOH anticipated a formula crisis in late summer of 1994.

In response to this situation, the USAID/Caucasus mission, located in Yerevan, funded a research study on infant feeding practices in Armenia during the fall of 1993. This baseline study found that, despite almost universal initiation of breastfeeding, there was no exclusive breastfeeding, and very low rates of predominant breastfeeding. There was an urgent need for breastfeeding promotion because of the economic crisis, declining health status, and dependence on infant formula. Poor postpartum care practices, including late initiation of breastfeeding, separation of mother and infant, scheduled feeds, and pre-lacteal feeds with bottles were the norm. Most mothers expressed a desire to breastfeed, but soon began supplementing breastmilk with infant formula due to “insufficient” milk supply. Both health care providers and mothers lacked appropriate knowledge regarding the benefits and process of breastfeeding, so no indigenous assistance could be offered or obtained to dispute these erroneous claims.

As a result of this study, the MOH sought assistance from the international community to help women and health care providers cope with the expected cessation of free formula supplies. In response, USAID requested Wellstart International’s Expanded Promotion of Breastfeeding (EPB) program to assist the Ministry in these efforts. EPB first assessed maternal and child health, family planning, and breastfeeding practices in Armenia in the spring of 1994. Using this assessment, along with the baseline report, EPB worked with the Ministry, the United Nation’s Children’s Fund (UNICEF), and USAID to plan for additional EPB interventions that would be responsive to the country’s needs without duplicating UNICEF’s activities. The components that were needed most were appropriate program and policy development, training of health care personnel, and a social marketing campaign to promote optimal breastfeeding behaviors.

Activities that were implemented by EPB included: the formulation and implementation of a rapid, intensive social marketing campaign to promote optimal breastfeeding behavior; support for a team of policy makers to attend a USAID-sponsored reproductive health seminar on technical and policy issues in Ukraine; and, training the new national breastfeeding coordinator and two members of the national breastfeeding committee through participation in Wellstart International’s Lactation Management Education (LME) program. The information, education, and communications (IEC) campaign, the first of its kind in the Newly Independent States (NIS) for any health behavior, was conducted during summer and fall of 1994. The campaign components consisted of: a press conference; a two-minute television spot; two radio spots; newspaper advertisements (full and half pages); and, production of 60,000 brochures for mothers and health care providers.

This qualitative evaluation was conducted to determine what effect breastfeeding promotion activities in Armenia have had on feeding practices and knowledge. Information that was gathered for the purpose of this evaluation included: surveys of mothers, pregnant women, and health care providers; direct observations of maternity wards of four out of eight delivery hospitals in Yerevan; in-depth interviews with key collaborators, mothers, and health care providers; and, data gathered from donor organizations about formula distribution, as well as observations on market availability of formula. As there were multiple interventions which occurred simultaneously and without control groups, it is difficult to determine separate effects of the IEC campaign, health care provider training, and MOH policy directives.
It is clear, however, that this combination of interventions has managed to produce changes in postpartum hospital practices, as well as to improve knowledge levels among health care providers and mothers. Despite these improvements, the prevalence of optimal feeding practices remains quite low. Women are experiencing more immediate initiation, and are breastfeeding more frequently. However, the use of supplemental liquids and formula prior to four months remains the norm. As a result, breastfeeding promotion activities need to be expanded in Armenia, both in the area of increased education for mothers, and increased training for health care providers, particularly nurses.

The most dramatic change can be seen in the area of policy change, and for this, the MOH and UNICEF should be commended. In a very short period of time, the delivery hospitals in the city of Yerevan have greatly improved rates of immediate initiation and rooming-in. However, more needs to be done to lessen the numbers of infants that are kept from mothers due to reasons that are unmerited (such as breech birth, large baby, etc.). In addition, swaddling is an issue that needs to be addressed, since this universal practice appears to interfere with good attachment.

Although many Yerevan physicians have attended MOH/UNICEF breastfeeding information seminars, there has been no in-service training conducted. Training in lactation management will be an important intervention and such a program could be implemented with guidance from the three trainees from Armenia who attended the one-month training course at Wellstart International’s LME program in San Diego. In particular, nurses will need to be trained, as they have significant contact with the patients postpartum.

With regard to the IEC campaign, it is very encouraging to note that a six-week campaign, focused on six messages, was so well recalled fully one year later. This may be due to the uniqueness of the campaign, as it is one of the first of its kind in the former Soviet Union. The television spot was the most frequently recalled, but the brochure appears to have been the best received, and in fact, health care providers have asked for more copies of it. The print medium is an appropriate way to channel health information in Armenia, because there is universal literacy, a tradition of reading about health, and a lack of available materials on the market. While reprinting the same brochure will be the cheapest way to continuing a supply of print materials to new mothers, it appears that the provision of more and better-detailed information would be more effective. Women have praised Felicity Savage-King’s Helping Mothers to Breastfeed, which has been translated and printed by UNICEF, and have mentioned that it is very complete and clear. Unfortunately, only 3,000 copies of this book were printed and there are approximately 60,000 births per year in Armenia.

Through the cooperation of the MOH, UNICEF, and EPB, Armenia has progressed rapidly in breastfeeding promotion and practices. There is now a national breastfeeding promotion policy, a national breastfeeding coordinator, and a national breastfeeding committee. A national breastfeeding promotion program has been developed and government funds have been budgeted for this program. In addition, health care providers are more knowledgeable about optimal breastfeeding practices and lactation management and are in a position to pass this knowledge on to expectant and new mothers. Postpartum practices have improved and as a result, we are starting to see an increase in some optimal breastfeeding practices among Armenian mothers.
Background

During the 1990s, the Ministry of Health (MOH) of Armenia, as well as the U.S. Agency for International Development (USAID) and other aid organizations appealed urgently for donations of infant formula for Armenian infants. These requests have been supported by the notion that mothers are unable to breastfeed due to recent socioeconomic changes in Armenia.

USAID, which supplied Armenia with 900 metric tons of infant formula in 1993 alone, reversed its policy and decided to cease all formula shipments to the region in 1994. The sudden lack of a commodity that had been generously supplied free of charge for approximately five years, left the MOH in a quandary.

As a result of this situation, the USAID/Caucasus Mission office, headquartered in Yerevan, Armenia, funded a research study on infant feeding practices in Armenia during the fall of 1993. This study found that, despite almost universal initiation of breastfeeding, there was no exclusive breastfeeding and very low rates of predominant breastfeeding. Poor postpartum care practices, including late initiation of breastfeeding, separation of mother and infant, scheduled feeds, and pre-lacteal feeds with bottles, were the norm. Most mothers expressed a desire to breastfeed, but soon began supplementing breastmilk with infant formula due to "insufficient" milk supply. Both mothers and health care providers lacked appropriate knowledge regarding the benefits and process of breastfeeding.

Given this information, Wellstart International's Expanded Promotion of Breastfeeding (EPB) program was requested by USAID to conduct an assessment of maternal and child health, family planning, and breastfeeding in Armenia in the spring of 1994. A memorandum of intent between the Armenian MOH and EPB included the implementation of a social marketing campaign to promote optimal breastfeeding behaviors. This campaign was conducted during summer and fall of 1994. The campaign consisted of:

- A press conference
- A two-minute television spot
- Two radio spots
- Newspaper advertisements (full and half pages)
- Production of 60,000 brochures for mothers and health care providers

The campaign ran from September 20 to October 30, 1994, with the exception of radio spots, which continued to be aired until mid-December 1994, and brochure distribution that occurred throughout the campaign and into 1995.

Preliminary monitoring of the campaign indicated that there was wide exposure and recall of the messages, as well as reported behavior change. A qualitative evaluation, described in this paper, serves to document the longer term effects of the campaign. In addition, this evaluation examines the context within which the campaign was launched, namely the effects of MOH and UNICEF policy and health care provider training interventions to promote optimal breastfeeding practices in health care settings. Due to the overlapping and, at times, simultaneous implementation of policy, training, and information, education, and communications (IEC) interventions, it is very difficult to determine the weight of impact of each of these interventions alone.

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Methodology

The information that was gathered for the purpose of this evaluation included:

- A survey of mothers who had children during and after the months of the campaign (i.e. mothers of children born between September 1994 and November 1995, aged 0 to 1.2 yrs.). A convenience sample was taken from pediatric polyclinics in Yerevan (n=66).
- A survey of pregnant women, chosen through convenience sample from four prenatal care clinics in Yerevan (n=16).
- A survey of health care providers, including pediatricians, obstetricians/gynecologists, and nurses. A convenience sample was taken from polyclinics in Yerevan (n=47).
- Direct observations of maternity wards of four out of eight delivery hospitals in Yerevan.
- In-depth interviews with key collaborators, including the vice-minister in charge of Maternal and Child Health for the MOH, the coordinator of the National Breastfeeding Promotion Program for Armenia, and the UNICEF Health Officer.
- In-depth interviews with mothers of infants born during or after the campaign (n=6).
- In-depth interviews with health care providers (n=6, consisting of two pediatricians, two obstetricians, and two obstetric nurses).
- Data gathered from donor organizations about formula distribution, as well as observations on market availability of formula.

Surveys

The questionnaires used in this study were constructed by the research team at the American University of Armenia’s Center for Health Services Research (CHSR) and by EPB. The survey instrument for mothers was similar to the EPB survey that was used in Armenia for the purposes of monitoring the effects of the social marketing campaign during the fall of 1994. The health care providers’ questionnaire was based on the survey instrument used in 1993 by the USAID-sponsored needs assessment of infant feeding practices. Both questionnaires had been previously pre-tested in Armenia.

Due to a lack of time and financial resources, a convenience sample of mothers was chosen to survey rather than a representative sampling. Respondents were chosen from the same six pediatric polyclinics that had been used for the 1993 baseline data. Interviewers were sent to the polyclinics and recorded responses from mothers whose infants were zero to fourteen months old. This range was chosen because the campaign was conducted fourteen months prior to this case study evaluation. Infants were stratified by age into five categories (0-3, 4-6, 7-9, 10-12, and 13-14) to ensure that responses were obtained for the entire age range. The responses of 66 mothers of infants were recorded.

In addition, sixteen pregnant women were surveyed from four prenatal clinics in Yerevan. Both the clinics and the women were selected through convenience sample.

The survey of health care providers was also conducted through convenience sampling, as was the case in the 1993 baseline study.

Observations of Delivery Hospitals

A team of three researchers conducted observations at four delivery hospitals in Yerevan, which were randomly chosen out of a total of nine delivery hospitals that operate in the city. The purpose of the observations was to assess the extent to which policy changes made by the MOH of Armenia had affected postpartum hospital practices that relate to breastfeeding, such as immediate initiation, rooming-in, on-demand feeding, and use of pacifiers, bottles, and infant formula.
The research team visited the hospitals and presented a request to the chief doctors. The chief doctor then assigned a deputy to give the researchers a tour of the delivery rooms and maternity wards. During this tour, the researchers had the opportunity to view all of the patients in each of the maternity wards, and the areas where infants were being kept separate from their mothers (if applicable). In addition, in each of the delivery hospitals, at least four mothers of newborns were interviewed using the mothers’ survey instrument. An observation checklist was developed by CHSR and EPB. The length of observation time at each delivery hospital averaged one and a half hours. There were no deliveries in progress during any of the observations. Therefore, information on immediate initiation was obtained through self-report of patients.

The research team also met with the chief doctors and chief neonatologists of each of the hospitals and discussed the following questions:

- Do you agree with the new postpartum policies that have been devised by the MOH?
- Have any changes occurred due to these policies?
- What are the problems, if any, with these policies?
- Is there anything you would like to see change with regard to these policies?

**In-depth Interviews**

Qualitative interviews were conducted with six mothers of infants and six health care providers (two nurses, two pediatricians, and two gynecologists). These interviews were conducted in Armenian using an interview guide. Notes were recorded by the interviewer both during and after the interviews. The interview subjects were selected conveniently.

**Documentation and Measurement of Program Output Indicators**

**Policy Indicators and Questions**

*National Breastfeeding Promotion Policy*

Armenia has made dramatic changes in policy during the last two years with regard to breastfeeding promotion. In August 1993, the MOH sent two representatives to a UNICEF-sponsored workshop in St. Petersburg, Russia, which reviewed the Baby-Friendly Hospital Initiative (BFHI). Simultaneously, the USAID/Caucasus Mission office funded a study of infant feeding practices in Armenia. In the fall of 1993, as this study’s results were being published, the MOH unveiled a new set of policies that directly endorsed the UNICEF/WHO BFHI’s *Ten Steps to Successful Breastfeeding*. The change of policy was announced at a press conference and was reported on television and in newspapers.

The BFHI policy was communicated through a directive to all of the chief doctors of the delivery hospitals throughout the country. (Chief doctors were also present at the “kick-off” press conference for the EPB-supported IEC campaign). Additionally, each of the chief doctors attended a three-day seminar (BFHI’s eighteen-hour course, which was taught by the two MOH staff participants, Garine Saribekian and Anahit Demirchian, who attended the St. Petersburg seminar).

Significant changes were made in postpartum delivery practices through the directive and seminar alone. This is due to the political nature of the former-Soviet system, where all policy changes were communicated and implemented through directives. There is no system for in-service training. The hospital practices that changed most significantly after implementation of the BFHI policy were immediate initiation of breastfeeding and

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3See Appendix I for text.
rooming-in. Approximately five months after the policy directive was announced, EPB representatives toured three delivery hospitals in Yerevan (May 1994). Whereas in the fall of 1993 there was no rooming-in and specific policies were in place that prohibited this practice, in the spring of 1994, the majority of infants viewed by Wellstart representatives were kept in cribs next to their mothers. In addition, most of the mothers reported immediate skin contact with the baby while on the delivery table, and initiation of breastfeeding soon thereafter.

It is evident from the 1995 evaluation survey data, qualitative interviews with mothers, and observations in delivery hospitals, that postpartum practices have changed systematically in Yerevan. In contrast to 1993, rooming-in, immediate initiation, on-demand feeding, and minimal to no use of bottles and formula are now generally-accepted practices in the delivery hospitals in Yerevan. While there are still a number of cases where infants are separated from their mothers for medical reasons (e.g., jaundice, pre-term) or difficult deliveries (e.g., extended labor, caesarean section), extended separation of the mother and infant occurs less frequently than in 1993. For example, the evaluation survey data (1995) indicates that 76% of newborns roomed-in with their mothers, compared to 0% in 1993.

These policy and practice changes are laudable, and already have had a positive impact on short-term outcomes, such as increasing on-demand feeding and frequency of feedings, and reducing the observed rates of mastitis. However, it appears that these policies alone have had little effect on long-term behavioral outcomes. This may be due to a lack of significant training of health care providers as well as the lack of a comprehensive review of postpartum care practices that affect breastfeeding or other community factors. For example, during an observation at a delivery hospital in Yerevan, a mother was interviewed who had delivered her baby the previous day. It was her first child, delivered vaginally. She had initiated breastfeeding immediately after delivery and her infant was rooming-in. During the course of the interview, she indicated that she was not successfully breastfeeding, and a series of questions revealed that she was feeding in a prone position due to a policy at the hospital which requires women who have had episiotomies to remain in a prone position for three or four days. No nurse or physician had shown her how to position her baby, or aid her with attachment. It would not be surprising if such a woman later reported early use of formula due to "insufficient milk." Health care provider knowledge and training will be discussed in subsequent sections.

Availability of Infant Formula and the Role of the Ministry of Health

Infant formula was produced in Armenia and neighboring republics during the Soviet era and distributed for nominal fees. It is not known with what prevalence these formulas were used, and it is not clear whether they were available to the general public. However, in 1988 Armenia experienced a devastating earthquake and, for the first time during the Soviet period, great quantities of emergency foreign aid were allowed into the country. During this time, formula was sent by a number of aid organizations throughout the world. Soon after, the Soviet Union collapsed, and local formula production ceased. In the early 1990s, Armenia’s MOH began to request large amounts of formula for what they stated was an urgent need.

In 1993 alone, hundreds of metric tons of infant formula were brought into Armenia by humanitarian aid organizations. The MOH was, and remains, the primary distributor of this commodity. Women who attend the pediatric polyclinics and demonstrate an inability to breastfeed can be given a prescription for infant formula by a pediatrician, which can be redeemed at a local government pharmacy for free.

Until 1993, formula from aid organizations was also distributed to delivery hospitals for use in maternity wards. This practice was prohibited by the MOH in the fall of 1993 when the Ministry began implementing a baby-friendly hospital program in collaboration with UNICEF. Currently, if a delivery hospital feels it has a medical case which necessitates formula use, it must request formula from the MOH.

In addition, to provide an incentive for women to breastfeed, the Ministry began a program of food supplementation for lactating women. Women who are lactating can receive a basket of goods such as lentils, cooking oil, rice, and milk powder, from their neighborhood pediatric polyclinic. The Ministry hoped that this
type of program would prevent women from requesting formula merely for its monetary value. In this way, both lactating and non-lactating mothers would receive humanitarian assistance for free.

Despite these stricter controls, it appears that formula availability is relatively high, and has not changed significantly from 1993. Most women are able to obtain formula whenever they want, by convincing their pediatricians that their milk is insufficient. Usually, a mother will begin to experience problems with breastfeeding and will present herself and her infant to the pediatric polyclinic. Unfortunately, there has not yet been sufficient health care provider training to support these mothers to continue breastfeeding, and therefore, they are given a prescription for formula.

**Formula Distributed by Humanitarian Organizations**

Currently, there are two primary providers of infant formula as aid to Armenia. The Fund for Armenian Relief (FAR) has received approximately 175 metric tons of *Enfamil* (63,772 containers each containing six boxes). This formula was distributed in collaboration with the MOH through state pharmacies. Not all state pharmacies receive formula, however. Each pediatric polyclinic works with one pharmacy in the same neighborhood, which fills only those prescriptions that have been provided by a specific polyclinic. FAR received the formula free of charge as a donation from the U.S. Department of Agriculture (USDA) and paid only for local transportation to the pharmacies. They anticipate another shipment of 113,000 containers (approximately 310 metric tons) of ENFAMIL in early 1996.

The European Community Humanitarian Organization (ECHO) is also supplying infant formula to Armenia. Through the French non-governmental organization (NGO) Aznavour for Armenia, infant formula products such as NOVOLAC, BEBA 1 (for infants up to two months), and BEBA 2 (for infants older than two months) are distributed through the state pharmacies, in accordance with MOH directives. During 1995, 240,000 boxes of NOVOLAC, 150,000 boxes of BEBA 1, and 124,000 boxes of BEBA 2 were distributed. ECHO anticipates further receipt and distribution of formula for 1996.

**Market Availability of Formula**

In addition to the distribution of formula through state pharmacies, formula is also available on the open market. Of course, a certain amount of the formula that is distributed as aid is found in the markets, with prices ranging from 500 drams to 1400 drams per individual can or box ($1 = 400 drams; minimum monthly salary is approximately 1200 drams or $3). Of nineteen different markets and shops in downtown Yerevan that were visited during November 1995, eight sold formula, and five of these said they had a regular supply of formula. That indicates that most mothers will be able to find formula on the market if they so desire although at prices that are much higher than their official incomes would allow them to afford.

**Health Care Providers Training and IEC Indicators and Questions**

Since 1993, the MOH, with the sponsorship of UNICEF, has provided a series of seminars about breastfeeding promotion throughout the republic. The curriculum and content of these seminars is based on the eighteen-hour training course of the BFHI of UNICEF and the World Health Organization (WHO). Since the primary trainers have also been participants of Wellstart International’s Lactation Management Education (LME) program in San Diego, it is assumed that some of their curriculum incorporates the training that they received there.

However, no information on curriculum, coverage, or cost of training was made available to researchers for this study. It is estimated that approximately 400 physicians have participated in the seminars during the last two years. These physicians are primarily prenatal and delivery clinic gynecologists, as well as pediatricians who work at the polyclinic level. A majority of Armenia’s chief doctors of prenatal care clinics, delivery hospitals, and pediatric clinics have been trained, and are responsible for passing on their knowledge to the staff of their clinics. There is a plan to train nurses in the future.
Health Care Providers' Survey

A survey of health care providers was conducted to measure knowledge and beliefs regarding infant feeding practices. Responses were recorded from sixteen pediatricians, fourteen gynecologists, and seventeen nurses. The survey instrument used for this evaluation was the same instrument used in a 1993 study, allowing for comparison with the earlier responses. In general, knowledge levels of health care providers with regards to infant feeding practices has increased from 1993 to 1995. Since only twelve out of 47 providers reported having received training on breastfeeding within the last two years, it can be assumed that some knowledge change occurred as a result of policy changes, workplace word-of-mouth, and the EPB IEC campaign.

Initiation

When asked the question about when a child should be breastfed for the first time after delivery, assuming the mother and the infant are both healthy, 60% (n=28) answered within the first half hour, 34% (n=16) answered between one and nine hours. These answers do not differ significantly from 1993.

Duration and Supplementation

The median age at which health care providers recommended to stop breastfeeding was at two years infant age. However, many providers were recommending water and other juices be given at early infant ages of two and three months.

Knowledge Statements

Health care providers were read a series of statements and asked whether they agreed, disagreed, or didn’t know. Table 1 lists those statements and the percentage of those who answered correctly.

Table 1: Health Care Providers' Knowledge About Breastfeeding

<table>
<thead>
<tr>
<th>Statements Read (n=47)</th>
<th>Percent Answering Correctly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correct Answers in Brackets [ ]</td>
<td>Pediatricians (n=16)</td>
</tr>
<tr>
<td>Breastfeeding alone is nutritious enough for the first four months of life. [True]</td>
<td>100%</td>
</tr>
<tr>
<td>Breastfeeding can make a woman fat. [False]</td>
<td>81.3%</td>
</tr>
<tr>
<td>A breastfed baby is less likely to get diarrhea than a bottle fed baby. [True]</td>
<td>100%</td>
</tr>
<tr>
<td>It has been found that some babies are allergic to breastmilk and should be bottle fed. [False]</td>
<td>62.5%</td>
</tr>
<tr>
<td>A mother that does not produce enough breastmilk should try to breastfeed more often. [True]</td>
<td>93.8%</td>
</tr>
<tr>
<td>Colostrum (the first milk) should not be fed to a baby. It is better to wait until the milk appears before putting the baby to the breast. [False]</td>
<td>62.5%</td>
</tr>
<tr>
<td>Infant formula is as nutritious as breastmilk. [False]</td>
<td>87.5%</td>
</tr>
</tbody>
</table>
Due to the disparity in numbers between the sample of health care providers interviewed in 1993 (n=172), it is not appropriate to quantitatively compare the percentages of correct answers with that baseline. However, it is important to note that the health care providers scored the highest percentage of correct answers on those messages addressed in the IEC campaign, particularly: *Breastfeeding alone is nutritious enough for the first four months of life;* *A breastfed baby is less likely to get diarrhea than a bottle fed baby;* and, *A mother that does not produce enough breastmilk should try to breastfeed more often.*

In addition, although the percentage of correct answers on statements regarding giving water to newborns and regarding the need to use formula if a mother does not have a diet rich in calories, have improved compared to the 1993 baseline, it is evident that more education is necessary in these knowledge areas. Furthermore, the importance of attachment and positioning—an issue not addressed as a focal point in the IEC campaign—is another issue to be considered for future training/education, as evidenced by the poor knowledge score on the relevant statement.

One of the more significant findings with regard to the survey of health care providers is the improvement in knowledge of the causes for sore nipples and insufficient milk. In 1993, for example, the number of health care providers who correctly identified causes for painful/sore nipples was 15.7%, and those who supplied correct answers for causes of insufficient milk was 5.2%. In 1995, however, these percentages were 59.1% and 33.3% respectively. It is not clear whether these changes in knowledge are the result of UNICEF-sponsored training or the EPB-sponsored IEC campaign or a combination of both.

**Providers’ Awareness of Policy Changes**

To the question “Have you received any information on special orders regarding breastfeeding?,” 76% of the health care providers responded yes. Subsequently, they were asked what the order said, and many of the respondents repeated messages that were in both the MOH’s policy directive for breastfeeding promotion and the EPB IEC campaign. Nearly 82% of the providers reported that changes had occurred in their workplace due to this order. Many providers mentioned that the number of breastfeeding women had increased due to the policy
order (twelve out of 29 responses), and many also discussed the promotion of breastfeeding on demand as a major change occurring due to the policy.

Provider Training

Twelve out of the 47 provider respondents reported receiving training on breastfeeding promotion within the last two years, and five of these indicated that the training was conducted by the MOH. The others received training at their workplace from the chief doctor (who received MOH training). All of those who reported receiving training were physicians; no nurses have reported training.

When asked what they learned from this training, the physicians mentioned breastfeeding on demand, advantages of breastfeeding, correct position for breastfeeding, exclusive breastfeeding during the first six months, and no water or liquids. Again, these are also the messages that were addressed in the IEC campaign.

Exposure of Health Care Providers to IEC Campaign

As Table 2 indicates, many of the health care providers in this survey recalled elements from the 1994 EPB IEC campaign. Over 53% recalled having heard breastfeeding promotion messages on the radio, 66% remembered seeing television spots promoting breastfeeding, 38.3% recall newspaper advertisements, and 87.2% of the respondents had seen the brochure on breastfeeding produced by EPB. Of those that had seen the brochure, nearly 81% stated that they still had it in their possession. These are notable findings, given that the IEC campaign had taken place over a year prior to these interviews.

<table>
<thead>
<tr>
<th>Table 2: Providers' Exposure to IEC Campaign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remember Hearing About Breastfeeding on:</td>
</tr>
<tr>
<td>Radio</td>
</tr>
<tr>
<td>Television</td>
</tr>
<tr>
<td>Newspapers</td>
</tr>
<tr>
<td>Have Seen Breastfeeding Brochure</td>
</tr>
<tr>
<td>Have Brochure in Possession</td>
</tr>
</tbody>
</table>

IEC Indicators and Questions

Maternal Interviews

On September 20, 1994, approximately one year after the MOH began implementing their baby-friendly hospital program and health care provider training, EPB launched a mass media campaign to promote optimal breastfeeding in Armenia. The campaign consisted of:

- A press conference
- A two-minute television spot
- Two radio spots
- Newspaper advertisements
- Production of 60,000 brochures for mothers and health providers

The campaign ran from September 20 to October 30, 1994, with radio spots continuing until mid-December, and brochure distribution continuing thereafter.
The campaign consisted of six primary messages:

- Importance of immediate initiation of breastfeeding
- Rooming-in
- Exclusive breastfeeding for the first four to six months, no water or other liquids
- On-demand feeding; no scheduled feeds; also, breastfeed at night
- Avoid the bottle
- Don't worry about diet

In November 1995, EPB and the American University of Armenia's CHSR conducted an evaluation of the impact of that campaign. A questionnaire was administered to 66 mothers of children born between the time of the campaign and the time of the evaluation. Mothers' characteristics are described in Table 3.

Table 3: Characteristics of the Sample of Mothers of Infants 0-14 Months of Age

| Number of Polyclinics/Delivery Hospitals | 8/5 |
| Number of Women                          | 66  |
| Number Still Breastfeeding at Time of Interview | 44  |
| Average Maternal Age (years)             | 24  |
| % With One, Two, Three Children          | 59%, 26%, 12% |

<table>
<thead>
<tr>
<th>Infant's Age</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 Month</td>
<td>17</td>
</tr>
<tr>
<td>1-3 Months</td>
<td>14</td>
</tr>
<tr>
<td>4-6 Months</td>
<td>11</td>
</tr>
<tr>
<td>7-12 Months</td>
<td>20</td>
</tr>
<tr>
<td>13-14 Months</td>
<td>4</td>
</tr>
</tbody>
</table>

The median age of the infants was 3.5 months at the time of the interview. The distribution curve is skewed to the younger ages due to seventeen interviews of mothers of newborns which took place at delivery hospitals.

Results and Trends

Data and percentages are given below to indicate magnitude; however, due to the small sample size, and convenience method of selection, these results cannot be interpreted as representative of the Yerevan population.

Survey of Mothers with Infants 0-14 Months of Age

Infant Feeding Practices

- In 1993, only 12% of mothers surveyed reported initiating breastfeeding between zero to six hours after delivery. In the 1995 survey, there is some confusion as to the interpretation of immediate initiation of breastfeeding. For example, while eighteen women (27%) report immediate skin-to-skin contact, only 27 (41%) report first breastfeed within six hours after delivery (Table 4). Nonetheless, this represents an increase in early initiation as compared to the 1993 data.
On-demand feeding has increased since 1993. The majority of respondents reported that they fed their infants on demand (35 out of 47, or 74%), compared to 17% in 1993.

The majority of women now report rooming-in (76%), whereas, in 1993, there was no rooming-in due to a policy that prohibited such practices.

The proportion of women who had given water and formula in the last 24 hours appears to be lower than the proportion in 1993. For example, 54% of respondents had not yet introduced formula, and all but one of these mothers stated that they do not plan to use it (Table 5). However, the majority of mothers had given water and other liquids prior to four months of age, indicating a lack of exclusive breastfeeding.

In this survey, 44 out of 65 respondents are reportedly still breastfeeding at the time of interview. Of 25 infants aged one to six months, seventeen are still being breastfed (68%).

Of the mothers who had stopped breastfeeding their children prior to six months (21 of the total respondents reported already having stopped feeding, seventeen of these had infants less than six months), the majority stated that they stopped breastfeeding due to insufficient milk.

### Table 4: Delivery Hospital Practices

<table>
<thead>
<tr>
<th></th>
<th>Ever Breastfed</th>
<th>Immediate Skin-to-Skin Contact</th>
<th>Time of First Breastfeed</th>
<th>Rooming-in</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>64 (out of 65 responses) 98.5%</td>
<td>18 (27.3%)</td>
<td>6 (9%)</td>
<td>50 (75.8%)</td>
</tr>
<tr>
<td>Time of First Breastfeed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within 1 hour after delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>From 2 to 6 hours after delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>From 7 to 12 hours after delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>From 13 to 24 hours after delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than 24 hours after delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 5: Age of Introduction of Liquids and Other Foods

<table>
<thead>
<tr>
<th>Substance</th>
<th>Introduced</th>
<th>Not Introduced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>Formula</td>
<td>46%</td>
<td>54%</td>
</tr>
<tr>
<td>Other Liquids</td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>Foods</td>
<td>53%</td>
<td>47%</td>
</tr>
</tbody>
</table>

In 1993, nearly 92% of mothers reported giving water to their newborn infants. Although twelve mothers in 1995 (42%) had not reported giving water, their infants were all less than one month old. Therefore, it is difficult to say how long they will continue this practice. Due to the very strong belief among mothers and health care providers that water is necessary for newborns and infants, this will be one of the most difficult practices to change. Unfortunately, recent water analyses conducted by the CHSR indicate that water quality in Yerevan is poor, and should not be given to infants without treatment or boiling. As a result, despite the difficult challenges in changing this practice, it is worthwhile to pursue continued education and health care provider training on this issue.
Mothers’ Recall of Messages from IEC Campaign

Although the campaign occurred fully one year prior to the evaluation interviews, mothers’ recall of the campaign was relatively high (Table 6), and is similar in pattern to the recall of media elements by health care providers.

Table 6: Mothers’ Exposure to IEC Campaign

<table>
<thead>
<tr>
<th>Remember Hearing About Breastfeeding on:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio</td>
<td>40%</td>
</tr>
<tr>
<td>Television</td>
<td>65%</td>
</tr>
<tr>
<td>Newspapers</td>
<td>26%</td>
</tr>
<tr>
<td>Have Seen Breastfeeding Brochure</td>
<td>74%</td>
</tr>
<tr>
<td>Have Brochure in Possession</td>
<td>59%</td>
</tr>
</tbody>
</table>

The majority of mothers who reported having a brochure obtained it from the prenatal care clinic (61%). However, brochures were also obtained at delivery hospitals (11%), pediatric polyclinics (8%), and through friends and neighbors (19%). One mother reported purchasing the brochure from a kiosk in her neighborhood.

The messages most frequently recalled (through free recall) from the campaign were:

- Breastfeed your baby; breastmilk is best (62%)
- Breastfeed whenever the baby wants; no clock (53%)
- Feed only breastmilk (27%)
- Breastfeed frequently (24%)
- Avoid the bottle (23%)
- Don’t worry about your diet (20%)
- Room-in (18%)
- Immediately initiate breastfeeding (16.7%)
- Breastfeed day and night (16.7%)

Over 51% of mothers reported that the campaign contained information that was new to them, and the majority of those respondents reported that breastfeeding on demand was new. However, only 38% of mothers report that they behave differently as a result of the new information that they heard, and again, the most frequent response to the question of what they do differently is feed on-demand.

Survey of Pregnant Women

In addition to the data collected on mothers of infants born since the campaign, interviews were conducted with sixteen pregnant women in Yerevan, chosen through convenience sampling from four prenatal clinics. The median age of these women was 26 years and the median weeks of pregnancy was nine.

What is notable about this data is that, more than one year after the campaign, pregnant women still remember certain elements of the campaign, particularly those who received the brochure. Data regarding exposure to each component of the IEC campaign is shown in Table 7.
Table 7: Pregnant Women’s Exposure to IEC Campaign

<table>
<thead>
<tr>
<th>Remember Hearing About Breastfeeding on:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio</td>
<td>6%</td>
</tr>
<tr>
<td>Television</td>
<td>50%</td>
</tr>
<tr>
<td>Newspapers</td>
<td>6%</td>
</tr>
<tr>
<td>Have Seen Breastfeeding Brochure</td>
<td>56%</td>
</tr>
<tr>
<td>Have Brochure in Possession</td>
<td>31%</td>
</tr>
</tbody>
</table>

Recall of each of the campaign messages was high (≥70%) among those who had seen the brochure. It appears that the brochure alone can increase knowledge of optimal breastfeeding practices at least in the short-term.

**Qualitative Data**

**Observations of Maternity Hospitals**

Four out of eight Yerevan maternity hospitals were observed by researchers. The general findings from these observations follow:

- On average, approximately 80% of mothers roomed-in. The remaining 20% of infants were kept in separate wards for reasons such as birth by caesarean section, low birth weight of infant (<2.5 kilograms), or large size of infant (>4 kilograms).
- While rooming-in is now the accepted norm, many mothers complained that they were too tired and weak after delivery, and preferred to be alone in their rooms. Other mothers (particularly primipara) expressed fears about taking care of their babies.
- None of the hospitals visited displayed any visual advertisements of either breastfeeding promotion or infant formula.
- No deliveries were observed. Information about initiation and delivery was obtained through interviews with mothers. In general, immediate initiation was the rule, and the first breastfeed occurred within six hours after delivery.
- No bottles or formula were observed in any of the four hospitals. Pacifiers were numerous, and many mothers reported that their infants were fed with glucose.
- In general, mothers are shown how to express their milk, and are offered help by a staff member during initiation of breastfeeding.
- Mothers are advised to breastfeed their babies whenever their babies are hungry.
- No mother reported that she was told by a health care provider to breastfeed exclusively for four to six months.
- The practice of tightly swaddling newborn infants is the norm, and the observers did not see any exceptions. Infants are swaddled from the neck down soon after birth and remain so for the rest of their stay in the hospital. Both arms and legs remain under cloth, and there is little to no freedom of movement for the infant. The belief behind swaddling is that it will keep the baby warm and will aid in the development of “straight” legs. However, the observers noted that the swaddling interferes with proper positioning and attachment to the breast while feeding.

These observations indicate that dramatic change has taken place in postpartum practices in Yerevan delivery hospitals since the MOH adopted UNICEF’s BFHI in 1993. Early initiation and rooming-in are the general rule. Nonetheless, many infants are still separated from their mothers for reasons that are not accepted by Western medical standards. It appears that the list of contraindications to breastfeeding is still being utilized by many
delivery hospitals. They are not sufficiently prepared to manage breastfeeding of premature, low birth weight babies, or to facilitate the breastfeeding practices of mothers who have had caesarean births.

Almost all of the chief doctors and neonatologists of these hospitals have participated in the training seminars conducted by the MOH and UNICEF. For this reason, they were able to answer questions about the new breastfeeding policies with ease. However, some physicians confided that they were not in full agreement with the policy changes that had taken place. For example, in some hospitals, physicians mentioned that they have difficulty feeding premature babies (who, due to low birth weight, are kept separate from their mothers) because there is a lack of donor milk. Mothers' length of stay in the hospital has shortened (three to four days), and many mothers are unwilling to give their milk to other babies, thus the lack of supply. Therefore, these physicians felt that the Ministry’s restriction on formula distribution at the hospitals was not wise. The nurses that work in delivery hospitals—who have significant contact with the mothers—have not yet received any training in lactation management. This seems to be a crucial area for improvement.

The staff of these delivery hospitals were very familiar with the IEC campaign. They were pleased with the brochure and lamented that they had received very few copies of it. Most of the mothers who delivered (these deliveries were in November 1995, fourteen months after the launch of the campaign) had received a copy of the brochure during prenatal care. One physician was very complimentary about the campaign, and stated that the television spot should be re-aired, because it helps women prepare for breastfeeding after delivery.

Interviews with Health Care Providers

Reaction by health care providers to the interventions for breastfeeding promotion was mixed. Some providers were very enthusiastic with the policy changes made by the MOH and the IEC campaign, and agreed wholeheartedly with the interventions and the “new” methods to promote optimal feeding, and many of them reported a resultant increase in the number of woman breastfeeding. One of the gynecologists said that she felt women were not educated enough about breastfeeding, and resulting in their quick conclusion that they have no milk. She was pleased with the brochure and was glad to have something to distribute to her patients at the prenatal clinic. Because supplies of the brochure are low, she is asking her patients to take the brochure home to read, or make a copy, and then return it to her at the clinic.

Another physician, a pediatrician who works in a polyclinic, was also very pleased with the campaign and said that it should be continued. In her opinion, not only did the campaign result in increasing the number of women who breastfeed, but also an increase in the number of women who “have a great desire” to breastfeed. She also felt that supplemental feedings for lactating women (in her clinic they were distributing parcels of beans and milk powder) should continue and that other products should be added that would aid in the quality and quantity of mothers’ breastmilk. This pediatrician worked in a polyclinic that had made a visual display in their waiting room of the brochure (its pages had been cut and pasted on the wall) and the promotional t-shirt from the IEC campaign (an infant’s t-shirt with a hand-painted message in Armenian: “I’m fed by my mommy’s milk.”)

Another polyclinic pediatrician asked for a rebroadcasting of the television spot, saying that it would help their job as physicians to promote breastfeeding: “The doctor’s recommendations are not enough. With the advertising, the doctor’s suggestions become more credible.”

However, the interviews with health care providers also indicated the persistence of misinformation and general skepticism about the chances of exclusive breastfeeding. A gynecologist told of how her daughter-in-law followed all of the advice of the brochure and still had no milk. She was therefore forced to use formula very soon after delivery.

A pediatrician explained that on-demand feeding is “too stimulating” for the infant and causes the infant to want to suckle all the time. This prevents the mother from sleeping, which will make her exhausted and she will wind
up with no milk. Therefore, she recommends scheduled feeds, which “train” the infant to feed only at certain times.

Most of the gynecologists, pediatricians, nurses, and mothers believe that water is necessary for the infant. They explained that, due to the heat of the summer, water is a must. When a researcher for this evaluation was explaining to a physician that scientific studies have shown water is not necessary, the physician asked whether any of these studies had been conducted in areas of high altitude such as Armenia. Exclusive breastfeeding, with no water or liquids given to the infant, is quite a foreign idea to both health care providers and mothers, who have all been supplementing their breastmilk with water, tea, and juices for generations. This will be one of the hardest behaviors to change.

More than one of the health care providers interviewed expressed doubt that Armenian women could successfully breastfeeding in “today’s economic conditions.” Many health care providers (and mothers) are convinced that the socioeconomic conditions of Armenia—with electricity and water shortages, severely decreased purchasing power, and changes in diet from meat-based to more vegetarian—prevent women from successfully breastfeeding. This prevalent attitude contributes to the ease with which pediatricians provide prescriptions for free formula.

**Interviews with Mothers**

The status of breastfeeding in Armenia becomes more clear through interviews with mothers of young infants. These interviews show that:

- There is a lack of confidence among mothers about the “sufficiency” of their breastmilk for their infants. These fears are not well managed by the health care system, which is staffed by providers who lack the knowledge and training needed to provide optimal support for lactating mothers, and to adequately answer questions about milk insufficiency.
- Despite progress made in the area of postpartum practices, many mothers report late initiation of first breastfeeds due to “medical” causes. These causes are not accepted by Western standards as reasons to delay initiation.
- Women are, in general, pleased with rooming-in; however, they express fears of not being able to care for their infants, and they often feel that they are too tired and want the child to be in another room so that they can rest.
- Postpartum health care providers do not sufficiently demonstrate positioning and attachment to newly delivered mothers, and there is little to no promotion or discussion of exclusive breastfeeding in the delivery hospitals.
- Even mothers who leave the delivery hospital with seemingly successful breastfeeding practices begin supplementing with liquids within the first few months.
- Women who present to the polyclinics with breastfeeding problems or concerns are likely to receive a prescription for formula. Formula use begins with continued breastfeeding, but soon breastfeeding ceases.
- The primary impact of the IEC campaign was increasing awareness of the importance of breastfeeding and increasing the practice of on-demand feeding. On-demand feeding was the most salient of the campaign’s messages. The visual of a clock with an X over it was often recounted, as was the photo of the infant wearing a t-shirt that said “I’m fed with mommy’s milk.”
- Mothers were not convinced, however, that water and other liquids are not necessary for infants for the first four to six months. Early supplementation with liquids is a generations-old practice, and many women insisted that it was necessary in Armenia.

**Interviews with Collaborators**

The research team also conducted interviews with other collaborators in Armenia who are working with issues of infant feeding. The interviewers did not find any strong resistance to breastfeeding promotion in Armenia.
Ministry of Health

The researchers spoke with Dr. Vahakn Demirchian, Vice Minister in charge of Maternal and Child Health, and to Dr. Anahit Demirchian (no relation), who is the Technical Adviser to the Maternal and Child Health Department as well as the manager of the National Breastfeeding Promotion Program. Both of these MOH representatives were supportive of the IEC campaign and felt that it made an important impact. Anahit felt that it was a good “first trial to change the mentality and approach of women and health care providers in Armenia.” She would like to see a repetition of parts of the program that could correspond with ongoing training activities. As a positive impact of the campaign, she mentioned that doctors had become more cautious in prescribing infant formula. However, MOH staff expressed a concern that they had not been more involved in the decision-making prior to the launch of the campaign. Specifically, they were disappointed in the television spot, citing that the quality was poor and the “actress” who narrated the spot was not convincing. In addition, they felt that the final version of the brochure had not taken into account the many edits and additions that they had contributed upon consultation. While discussing the weaknesses of the campaign, Anahit made suggestions for future promotion activities:

1) Brochure: Improve the language, make it more emotional, and illustrate points with persuasive and vivid examples and pictures. Brochures should be targeted at pregnant women.

2) The radio advertisements were good and should be re-run periodically. The television advertisements were “a little boring and artificial.” The television spots should have been pre-tested and this point should be considered for the next campaign. She suggested as an alternative, creating a television spot where real doctors and mothers discuss their positive experiences with breastfeeding.

3) Brightly-colored posters should be created and displayed in prenatal, pediatric, and delivery health care settings.

At this time, the MOH has no plans to conduct public campaigns for the promotion of breastfeeding, largely due to a lack of funding. However, they are continuing their training of health care providers with support from UNICEF.

UNICEF

The UNICEF Armenia Project Officer, Dr. Michael Alexanian, indicated that his “general opinion about the campaign was positive, and that, as a first trial, it was effective.” UNICEF has translated and published 3,000 copies of Felicity-Savage King’s *Helping Mothers to Breastfeed*, and they have also translated and will be printing UNICEF’s *Facts for Life. Helping Mothers to Breastfeed* will be distributed to health care providers and the Yerevan State Medical School, and *Facts for Life* will be made available to pregnant women at the prenatal care clinics. UNICEF will continue to aid the MOH in their training of health care providers, and they hope to include nurses in this program in the near future.

Formula Distributors

Dr. Alexander Jambor, a pediatrician who is the director of the European Community’s Humanitarian Organization (ECHO) in Armenia, was very impressed by the breastfeeding promotion that had occurred in Armenia. He was also interested in devising more strategic distribution plans for the infant formula that his organization imports every six months.

Interviews with other formula distributors indicate that they are less aware of the issues involved with optimal feeding practices. One of the missions of the organizations that distribute formula is to respond to requests made by the government of Armenia. Because formula is being requested consistently by the MOH, the formula distributors feel they are aiding infants by fulfilling this request. While they applaud the efforts to promote
breastfeeding, they are not convinced that these efforts will be successful and feel that formula is a necessary product for many women in Armenia and therefore will continue to provide it.

Chief Doctors of Polyclinics and Delivery Hospitals

Interviews were conducted with the chief doctors of each of the health care institutions where research was carried out for this study. All of these doctors expressed strong support for the IEC campaign, and would like see expanded campaigns in the future. In particular, the polyclinic chiefs requested more brochures (all have been distributed). This product was very well received by both the health care providers on their staff and their patients. Many of the chief doctors had made it “required reading” for their staff, since much of the information was so opposite to what they had learned in medical school.

In general, the chief doctors have accepted and implemented the policy changes that have been directed by the MOH. Some still strongly believe that the hardships of lifestyle now present in Armenia have irreparably negatively impacted a woman’s ability to breastfeed. Others have criticized women’s “psychology” today in Armenia, where formula is becoming the norm, and breastfeeding has consequently become less popular. All of the doctors agreed that the more education that is made available to women regarding this issue, the easier it will be for a health care provider to support optimal breastfeeding.

Discussion and Recommendations

This evaluation was conducted to determine what effect breastfeeding promotion activities in Armenia have had on feeding practices and knowledge. As there were multiple interventions that occurred simultaneously and without control groups, it is difficult to determine separate effects of the IEC campaign, health care provider training, and MOH policy directives. It is clear, however, that this combination of interventions has managed to produce changes in postpartum hospital practices, as well as to improve knowledge levels among health care providers and mothers. Despite these improvements, the prevalence of optimal feeding practices remains quite low. Women are experiencing more immediate initiation, and are breastfeeding more frequently. However, the use of supplemental liquids and formula prior to four months remains the norm. As a result, breastfeeding promotion activities need to be expanded in Armenia, both in the area of increased education for mothers, and increased training for health care providers, particularly nurses.

The most dramatic change can be seen in the area of policy change, and for this, the MOH and UNICEF should be commended. In a very short period of time, the delivery hospitals in the city of Yerevan have greatly improved rates of immediate initiation and rooming-in. However, more needs to be done to lessen the numbers of infants that are kept from mothers due to reasons that are unmerited (such as breech birth, large baby, etc.). In addition, swaddling is an issue that needs to be addressed, since this universal practice appears to interfere with good attachment.

Although many Yerevan physicians have attended MOH/UNICEF breastfeeding information seminars, there has been no in-service training conducted. Training in lactation management will be an important intervention and such a program could be implemented with guidance from the three trainees from Armenia who attended the one-month training course at Wellstart International’s LME program in San Diego. In particular, nurses will need to be trained, as they have significant contact with the patients postpartum.

It is very encouraging to note that a six-week IEC campaign, focused on six messages, can be so well recalled fully one year later. This may be due to the uniqueness of the campaign, as it was one of the first of its kind in the former Soviet Union. The television spot was the most frequently recalled, but the brochure appears to have been the best received, and in fact, health care providers have asked for more copies of it. The print medium is an appropriate way to channel health information in Armenia, because there is universal literacy, a tradition of reading about health, and a lack of available materials on the market. While reprinting the same brochure will
be the cheapest way to continuing a supply of print materials to new mothers, it appears that the provision of more and better-detailed information would be more effective. Women have praised *Helping Mothers to Breastfeed*, which has been translated and printed by UNICEF, and have mentioned that it is very complete and clear. Unfortunately, only 3,000 copies of this book were printed and there are approximately 60,000 births per year in Armenia.
APPENDIX I
Translation of Policy Directive on Breastfeeding Promotion


1. Taking into account the necessity of implementation in Armenia of modern, practical and theoretical concepts of breastfeeding and the important role of delivery hospitals regarding this (and their present inefficient practice in this field), and also in the accomplishment of programs of the Ministry of Health: a national program of breastfeeding promotion in the Republic of Armenia with the collaboration of UNICEF and WHO declaration of Baby Friendly Hospitals, the Minister of Health, Dr. Ara Babloyan ordered:

- To approve training programs and schedule of seminars devoted to modern, practical and theoretical concepts of breastfeeding and implementation of Baby Friendly Hospitals.
- To all chief doctors and health authorities:

2.1 To implement in delivery hospitals Baby Friendly Hospitals program of WHO and UNICEF consisting of ten steps

2.2 To provide participation of appropriate specialists in seminars devoted to modern, practical and theoretical concepts of breastfeeding promotion and implementation of Baby-friendly Hospital program according to the following schedule:

2.3 To implement firstly the following steps of Baby-friendly Hospital program and issues of ordered ongoing policy in delivery hospitals regardless of training programs for specialists: To put the child to the breast in half an hour immediately after delivery providing their close skin contact; To provide mother and child rooming-in; Do not feed child with any food or liquid (including water), except breastmilk (except for those medically prescribed cases); To promote breastfeeding on demand and breastfeeding of babies at night and day; Do not use any bottles with nipples (use glasses and spoons if they are necessary)

3. To Prenatal, Pediatric, and Gynecological center director Mr. Abrahamian: To provide the execution of schedule of seminars on breastfeeding promotion that will occur in this center.

4. To Vice-Ministers V. Demirchian and A. Mkrtchian: To report the results of breastfeeding promotion program implementation by February 4, 1994.

5. V. Demirchian and A. Mkrtchian are responsible for the monitoring and controlling of this order’s implementation.
APPENDIX II
Health Care Providers’ Questionnaire

Survey #: _________________________
Interviewer: _______________________
Location: _________________________
Date of Interview: ________________

BACKGROUND

How long have you worked at this clinic? ____________ years
What is your specialty/profession/position? ________________
Age in Years ________________
Medical School ________________ Location ________________
Gender
____ Male
____ Female

QUESTIONS ON BREASTFEEDING

1. When would you recommend a child be breastfed for the first time, assuming the mother and the infant are both healthy?

______ minutes
______ hours
______ don’t know

2. Before the baby is put to the breast for the first time, should it be fed something?
   1. Yes
   2. No
   3. Don’t Know

   If yes, what should it be fed? ________________

3. At what age do you recommend a child be given water or flavored water?

______ months
______ days

4. At what age do you recommend a child be given other liquids such as juices, fresh or canned milk, soups etc.?

______ months
______ days

5. How old do you recommend a child should be when he is given first foods like porridge, rice, etc.?

______ months
______ days

6. How old do you recommend a child should be when the mother stops breastfeeding?

______ months
I am going to read some statements to you. I want you to tell me whether you agree, disagree or do not know.

7. A mother that does not produce enough milk should try to breastfeed more often.
   1. Yes 2. No 3. Don’t Know

8. Colostrum should not be fed to a baby. It is better to wait until the first milk appears before putting the baby to the breast.
   1. Yes 2. No 3. Don’t Know

9. Usually, if a woman’s diet is low in calories, her breastmilk will be insufficient for feeding her child and should be supplemented with formula.
   1. Yes 2. No 3. Don’t Know

10. A newborn baby needs water as well as breastmilk to quench thirst.
    1. Yes 2. No 3. Don’t Know

11. When food in addition to breastmilk is given to the child, the mother’s milk dries up.
    1. Yes 2. No 3. Don’t Know

12. There are some cases where a baby with diarrhea should stop breastfeeding while sick.
    1. Yes 2. No 3. Don’t Know

13. It has been found that some babies are allergic to breastmilk and should be bottle fed.
    1. Yes 2. No 3. Don’t Know

14. Test weighing (measuring how much milk a baby drinks in one feeding) is the best method to determine if a mother’s breastmilk is insufficient/should be supplemented with formula.
    1. Yes 2. No 3. Don’t Know

15. A breastfed baby is less likely to get diarrhea than a bottle fed baby.
    1. Yes 2. No 3. Don’t Know

16. For the first four months of life, breastmilk is the only food a baby needs.
    1. Yes 2. No 3. Don’t Know

17. Breastfeeding can make a woman fat.
    1. Yes 2. No 3. Don’t Know
18. Babies should be breastfed on a schedule.
   1. Yes  2. No  3. Don’t Know

19. Breastmilk which has a watery texture should be supplemented with baby formula.
   1. Yes  2. No  3. Don’t Know

20. It doesn’t matter how the baby grasps the nipple so long as it is in its mouth.
   1. Yes  2. No  3. Don’t Know

21. Infant formula is as nutritious as mother’s milk.
   1. Yes  2. No  3. Don’t Know

22. What is the major cause of painful/sore nipples?
   1. Poor positioning of the baby while breastfeeding
   2. Other ________________________________

23. What is the major cause of insufficient milk?
   1. Not enough effective breastfeeding
   2. Other ________________________________

24. In your opinion, up to what age will a baby remain healthy by only breastfeeding, not even water, juice, or any other food?
   ___________ months
   ___________ days

25. Have you received any information on special order regarding breastfeeding?
   1. Yes  2. No

26. If yes, what did the order say?

27. Do you agree with this order?

28. Have any changes occurred in your hospital as a result of this order?
   1. Yes  2. No

29. If yes, what?

30. Have you received any training on breastfeeding in the last two years?
   1. Yes  2. No

31. If yes, who conducted this training?
   1. Ministry of Health / UNICEF / Karine Saribekian, Anahit Demirchian
   2. Other ________________________________
32. What have you learned from this training?

33. Have you changed your practices as a result of this training?

34. Interviewer: I'm going to mention places where you might have heard/seen something about breastfeeding or infant feeding in the past year. As I read the list, please tell me if you have heard something from this source of information:

   a. Radio
      1. Yes 2. No
   b. Television
      1. Yes 2. No
   c. Newspaper
      1. Yes 2. No
   d. Have you seen this brochure? (Hold up an example of our brochure)
      1. Yes 2. No

   If yes, Do you have a copy of this brochure?

35. Do you have any suggestions on how else we can promote breastfeeding in Armenia?
APPENDIX III
Mother's Survey

Name of Polyclinic: ____________________ Date (dd/mm/yy): __________

Instructions to the Interviewer: It is important to build rapport with the mothers. Begin by asking a few questions that would be natural to a casual acquaintance showing an interest in the birth of a child - for example, asking the child's name, when s/he was born, birth weight, etc.

If there has been no pre-screening of the women, it will be necessary for you to determine whether the mother has given birth to a full-term infant by vaginal delivery. This must be done before you proceed with the interview. For those mothers who do not satisfy these criteria, thank the mother for talking with you, and congratulate her again on the birth of her baby.

To Interviewer: determine whether the infant was:

_ Full Term [0=No 1=Yes]
_ Vaginal Delivery [0=No 1=Yes]
_ Born since start of IEC Campaign [0=No 1=Yes] (approx. six weeks to two months old)

If all of these conditions are satisfied, then proceed with the interview. Tell the mother that you would like to ask her a few questions about feeding her child. Explain that this will take about five minutes. “Can you take a few minutes to talk with me?”

Then proceed.

Q1a. When was your baby born [date]? (mm/dd/yy): _______________
Q1b. Where was your baby delivered? ______________________________ (Give name, if appropriate)

Q2. Has your baby ever been breastfed?

__ No
__ Yes: Go to Q4

Q3. What is the reason your infant was never breastfed? [Do not read responses. Mark mother’s response with an “x”]

a. __ no milk
b. __ baby could not suckle
c. __ breast problems
d. __ mother didn’t want to breastfeed
e. __ mother ill
f. __ child ill
g. __ mother plans to return to work
h. __ other: ________________________________

Go to Q12.

Q4. Please think back to when the child was first put to your breast. How much time passed between the birth and the first breastfeed?

__________________ minutes
__________________ hours
Q5. Is your child still breastfeeding?
   ___ No
   ___ Yes: Go to Q8

Q6. How old was your child when s/he stopped breastfeeding?
   __________ months
   __________ days

Q7. Why did your baby stop breastfeeding? [Do not read responses. Mark each response given by a mother with an “x”]
   a. ___ no milk
   b. ___ baby could not suckle
   c. ___ breast problems
   d. ___ mother didn’t want to breastfeed
   e. ___ child too old
   f. ___ child gave up breast
   g. ___ mother ill
   h. ___ child ill
   i. ___ mother returned to work
   j. ___ other: ____________________________

Go to Q12.

Q8. Are you mostly feeding on schedule or on demand?
   ___ Schedule
   ___ On-Demand

Q9. Do you breastfeed your baby during the night?
   ___ No
   ___ Yes

Q10. In the past week, have you had any problems with breastfeeding?
    ___ No
    ___ Yes:

    IF YES: What? [Do not read responses. Mark with an “x” each problem that a mother mentions. More than one response may be marked.]
    a. ___ Insufficient milk
    b. ___ Weak/poor quality milk
    c. ___ Problems with breast
    d. ___ Problems with sore nipples
    e. ___ Problems with mastitis
    f. ___ Problems with engorgement
    g. ___ Baby suckles poorly
    h. ___ Other: ____________________________

Q11. For how long do you expect to keep breastfeeding your child?
    __________ (weeks of age)
    __________ (months of age)
    __________ (years)
    ________ “As long as my milk lasts.”
If mother gives this response, probe by asking:
“How long do think that will be?” ________ weeks
__________ months

Q12. Since this time yesterday, has your baby received any of the following? [Read items and follow-up with appropriate questions.]

<table>
<thead>
<tr>
<th></th>
<th>If NO, when do you plan to begin giving your child (water, etc.)</th>
<th>If YES, when did your baby start to get (water, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water</td>
<td>NO _____ weeks of age</td>
<td>YES _____ weeks of age</td>
</tr>
<tr>
<td>Infant Formula</td>
<td>NO _____ weeks of age</td>
<td>YES _____ weeks of age</td>
</tr>
<tr>
<td>Other Liquids</td>
<td>NO _____ weeks of age</td>
<td>YES _____ weeks of age</td>
</tr>
<tr>
<td>Foods</td>
<td>NO _____ weeks of age</td>
<td>YES _____ weeks of age</td>
</tr>
</tbody>
</table>

Q13. Since this time yesterday has your child had anything to drink from a bottle with a nipple/teat?
____ No
____ Yes

Q14. Interviewer: I’m going to mention places where you might have heard something about breastfeeding or infant feeding in the past two months. As I read the list, please tell me if you have heard something about infant feeding from this source.

a. Have you heard anything about breastfeeding or infant feeding on the radio?
   ____ No
   ____ Yes

b. Have you heard anything about breastfeeding or infant feeding on TV?
   ____ No
   ____ Yes

c. Have you seen anything in a newspaper?
   ____ No
   ____ Yes

d. Have you seen this brochure? (Hold up an example of our brochure)
   ____ No
   ____ Yes
   If YES: Do you have a copy of this brochure?
   ____ No
   ____ Yes
   If YES: Where did you get a copy of this brochure? ______________________

c. Has a health worker said anything to you or given you any materials about infant feeding?
   ____ No
   ____ Yes
Q15. What was said in those messages? Can you remember some of the specific things that were said? [PROBE: "Anything else? Anything else?" NOTE: Do not read. Mark with an “x” each message that the mother is able to recall. Mother does not need to say the message exactly as it is shown below. If what she says is similar in meaning to the message below, mark the message with an “x.”]

a. _____ Breastfeed your baby; breastmilk is best
b. _____ Initiate breastfeeding within half hour of birth; begin to feed immediately
c. _____ Keep baby in same room
d. _____ Feed only breastmilk for 4-6 months
e. _____ Avoid bottlefeeding
f. _____ Breastfeed whenever the baby wants; no clock
g. _____ Breastfeed frequently
h. _____ Don’t worry about your diet
i. _____ Breastfeed during both day and night
j. _____ Mother is not able to recall messages
k. _____ Other: __________________________

Q16. Did any of these messages give you new information that you hadn’t heard before?

____ No
____ Yes

If YES: Which? (Interviewer: Do not read. Mark with an “x” each message that the mother mentions.)

a. _____ Breastfeed your baby; breastmilk is best
b. _____ Initiate breastfeeding within half hour of birth; begin to feed immediately
c. _____ Keep baby in same room
d. _____ Feed only breastmilk for 4-6 months
e. _____ Avoid bottlefeeding
f. _____ Breastfeed whenever the baby wants; no clock
g. _____ Breastfeed frequently
h. _____ Don’t worry about your diet
i. _____ Breastfeed during both day and night
j. _____ Mother is not able to recall messages
k. _____ Other: __________________________

Q17. Did you do anything differently as a result of hearing/seeing the messages?

____ No
____ Yes

If YES: What? (Record what the mother says in the space below, using her exact words.)

Q18. According to you, up to what age will a baby remain healthy by only breastfeeding, not giving even water, juice, or any other food?

__________ months
__________ days

Q19. Do you think most Armenian women are eating sufficiently well to breastfeed successfully?

____ No
____ Yes
Q20. If you saw the advertisement for breastfeeding on TV, what did you think of it? [Record the mother's response in the space below, using her exact words.]

[PROBE: Did you especially like or dislike anything? NOTE: Record mother’s exact words below]

like: __________________________________________

dislike: _______________________________________

Q21. [Mother’s age]: How old were you on your last birthday?

____ years

Q22. How many children do you have? _________

Interviewer: Thank the mother for her time and cooperation.
APPENDIX IV
Pregnant Woman’s Survey

Name of Maternal Consultation: ___________________ Date (dd/mm/yy): ______________

Instructions to the Interviewer: It is important to build rapport with the women. Begin by asking a few questions that would be natural to a casual acquaintance showing an interest in the birth of a child—for example, asking plans for naming the child, due date, etc.

Explain to the woman that you would like to ask her a few questions about feeding her child. Explain that this will take about five minutes. “Can you take a few minutes to talk with me?”

Then proceed.

Q1a. How many weeks pregnant are you?: (wks): ______________

Q2. For how long do you expect to breastfeed your child?
   ________ (weeks of age)
   ________ (months of age)
   ________ (years)
   ________ “As long as my milk lasts.” If mother gives this response, probe by asking:
   “How long do you think that will be?” ________ weeks
   ________ months

Q3. Interviewer: I’m going to mention places where you might have heard something about breastfeeding or infant feeding in the past two months. As I read the list, please tell me if you have heard something about infant feeding from this source.
   a. Have you heard anything about breastfeeding or infant feeding on the radio?
      ___ No
      ___ Yes
   b. Have you heard anything about breastfeeding or infant feeding on TV?
      ___ No
      ___ Yes
   c. Have you seen anything in a newspaper?
      ___ No
      ___ Yes
   d. Have you seen this brochure? (Hold up an example of our brochure)
      ___ No
      ___ Yes
      If YES: Do you have a copy of this brochure?
      ___ No
      ___ Yes
      If YES: Where did you get a copy of this brochure? ________________________
   e. Has a health worker said anything to you or given you any materials about infant feeding?
      ___ No
      ___ Yes
Q4. What was said in those messages? Can you remember some of the specific things that were said? [PROBE: "Anything else? Anything else?" NOTE: Do not read. Mark with an "x" each message that the mother is able to recall. Mother does not need to say the message exactly as it is shown below. If what she says is similar in meaning to the message below, mark the message with an "x." ]

a. ___ Breastfeed your baby; breastmilk is best
b. ___ Initiate breastfeeding within half hour of birth; begin to feed immediately
c. ___ Keep baby in same room
d. ___ Feed only breastmilk for 4-6 months
e. ___ Avoid bottlefeeding
f. ___ Breastfeed whenever the baby wants; no clock
g. ___ Breastfeed frequently
h. ___ Don’t worry about your diet
i. ___ Breastfeed during both day and night
j. ___ Mother is not able to recall messages
k. ___ Other: __________________________

Q5. Did any of these messages give you new information that you hadn’t heard before?
   ___ No
   ___ Yes

If YES: Which? (Interviewer: Do not read. Mark with an "x" each message that the mother mentions.)

a. ___ Breastfeed your baby; breastmilk is best
b. ___ Initiate breastfeeding within half hour of birth; begin to feed immediately
c. ___ Keep baby in same room
d. ___ Feed only breastmilk for 4-6 months
e. ___ Avoid bottlefeeding
f. ___ Breastfeed whenever the baby wants; no clock
g. ___ Breastfeed frequently
h. ___ Don’t worry about your diet
i. ___ Breastfeed during both day and night
j. ___ Mother is not able to recall messages
k. ___ Other: __________________________

Q6. Did you do anything differently as a result of hearing/seeing the messages?
   ___ No
   ___ Yes

If YES: What? (Record what the mother says in the space below, using her exact words.)

Q7. According to you, up to what age will a baby remain healthy by only breastfeeding, not giving even water, juice, or any other food?

____________________ months
____________________ days

Q8. Do you think most Armenian women are eating sufficiently well to breastfeed successfully?
   ___ No
   ___ Yes
Q9. If you saw the advertisement for breastfeeding on TV, what did you think of it? [Record the mother’s response in the space below, using her exact words.]

[PROBE: Did you especially like or dislike anything? NOTE: Record mother’s exact words below]

like: ____________________________________________

dislike: __________________________________________

Q10. [Mother’s age]: How old were you on your last birthday?

_____ years

Q11. How many children do you have? ___________

Interviewer: Thank the woman for her time and cooperation.
APPENDIX V
EPB Policy Indicators Worksheets
<table>
<thead>
<tr>
<th>Activity</th>
<th>Dates</th>
<th>Sponsor</th>
<th>Coverage (# of people)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K. Hekimian Breastfeeding Study</td>
<td>October 1993</td>
<td>USAID</td>
<td>480 moms 172 health care providers</td>
</tr>
<tr>
<td>Situational Analysis of MCH (includes section on breastfeeding)</td>
<td>November 1993 to 1995</td>
<td>UNICEF</td>
<td></td>
</tr>
<tr>
<td>Baby-friendly Hospital Initiative - Initiation of program and training of trainers</td>
<td></td>
<td>UNICEF</td>
<td></td>
</tr>
<tr>
<td>EPB MCH/FP/BF Assessment &amp; Desk Review</td>
<td>May 1994</td>
<td>EPB</td>
<td>Chloe O’Gara, Kim Hekimian, Susan Lloyd (16 persons contacted)</td>
</tr>
<tr>
<td>Training</td>
<td>1994</td>
<td>UNICEF</td>
<td></td>
</tr>
<tr>
<td>K. Hekimian Trip</td>
<td>June 1994</td>
<td>EPB</td>
<td>discussions with MOH</td>
</tr>
<tr>
<td>R. Manoff Trip (worked with K. Hekimian) - Designed Storybook for Campaign</td>
<td>July 12- 28, 1994</td>
<td>EPB/Manoff</td>
<td>MOH, media personnel</td>
</tr>
<tr>
<td>Liz Gold Trip - Designed brochure and newspaper ads</td>
<td>August 5-22, 1994</td>
<td>EPB/Manoff</td>
<td>MOH, print and newspaper personnel</td>
</tr>
<tr>
<td>Liz Gold Trip - Finalize campaign components and launch campaign</td>
<td>September 7-22, 1994</td>
<td>EPB/Manoff</td>
<td>MOH, USAID, UNICEF, 60 people attended press conference (including press reps, chief doctors, and reps from other international organizations)</td>
</tr>
<tr>
<td>Activity</td>
<td>Dates</td>
<td>Sponsor</td>
<td>Coverage (# of people)</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>-------------</td>
<td>--------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>WNIS Workshop in Kiev Ukraine</td>
<td>October 1994</td>
<td>EPB</td>
<td>MOH personnel (V. Demirdjian, Abubarvyan, and Uramyan)</td>
</tr>
<tr>
<td>Wellstart's Lactation Management Education (LME) Program</td>
<td>November 1994</td>
<td>AED Net Project</td>
<td></td>
</tr>
<tr>
<td>M. Khachadourian - Documentation and Monitoring of Campaign</td>
<td>December 1994</td>
<td>EPB</td>
<td>MOH</td>
</tr>
<tr>
<td>M. Holley-Newsome - Monitoring Report</td>
<td>February 1995</td>
<td>EPB</td>
<td>USAID, MOH etc.</td>
</tr>
<tr>
<td>Translation of Felicity Savage-King book Helping Mothers to Breastfeed and two other books on infant feeding</td>
<td>1994/1995</td>
<td>UNICEF</td>
<td>3000 copies of each</td>
</tr>
<tr>
<td>K. Hekimian and AUA CHSR Qualitative Evaluation</td>
<td>November/December 1995</td>
<td>EPB</td>
<td></td>
</tr>
<tr>
<td>Table of Participants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Survey</strong></td>
<td><strong>St. Petersburg</strong></td>
<td><strong>Campaign Prep</strong></td>
<td><strong>Campaign Launch</strong></td>
</tr>
<tr>
<td><strong>MOH:</strong> Vahakn Demirdjian</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Anahit Demirchian - MCH Specialist</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Karine Saribekian - Coordinator for MCH</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Sousanna Arountunian - Rep. Center for Perinatology, Ob/Gyn</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>UNICEF:</strong> Mikhail Alexanian</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Juhani Alanko</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EPB:</strong> Marineh Khachadourian</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Kim Hekimian</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
## Indicators Questions

### Policy Questions

1. What is your perception of breastfeeding practices in Armenia currently?
   - Has there been a change in practices?
   - What were practices like before 1993? Are they different now?
   - What has caused this difference?
   - What are the barriers to optimal breastfeeding now?
   - Is anything being done to change breastfeeding practices?

2. What is your perception of the national commitment to breastfeeding?
   - Has this commitment changed since 1993?
   - If so, how has it changed?
   - Why do you think it has changed?

3. What technical resources have been available to support the national program?
   - Have they been useful? Why or why not?
   - What other technical resources could be useful?
   - (As appropriate) Will you be able to access this technical support?

### National Breastfeeding Plan

<table>
<thead>
<tr>
<th>National Breastfeeding Plan</th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a national breastfeeding plan?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>a. When was it drafted?</td>
<td></td>
<td>Fall 1993 after St. Petersburg conference with UNICEF encouragement</td>
</tr>
<tr>
<td>b. Who drafted it?</td>
<td></td>
<td>A. Demirchian</td>
</tr>
<tr>
<td>c. Who approved it?</td>
<td></td>
<td>V. Demirchian (Vice-Minister of Health)</td>
</tr>
<tr>
<td>d. What resources were put in to support it?</td>
<td></td>
<td>Time reading scientific material</td>
</tr>
<tr>
<td>e. Who is responsible for implementing the national plan?</td>
<td>A. and V. Demirchian</td>
<td></td>
</tr>
<tr>
<td>f. Does the plan specify:</td>
<td></td>
<td>Resultant plan from Armenian participants to LME</td>
</tr>
<tr>
<td>• major BF problems</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>• targets or goals</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>• strategy to achieve goals</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>• responsible parties</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>g. Is the plan endorsed by the MOH?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>National Breastfeeding Policy</td>
<td>Yes/No</td>
<td>Comments</td>
</tr>
<tr>
<td>------------------------------</td>
<td>--------</td>
<td>----------</td>
</tr>
<tr>
<td>Is there a national breastfeeding policy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. When was it drafted?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Who drafted it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Who approved it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. What resources were put in to support it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Who is responsible for implementing the national plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. How is this different from the nat'l plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Does it specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• major BF problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• specifies targets or goals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• describes strategy to achieve goals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• identifies responsible parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Is it endorsed by the MOH?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Breastfeeding as Element of National Policies</th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is breastfeeding included in:</td>
<td></td>
<td>These are all in the process of being discussed.</td>
</tr>
<tr>
<td>a. the national health policy?</td>
<td></td>
<td>Currently these types of policies do not exist.</td>
</tr>
<tr>
<td>b. the nat'l nutrition policy?</td>
<td></td>
<td>Old (Soviet) policies are no longer valid.</td>
</tr>
<tr>
<td>c. the national labor policies? (specify mothers' right to post-partum leave, lactation breaks or access to infant at workplace)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Code of Marketing of Breastmilk Substitutes</td>
<td>Yes/No</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>--------</td>
<td>----------</td>
</tr>
<tr>
<td>Is there national regulation of infant formula and breastmilk substitutes?</td>
<td>Yes/No</td>
<td>In theory, MOH regulates a good portion of formula received as donations</td>
</tr>
<tr>
<td>a. What level of regulation exists? (Enter appropriate number from Measurement of Code of Marketing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Has the level of regulation changed in the past three years?</td>
<td>Yes</td>
<td>Due to BFHI information, formula is not given to delivery hospitals as routinely as before</td>
</tr>
<tr>
<td>c. What was the level of regulations in 1993?</td>
<td></td>
<td>Routine use of formula at delivery hospitals</td>
</tr>
<tr>
<td>d. In your opinion, is this regulation effective? Comment on the effectiveness of the regulation.</td>
<td>Yes/No</td>
<td>Observation showed little to no use of formula at delivery hospitals. However, most moms can get formula at pediatric polyclinics.</td>
</tr>
<tr>
<td>e. Comment on whether these changes have been beneficial to mothers and infants?</td>
<td>Yes</td>
<td>More breastfeeding going on postpartum therefore less mastitis</td>
</tr>
<tr>
<td>f. Does the Code include the following?:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• adequate labels or other direct promotion to the public</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• no advertising</td>
<td></td>
<td>There is no formal advertising but donations are a subtle form of informal advertising</td>
</tr>
<tr>
<td>• no promotion of breastmilk substitutes in health institutions</td>
<td></td>
<td>Only in delivery hospitals. In pediatric polyclinics, there is some promotion informally.</td>
</tr>
<tr>
<td>• no promotion to health care workers</td>
<td></td>
<td>Same as above.</td>
</tr>
<tr>
<td>• no free or subsidized supplies</td>
<td>No</td>
<td>Formula is still free.</td>
</tr>
<tr>
<td>• follow-up milks are considered breastmilk substitutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• soft foods fall within the scope of the Code when they are marketed to infants from 4 to 6 months or are promoted for bottlefeeding.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Has there been any action taken to end free supplies? What action has been taken to end free supplies?</td>
<td>No</td>
<td>The opposite is true - MOH is requesting more formula.</td>
</tr>
</tbody>
</table>

1 Measurement of Code of Marketing:
2 = Industry code - government has codified an industry-drafted marketing code weaker than the International Code
3 = Being studied - a governmental committee is still studying how best to implement the Code
4 = Some provisions voluntary - government has adopted a code encompassing some, but not all, provisions of the International Code and industry has agreed to comply
5 = Some provisions voluntary - government has adopted a code encompassing some, but not all, of the provisions of the International Code and industry has agreed to comply
6 = Some provisions law - enacted legislation encompassing some, but not all, of the provisions of the International Code
7 = Law - enacted legislation encompassing all or nearly all of the provisions of the Code
<table>
<thead>
<tr>
<th>National Breastfeeding Committee</th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a national breastfeeding committee?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>a. Is there a charge, declaration, scope of work, or terms of reference?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>b. Does the committee meet semi-annually (see records to verify semi-annual meetings)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>c. What work or achievements has the committee carried out in the past year? (See records of the committees' work)</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National Breastfeeding Coordinator</th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a national BF coordinator?</td>
<td>Yes</td>
<td>Anahit Demirchian (pediatrician)</td>
</tr>
<tr>
<td>a. Is he/she responsible for nat'l BF promotion? (responsible)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>b. Is he/she chair of nat'l committee? (visible)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Who does the coordinator report to? (accountable)</td>
<td>Vice-Minister in charge of MCH.</td>
<td></td>
</tr>
<tr>
<td>d. Does the coordinator have (appropriate) authority to implement the nat'l BF program? Please elaborate.</td>
<td>Yes</td>
<td>With approval of Vice-Minister but has limited funding.</td>
</tr>
<tr>
<td>Nat'l Participation in BFHI</td>
<td>Yes/No</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------</td>
<td>----------</td>
</tr>
<tr>
<td>Is there nat'l commitment to the UNICEF/WHO Baby Friendly Hospital Initiative's ten steps for maternity services?</td>
<td>Yes</td>
<td>One of UNICEF's main programs in Armenia since its opening in 1993.</td>
</tr>
</tbody>
</table>

**The level of commitment is: (check one below)**

- No commitment to the Baby Friendly Hospital Initiative (BFHI) (score of 0)
- Written commitment to the global criteria or "Ten Steps" in national planning documents. (score of 1)
- A written plan for achieving the global criteria or "Ten Steps" nationally is available. (score of 2)
- A written plan and at least one teaching hospital is designated as "Baby Friendly." (score of 3)

| Are both public and private hospitals included in the BFHI? | | There are only public hospitals in Armenia. |

<table>
<thead>
<tr>
<th>Number of Hospitals Designated &quot;Baby Friendly&quot;</th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many hospitals are there in your country? (include both private and public if both are included in BFHI, see above)</td>
<td></td>
<td>Eight in Yerevan.</td>
</tr>
<tr>
<td>How many hospitals are already designated &quot;Baby Friendly&quot;?</td>
<td></td>
<td>Supposedly all eight in Yerevan. There are at least three model hospitals.</td>
</tr>
<tr>
<td># of hospitals certified total # of hospitals</td>
<td></td>
<td>None certified yet.</td>
</tr>
</tbody>
</table>
## Functional Monitoring System to Track Infant Feeding Practices

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Is the tracking of infant feeding practices included in a national monitoring system?</td>
<td></td>
<td>Not yet, but being discussed.</td>
</tr>
<tr>
<td>b. How often is data collected?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. How often is it reported?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. How is the data used?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Indicate the level of functioning by checking one below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 = Not occurring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 = Data collected and reported but not with appropriate frequency (less than monthly collection and annual reports)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Data collected and reported with appropriate frequency (monthly collection and annual reports)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = Data collected, reported, and used for program management and decision making</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Budget for breastfeeding promotion</td>
<td>Yes/No</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------</td>
<td>----------</td>
</tr>
<tr>
<td>1) Is there a national budget for breastfeeding promotion?</td>
<td></td>
<td>Not known.</td>
</tr>
<tr>
<td>2) What financial resources have been available to support the national program? (fill in budget amount)</td>
<td></td>
<td>UNICEF and MOH.</td>
</tr>
<tr>
<td>a. Has anyone calculated savings as a result of the breastfeeding program?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>c. If yes, what actions caused the savings?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. How much has been saved?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Formula</th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where can you obtain infant formula in Armenia?</td>
<td></td>
<td>Market and state pharmacies</td>
</tr>
<tr>
<td>How much does it cost?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do infants need formula?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When do they need it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do women get formula?</td>
<td></td>
<td>Market or with pediatric polyclinic prescription.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount of Formula</th>
<th>1993</th>
<th>1994</th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer each of the questions below for 1993, 1994, and 1995:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much formula was available?</td>
<td>900 tons</td>
<td>550 tons</td>
<td>550 tons</td>
</tr>
<tr>
<td>Where did the formula come from?</td>
<td>Mainly USAID</td>
<td>EEC and Diaspora (USDA)</td>
<td>EEC and Diaspora (USDA)</td>
</tr>
<tr>
<td>Was this a sufficient amount? Why or why not?</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How has the cost of formula changed?</td>
<td>Still free</td>
<td>Market price may be higher</td>
<td></td>
</tr>
</tbody>
</table>
IEC ACTIVITIES/QUESTIONS

Documentation

1. Number of Communications Products Developed

The communications materials developed and activities conducted with the support of EPB assistance are:

- A press conference
- A two minute TV spot
- Two radio spots
- Newspaper Ads
- A brochure for mothers and health providers

Is this list complete? Has there been further development of any other materials as a result of the EPB assistance?

2. Number of Communications Products Produced and Disseminated

Interviews, Central Level: Were 60,000 copies of the brochures produced? If not, why? Costs for the production? Have there been any more printed? Any requests that could not be met? Does the Ministry have plans for future production?

The Ministry of Health took responsibility for the distribution of the brochures, and planned to distribute 60,000 to urban and rural centers in three batches. When, where, by whom and to whom were these distributed (at trainings, conferences, institutions, etc.? Was there a distribution plan? What proportion of the brochures were distributed to rural sites?

Are there any remaining brochures? Where are these? Plan for their use?

Observation: At Service Delivery Points (develop a list of institutions or groups which should be contacted to determine their use of the brochures). Are the brochures available for mothers? Being distributed?

Following the description of each of the materials is a partial list of institutions or groups which should be contacted to determine if and how they have used the materials. These lists of users should provide a starting point for determining other users of these materials.

3. Use of Communications Materials

Maternal Interviews

Instructions

Maternal interviews should probably begin as group interviews rather than focus group discussions. In a group interview (unlike a focus group discussion, in which participants discuss a subject among themselves), the investigator(s) asks questions, raises issues, and seeks responses from the participants. The primary interactions are between the interviewer(s) and the participants rather than among participants.

Group interviews are ideally conducted on the basis of a prepared questionnaire that lists at a minimum all important questions to be asked. One advantage to having questionnaire guide is that questions can be phrased in language that the participants will understand. Every effort should be made to make the discussion interesting and to ensure the participation of all those present. Although group interviews can be conducted by one interviewer, a team of two or more is preferable, because it is difficult for a single individual to preside over the meeting, ask relevant questions, and record the answers.

Toward the end of the session, especially if a specific topic has been raised which might be elaborated upon from discussion among group members, you may wish to encourage a shift to a format where participants discuss ideas, issues, insights and experiences among themselves. Each member is free to comment, criticize or elaborate on the views expressed by others. The premise underlying the focus group method is that free discussions will generate insights and fresh ideas because the participants stimulate each other. This generally works best in a smaller group (8-12 people), and where members share a similar background and experience.
A. IEC: Are mothers aware of any of the IEC activities? Do they perceive that these activities had an influence? Obtain anecdotal information on impact.

1. Have you heard/seen anything about breastfeeding or infant feeding (establish time frame): on the radio/TV/ in newspapers/seen this brochure (hold up an example)? How many of you have a copy of this brochure? Where did you get this brochure?

What did you hear/see? Did any of these messages give you new information that you hadn't heard before? What did you think of the messages - was there anything you especially liked or disliked?

Are any of your friends talking about it? What did they say? Do you think they did anything differently as a result of hearing/seeing the messages? Explain.

Did you do anything differently as a result of hearing/seeing the messages? What?

2. Has a health worker said anything to you or given you any materials about infant feeding?

During what kind of care (prenatal, delivery, postpartum, pediatric care) did you receive information about infant feeding. What were you told? Did you do anything differently as a result of the information you were given? Was there anything that you especially agreed or disagreed with? Do you think that it is possible to carry out the advice given?

Do you feel that the kind of information you received/anything about the care given you or your infant has been different for this current child (vs. your older children)? What is different? Were there differences in the hospital routines?

3. For multiparous women: Is the way this (current) child has been fed/will be fed any different from the way you fed your older child(ren)? What is different? Why do you feel that you are feeding this child differently?

4. Are there differences in the availability of formula? What is different? To what do you feel that is due?
HEALTH PROVIDER TRAINING & IEC INDICATORS/QUESTIONS

1. (Indicator C4)

**Number of adequate breastfeeding training materials/curricula/modules (by cadre)**

- **target number of breastfeeding training materials/curricula/modules (by provider cadre)**

a. Create list of training materials developed with the support of UNICEF or EPB technical assistance

*Curricula, In-Service*

- In-service training strategy (developed with EPB TA during LME)
- Training curriculum?
- Others?

*Pre-Service Training* (list any curricula developed below)

b. A matrix should be developed which compares the numbers of training materials, curricula, modules ("tools") targeted in the national (or regional, community, or institutional) training strategy(s) for different cadres of providers with the actual numbers developed.

<table>
<thead>
<tr>
<th>Tools (from Training Strategy)</th>
<th>Physicians</th>
<th>Nurses/Midwives</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

2. Use of Training Curricula

a. Who received curricula? (Which curricula or modules?)

b. Who is using the curricula (or parts of)? Document those training courses (including Family Planning) in which the curriculum (modules or entire curriculum) has been used.

c. Feedback

i) Interview some members of those who received training at St. Petersburg and LME to help improve training on breastfeeding. Describe any changes in training following St. Petersburg and LME? Pre-service and in-service curricula. For what courses of study? What has been changed, added? How much time is devoted to these topics?

ii) Interview trainers currently using in-service curricula.

C. TRAINING INDICATORS

1. Percentage of MCH/FP Service Providers Trained in Breastfeeding Counseling

**Number of service providers trained in a cadre**

<table>
<thead>
<tr>
<th>Total number of service providers in the cadre</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

a. **Documentation of Training Activities**
Review of course records or provider surveys will be necessary to verify enrollment and course content. The following information should be obtained:

- Trainers or training institution. (Were these individuals from the St. Petersburg and LME, other donor funded trainings?)

- Number of course graduates, by cadre, with institutional affiliation and region or location noted.

- Curriculum or materials should be reviewed to verify training on breastfeeding. (List topics covered, and note time spent on each topic. This should be available from a course outline.)

- Cost

- Sponsor or Funding Source(s)

b. Summarize Training Activities

Number of Trainings
   (i) by Region
   I. Total number of persons trained
      (i) by Cadre: doctor, nurse, health worker, other
      (ii) by type of Institution
      (iii) by Region

c. Document Training Impact

*Interview: Health workers who have received training*

1. As a result of your training, did you gain specific information or skills that you have since used in your work related to breastfeeding support or promotion? If so, please describe.

2. Did your training lead you or anyone in your institution to initiate new activities or changes related to breastfeeding promotion?
   If so, describe these activities.

3. Describe the results of these activities.
   a) Have these activities been successful in achieving their goals? Why or why not?
   b) Does your institution have a way to measure or track progress toward the goals of your breastfeeding promotion activities? If so, describe (How and by whom are data collected and analyzed? Is this information used to modify activities?)
   c) Have you encountered any obstacles in implementing these new activities?
   d) Has there been any direct opposition to these activities? If so, by whom and why, in your opinion?

4. Have there been additional trainings since May, 1994?

*Observations:* Hospital Routines

Immediate initiation?

8/14/96 k:eval\arm_gr.mal
Rooming-in?
Counseling of mothers on breastfeeding
Referred to community support?

d. Document IEC exposure, coverage, perceived impact.

1. Have you observed any messages about breastfeeding since 1993 that were disseminated on:
   - TV?
   - Radio?
   - Newspaper?
   - Brochure?
   - This brochure?

2. Do you know who was responsible for these breastfeeding messages?

3. What were the messages about breastfeeding?
   - How did you feel about these messages?
   - Did you find the messages useful?
   - Did you change your opinion about any aspect of breastfeeding? Why or Why not?
   - Do you think these messages helped mothers to improve their breastfeeding practices?
   - What changes do you think that women made?
   - Do you think these messages helped health workers to support breastfeeding more?
   - What changes do you think that health workers made?
   - Do you think additional information or help is needed?
   - What do women need to help them optimally breastfeed?
   - Would you want to see additional messages aired about breastfeeding?
   - What type of messages?

2. Percentage of Trained Providers who are Knowledgeable and Competent in Breastfeeding Counseling (Indicator C1)

Number of trainees who have mastered breastfeeding knowledge
Number of trainees who have completed breastfeeding training

3. Monitoring of Training

Have there been any attempts to build in monitoring of the effects of training?

4. Unit Costs for Pre-Service and In-Service Training (Indicator C5)

All training expenditures/costs/Number of trainees (see #C5)

ASSESSMENT: Have there been enough documents to distribute? How have they been distributed? To whom? Has the assessment generated more breastfeeding promotion?

EVALUATION: What are future plans?
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:
Wellstart International Corporate Headquarters
4062 First Avenue tel: (619) 295-5192
San Diego, California 92103 USA fax: (619) 294-7787

For information about the EPB Program contact:
Wellstart International
3333 K Street NW, Suite 101 tel: (202) 298-7979
Washington, DC 20007 USA fax: (202) 298-7988