World Breastfeeding Trends Initiative (WBTi)

Armenia Assessment Report

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CONFIDENCE HEALTH NGO

World Breastfeeding Trends Initiative (WBT*i*)

REPORT

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The World Breastfeeding Trends Initiative (WBT*i*)

REPUBLIC OF ARMENIA
2015

INTRODUCTION

This report presents the results of the assessment of policy and programs in the Republic of Armenia regarding Infant and Young Child Feeding. The assessment was completed according to the World Breastfeeding Trends Initiative (WBTi) Assessment Tool developed by the Breastfeeding Promotion Network of India (BPNI) / International Baby Food Action Network (IBFAN) Asia.

ACKNOWLEDGEMENTS

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Prepared by:
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Data sourced from:

- Statistical Yearbook of Armenia, 2015
- Armenia Demographic and Health Survey 2010 (ADHS 2010),
- The Law of the RA on "Breastfeeding Promotion and Regulation of Marketing of Baby Food"
- The concept of improving child nutrition
- "National strategy for improving child nutrition for 2015-2020"
- Standards on health care, MOH
- Armenia CRC report 2013
- Decree of the supreme council of the Republic of Armenia on "Priority measures to protect women, maternity and childhood and strengthening of the family"
- The Labor Code of RA
- Implementation of baby friendly practices in health care system in Armenia, New Armenian Medical Journal, Volume 5
- National Program on the Response to the HIV Epidemic, 2013-2016

ACRONIMS

BFHI	Baby Friendly Hospital Initiative
BFPI	Baby Friendly Polyclinic Initiative
BPNI	Breastfeeding Promotion Network of India
ADHS	Armenian Demographic and Health Survey
GSIYCF	Global Strategy for Infant and Young Child Feeding
IBFAN	International Baby Food Action Network
ICDC	International Code Documentation Centre
WV Armenia	World Vision Armenia country office
IFE	Infant and Young Child Feeding in Emergencies
ILO	International Labour Organization
IYCF	Infant and Young Child Feeding
MPC	Maternity Protection Convention
MSG	Mother Support Groups
WABA	World Alliance for Breastfeeding Action
WBCi	World Breastfeeding Costing Initiative
WBTi	World Breastfeeding Trends Initiative
WHO	World Health Organization
WHA	World Health Assembly
MOH	Ministry of Health
RA	Republic of Armenia
YSMU	Yerevan State Medical University after Mkhitar Heratsi

WORLD BREASTFEEDING TRENDS INITIATIVE (WBTI)

BACKGROUND

The World Breastfeeding Trends Initiative (WBT*i*) is an innovative initiative, developed by IBFAN Asia, to assess the status and benchmark the progress of the implementation of the Global Strategy for Infant and Young Child Feeding at national level. The tool is based on two global initiatives, the first is WABA's (GLOPAR) and the second the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programs". The WBT*i* is designed to assist countries in assessing the strengths and weaknesses of their policies and programs to protect, promote and support optimal infant and young child feeding practices. The WBT*i* has identified 15 indicators in two parts, each indicator having specific significance.

Part-I deals with policy and programs (indicator 1-10)	**Part –II deals with infant feeding practices (indicator 11-15)**
1. National Policy, Program and Coordination 2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding) 3. Implementation of the International Code of Marketing of Breastmilk Substitutes 4. Maternity Protection 5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF) 6. Mother Support and Community Outreach 7. Information Support 8. Infant Feeding and HIV 9. Infant Feeding during Emergencies 10. Mechanisms of Monitoring and Evaluation System	11. Early Initiation of Breastfeeding 12. Exclusive breastfeeding 13. Median duration of breastfeeding 14. Bottle feeding 15. Complementary feeding

Once assessment of gaps is carried out, the data on 15 indicators is fed into the questionnaire using the WBT*i* web based toolkit© which is specifically designed to meet this need. The toolkit objectively quantifies the data to provide a colour- coded rating in Red, Yellow, Blue or Green. The toolkit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

Each indicator used for assessment has following components;

- The key question that needs to be investigated.

- Background on why the practice, policy or program component is important.
- A list of key criteria as subset of questions to be considered in identifying achievements and areas needing improvement, with guidelines for scoring, colour-rating, and ranking how well the country is doing.

Part I: A set of criteria has been developed for each target, based on Global Strategy for Infant and Young Child Feeding (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005). For each indicator, there is a subset of questions. Answers to these can lead to identify achievements and gaps in policies and program to implement Global Strategy for Infant and Young Child Feeding. This shows how a country is doing in a particular area of action on Infant and Young Child Feeding.

Part II: Infant and Young Child Feeding Practices in Part II ask for specific numerical data on each practice based on data from random household survey that is national in scope.

Once the information about the indicators is gathered and analyzed, it is then entered into the web-based toolkit through the ' WBT*i* Questionnaire'. Further, the toolkit scores and colour- rate each individual indicator as per **IBFAN Asia's Guidelines for WBT*i***

1. BACKGROUND

1.1 GENERAL BACKGROUND DATA ABOUT THE REPUBLIC OF ARMENIA

Republic of Armenia is a mountainous country in the Caucasus region straddling Asia and Europe. Located in Western Asia, it is bordered by Turkey to the west, Georgia to the north, the de facto independent Nagorno-Karabakh Republic and Azerbaijan to the east, and Iran to the south.

One of the world's oldest civilizations, Armenia once included Mount Ararat, which biblical tradition identifies as the mountain that Noah's ark rested on after the flood. It was the first country in the world to officially embrace Christianity as its religion (c. A.D. 300). The Armenian language is part of the Indo-European family, but its alphabet is unique and was invented by Mesrop Mashtots in 405 AD. Situated along the route of the Great Silk Road, it has fallen within the orbit of a number of cultural influences and empires.

In the 6th century B.C., Armenians settled in the kingdom of Urartu, which was in decline. Under Tigrane the Great (fl. 95–55 B.C.) the Armenian empire reached its height and became one of the most powerful in Asia, stretching from the Caspian to the Mediterranean seas. Throughout most of its long history, however, Armenia has been invaded by a succession of empires: Greeks, Romans, Persians, Byzantines, Mongols, Arabs, Ottoman Turks, and Russians.

From the 16th century through World War I, major portions of Armenia were controlled by their most brutal invader, the Ottoman Turks, under whom the Armenians experienced the first genocide of the 20th century. In April 1915 during World War I the Turks ordered the deportation of the Armenian population to the deserts of Syria and Mesopotamia. According to the majority of historians 1.5 million Armenians were murdered or died of starvation. Turkey denies that a genocide took place and claims that a much smaller number died in a civil war.

The eastern area of Armenia was ceded by the Ottomans to Russia in 1828; this portion declared its independence in 1918, but was conquered by the Soviet Red Army in 1920.

After independence from the Soviet Union in 1991, Armenia quickly became drawn into a bloody conflict with Azerbaijan over the primarily Armenian-populated region, assigned to Soviet Azerbaijan in the 1920s by Moscow. Armenia and Azerbaijan began fighting over the area in 1988; the struggle escalated after both countries attained independence from the Soviet Union in 1991. Full-scale war broke out the same year as ethnic Armenians in Karabakh fought for independence, supported by troops and resources from Armenia proper. A ceasefire in place since 1994 has failed to deliver any lasting solution.

Currently Armenia is a member of the Eurasian Economic Union, the Council of Europe and the Collective Security Treaty Organization.

1.2 GENERAL INFORMATION ABOUT THE COUNTRY REGARDING CHILD NUTRITION & SURVIVAL, INITIATIONS TO IMPROVE IYCF PRACTICES

The following statistical data are available from the National Statistical Services of the Republic of Armenia for the beginning of the year 2015[1] (1-6) and the World Factbook[2] (7-14).

Table 1. General Statistical data

1.	Total population (January 2015 est.)		3,010.600
2.	Birth rate: (2014 est.)		14.28 births/1,000 population
3.	Death rate: (2014 est.)		9,2 deaths/1,000 population
4.	Life expectancy at birth (2013 est.)	Total population: Male: Female:	74.2 years 71.5 years 77.9 years
5.	Maternal mortality rate: (2014 est.)		18,6 deaths/100,000 live births
6.	Infant mortality rate: (2014 est)		8.76 deaths/1,000 live births
7.	Total fertility rate: (2014 est.)		1.64 children born/woman
8.	HIVAIDS adult prevalence rate (2014 est.)		0.2%
9.	Number of people living with HIV (2012)		3500
10.	New cases of HIV infection registered during 2014		334
11.	Children under the age of 5 years underweight: (2010)		5.3%
12.	Physicians density: (2011)		2.85 physicians/1,000 population
13.	Health expenditures (2011)		4.3% of GDP
14.	Net migration rate: (2014 est.)		- 5.88 migrant(s)/1,000 population

DATA ON BREASTFEEDING AND INFANT HEALTH

Proper nutrition is the guarantee for healthy growth and development of each child. Article 24 of the CRC – the child's right to health and health care – requires countries to take appropriate measures to "combat disease and malnutrition" through, inter alia, the "provision of adequate nutritious foods", and to "ensure that all segments of society, in particular parents and children, are informed (…) and supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding (…)".

Breastmilk is the optimal source of nutrients for infants, exclusively for the first six months of a child's life, and complemented with timely, adequate and appropriate complementary feeding up to two years of beyond.

Optimal breastfeeding has the **greatest potential impact** on child survival of all preventive interventions. Suboptimum breastfeeding, especially non-exclusive breastfeeding in the first 6 months of life, results in 800 000 deaths deaths and 10% of disease burden in children younger than 5 years. Non breastfed infants are 14,4 times more likely to die during the first six months of life,

[1] Statistical Yearbook of Armenia, 2015, available at http://armstat.am
[2] http://www.indexmundi.com/armenia

compared to exclusively breast-fed infants[3]. Achievement of universal coverage of optimal breastfeeding could prevent 13% of deaths occurring in children less than 5 years of age globally[4]. Similarly, in Armenia breastfeeding can save at least 60 infant lives yearly.

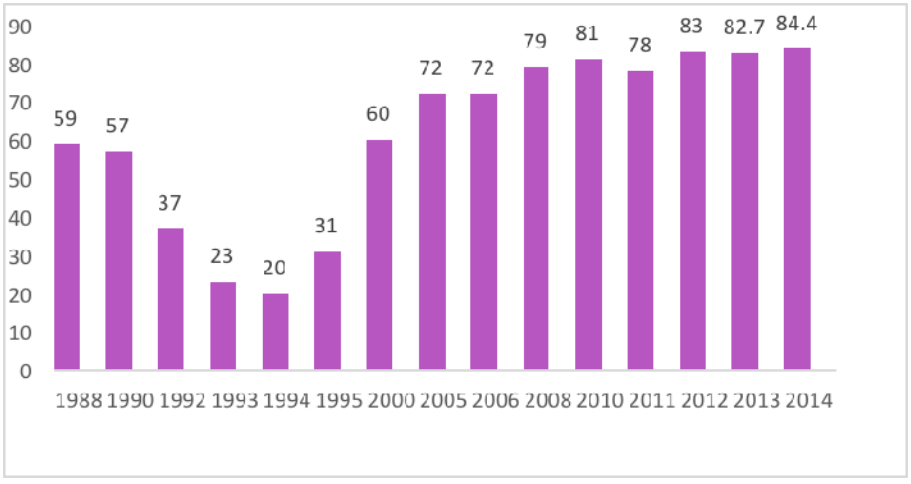
The overall situation of breastfeeding in Armenia has improved over the last decades as shown by the increasing breastfeeding rates. However, in the last couple of years the situation of breastfeeding has come to a stall and **progress has stopped.**

The official governmental statistics shows the following figures of breastfeeding rates in Armenia (Table 2 and Graphic 1).

Table 2. Breastfeeding rates according to the governmental statistics (source: MOH of RA)

	2001	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Exclusive BF at 6 months	-	69,3%	34,5%	48 %	51%	52,2%	57%	57,8%	62%	59,1%	66%	66,4%	68,7%
Predominant BF[4] at 4 months	69%	74,5%	76,2%	72%	79,1%	75%	79,3%	80,6%	81%	78,5%	83%	82,7%	84,4%
Any BF at 3 months	86,8%	84,6%	88,5%	-	80,8%	88,5%	83%	80,8%	81%	89%	93%	92,5%	93,4%
Continued BF at 1 year	29,3%	35,7%	36,2%	38%	39,5%	39,1%	43%	44%	43%	36,9%	45%	46,1%	45,8%

Graphic 1. BF rates in Armenia according to government statistics (Full breastfeeding[5] at 4 months)



There is a significant disparity between the official governmental statistics and alternative data.

According to the **Armenia Demographic and Health Survey 2010 (ADHS 2010),** 97 % of children born during 3 years preceding the survey have ever been breastfed and 89 % of the infants under 6

[3] The Lancet, Maternal and Child Undernutrition Series (2008 & 2013)
[4] The Lancet, Vol. 362, July 5 2003, pg. 13
[5] **Exclusive BF** means giving a baby no other food or drink, including no water, in addition to breastfeeding; **Predominant BF** means breastfeeding a baby but also giving small amounts of water or water based drinks-such as tea; **Full BF** means breastfeeding either exclusively or predominantly.

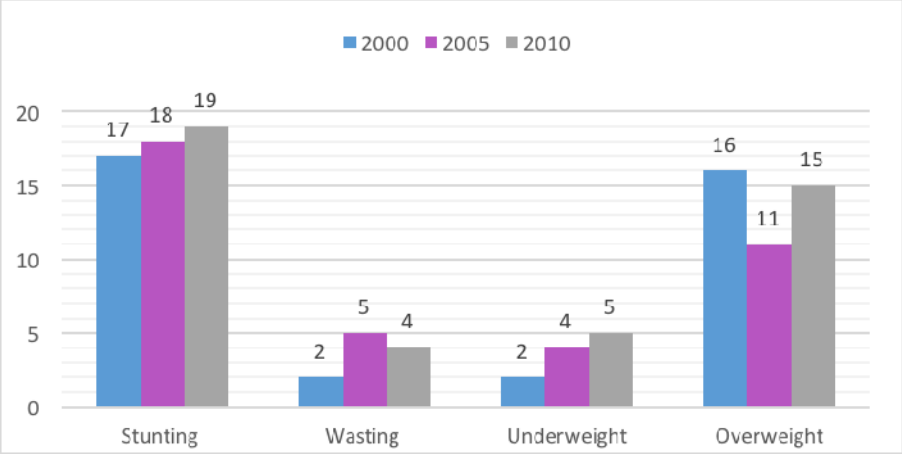
months are breastfed. However, according to the same survey, the percentage of **exclusively breastfed children is lower (just 35 %)**. In addition to breast milk, 10 percent are given non-breast milk, 27 percent are given water or other liquids, and 17 percent are given solid or mushy food. Although the majority of Armenian children continue to breastfeed through 9 months, almost all receive supplements in addition to breast milk. The percentage of **early initiation of breastfeeding** (within one hour) was also very low - **only 36%.** The difference from MOH data, showed in Table 2, can be explained by the different methodologies used, and the truth probably lies in between these two numbers.

Following the change in WHO recommendations, the MOH changed breastfeeding policy in 2005, recommending that mothers breastfeed exclusively for **six months**, instead of the **4-6 months** that had been previously recommended by WHO.

During the last decades Armenia has made significant changes in policy with regard to breastfeeding promotion and numerous interventions have been implemented to increase the percentage of optimally breastfed infants, among them implementation of **baby-friendly hospital initiative (BFHI) and baby friendly polyclinics initiative (BFPI)**, adoption of the law of Republic of Armenia on **"Breastfeeding Promotion and Regulation of Marketing of Baby Food"** by NA of RA, implementation of the educational project "**Improving health and nutrition of infants and young children"** for regional doctors, providing primary pediatric health care.

Despite the promotion of breastfeeding and several years of economic growth in Armenia, the comparison of Armenian Demographic and Health Surveys (ADHS) carried out in 2000, 2005 and 2010 showed that, **the percentage of undernourished children has not declined**. The prevalence of *stunting* (low height for age) in Armenian children under age five remained steady at 13% between 2000 and 2005, while in 2010 increased to 19%. The percentage of *underweight* (low weight for age) and *wasting* (low weight for height) also increased during that time (3 to 4% and 2 to 5% respectively). Meanwhile the number of *overweight* children has increased from 11% in 2005 to 15% in 2010. (Graphic 2).

Graphic 2. Nutritional status of children under 5 in Armenia (Source: ADHS)



According to ADHS 2005 the prevalence of anemia in women is 25% and children under 5 is 37%. It's twice as high compared to the global anemia index among children under 5 years, which according to "Lancet" is 18.1%. For children aged 6-11 months the anemia rate in Armenia is the highest for all CIS countries with rates higher 65%.

These figures can be explained **by poor complementary feeding practices.** Assessment of the infant and young child feeding during the complementary feeding period identifies that only 32% of children of age 6 months - 2 years get nutritionally adequate and safe complementary feeding.

According to ADHS 2010 among 6-28 months old breastfed infants only 52% received enough nutritionally diverse complementary food, 54% was fed often enough and only 34% received an adequate diet according to variety and quantity. This has led to increasing rates of stunting, anemia and overweight among children.

2. ASSESSMENT PROCESS FOLLOWED BY THE COUNTRY

Following to the WBTi and WBCi training workshop on 13-15 of May 2015 in Geneva, an initial meeting with the members of the Mother and Child Health (MCH) Alliance of Armenia and MOH of Republic of Armenia was held by "Confidence" Health NGO on June 11, 2015 in Tsakhadzor. The WBTi was introduced to the participants in order to seek collaboration and support for initiating the process at national level and conduct assessment of policy and programs as per Global Strategy for Infant and Young Child Feeding. The president of "Confidence" Health NGO Dr. Susanna Harutyunyan was identified as National coordinator for the project and the Core Group was formed, including:

1. Dr. Karine Saribekyan – Head of the Maternal and Child Health Department of MOH of RA
2. Prof. Nune Bagdasaryan- Head of the Pediatric Department N 1 at YSMU (Yerevan State Medical University)
3. Dr. Karmella Pogosyan- Deputy Director of Muratsan Hospital Complex, Board member of Confidence Health NGO
4. Dr. Nane Mnatsakanyan- Lecturer & Researcher at the Pediatric Department N 1 at YSMU
5. Dr. Lilit Avetisyan – Lecturer at the Pediatric Department N 1 at YSMU

Another meeting with MCH Alliance and the Core group was held on 19 of June at Congress hotel in Yerevan and the tasks on data collection were distributed among members of the Core group.

Meanwhile the translation of the forms has started and the translated forms were soon distributed to the members of the Core group.

Due to holidays period it was decided to held the next meeting in early September. As September 2015 was the period of generating National Nutritional Strategy and Action Plan for 2015-2020, a short Assessment Report according to WBTi criteria with recommended activities was prepared by Dr. Susanna Harutyunyan - the National coordinator for the project and submitted to the department of Maternal and Child Health at MOH of RA. Many of the recommended activities are included in the final version of the Action Plan, currently being reviewed by the Government.

3. LIST OF THE PARTNERS FOR THE ASSESSMENT PROCESS

1. Maternal and Child Health Department at MOH of RA
2. Department of Pediatrics N 1 of YSMU
3. MCH Alliance of Armenia (a network of 47 NGOs, concerned in maternal and child health issues, including "Confidence" Health NGO- Member of IBFAN)

4. ASSESSMENT FINDINGS

Indicator 1: National Policy, Program and Coordination

Key question: *Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government program? Is there a mechanism to coordinate like National infant and young child feeding committee and a coordinator for the committee?*

Guidelines for scoring		
Criteria	**Scoring**	**Results** ✓ ***Check any one***
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	1	1
1.2) The policy recommended exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	1	1
1.3) A national plan of action developed based on the policy	2	2
1.4) The plan is adequately funded	2	0
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1	0
1.6) The national breastfeeding (infant and young child feeding) committee meets, monitors and reviews on a regular basis	2	0
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5	0
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level.	0.5	0
Total Score	**4 / 10**	

Information Sources Used (please list):

1. *The Law of the RA on "Breastfeeding Promotion and Regulation of Marketing of Baby Food" (is available in Armenian at http://www.arlis.am)*
2. *The concept of improving child nutrition (is available in Armenian at: http://www.moh.am/OrenqMshakum/Voroshum_nutrition.pdf)*

3. *"National strategy for improving child nutrition for 2015-2020" (is available in Armenian at: http://www.moh.am/Qaqhaqakanutyun/40_1ardzvoroshum.pdf)*

Conclusions *(Summarize which aspects of IYCF policy, program and coordination are appropriate; which need improvement and why; and any further analysis needed):*

The "Concept of improving child nutrition" and the ""National strategy for improving child nutrition for 2015-2020" was proved by the Prime Minister of RA on 25 of September, 2014.

Article 5 of the "Law on Breastfeeding Promotion and Regulation of Marketing of Baby Food", adopted by the NA of the RA in November 2014, states that "in order to promote safe and adequate nutrition of infants and young children the Government of RA should ensure the establishment of a national program on breastfeeding promotion. The draft of the program is still in the stage of improvement by the Government. As stated above, the situation analysis and main recommendations included in the draft national program on breastfeeding promotion are based on short "Assessment Report" according to WBTi criteria.

During the period 2000-2008 National Breastfeeding Promotion Committee was functioning in the MOH of the RA, which was responsible for the coordination of the national breastfeeding promotion program and inter alia the implementation of BFHI and BFPI (including monitoring, awarding and reassessment of hospitals and policlinics). Currently the committee is not functioning and does not perform its main functions - situation analysis, monitoring and coordination work.

Gaps *(List gaps identified in the implementation of this indicator):*

1. *National Breastfeeding Promotion Committee currently is not functioning.*
2. *The draft of the national program on breastfeeding promotion is not proved by the Government of RA yet.*
3. *Only part of the activities listed in the breastfeeding promotion program is funded, in particular the 2015 healthcare budget funds public awareness-raising activities on child nutrition issues.*

Recommendations *(List actions recommended to bridge the gaps):*

1. *Establish a new National Breastfeeding Promotion Committee, which regularly meets, monitors and reviews the national program activities and links effectively with all other sectors like health, nutrition, information etc.*
2. *Define clear terms of reference for the coordinator of the Breastfeeding Committee, which includes the task of regularly communicating national policy to regional, district and community level.*

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding[6])

Key questions:

- *What percentage of hospitals and maternity facilities that provide maternity services have been designated as "Baby Friendly" based on the global or national criteria?*
- *What is the quality of BFHI program implementation?*

Guidelines – Quantitative Criteria

2.1) 0 out of 50 total hospitals (both public & private)and maternity facilities offering maternity services have been designated or reassessed as "Baby Friendly" in the last 5 years 0 %

Guidelines for scoring		
Criteria	**Scoring**	**Results** √ **Check only one which is applicable**
0	**0**	
0.1 - 20%	1	0
20.1 - 49%	2	
49.1 - 69%	3	
69.1-89 %	4	
89.1 - 100%	5	
Total rating	**----- / 5**	**0**

Guidelines – Qualitative Criteria

Quality of BFHI program implementation:

[6] **The Ten Steps To Successful Breastfeeding:** The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The steps for the United States are:

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breastmilk, unless medically indicated.
7. Practice "rooming in"-- allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

Guidelines for scoring		
Criteria	**Scoring**	**Results** √ **Check that apply**
2.2) BFHI program relies on training of health workers using at least 20 hours training program[7]	1.0	1.0
2.3) A standard monitoring[8] system is in place	0.5	0
2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5	0.5
2.5) An assessment system relies on interviews of mothers	0.5	0.5
2.6) Reassessment[9] systems have been incorporated in national plans with a time bound implementation	1.0	0
2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5	0.5
2.8) HIV is integrated to BFHI program	0.5	0.5
2.9) National criteria are fully implementing Global BFHI criteria (See Annex 2.1)	0.5	0.5
Total Score	**---/ 5**	**3.5**
Total Score	**3.5 / 10**	

Information Sources Used (please list):

1. *BFHI and BFPI training modules (Available in Armenian at: http://nutrition.am/wp-content/uploads/2014/01/Feeding-for-Minors_new.pdf)*
2. *"National strategy for improving child nutrition for 2015-2020" (available in Armenian at: http://www.moh.am/Qaqhaqakanutyun/40_1ardzvoroshum.pdf)*
3. *Standards on health care, MOH- Parts on maternity care and primary pediatric health care (is available in Armenian at: http://www.moh.am/OrenqGorcox/chaporoshich/80N.pdf (maternity care) and http://www.moh.am/OrenqGorcox/chaporoshich/78N%20HRAMAN.pdf (pediatric care))*
4. *Committee member of BFHI at MOH, UNICEF*

[7] IYCF training programs such as IBFAN Asia's '4 in1' IYCF counseling training program, WHO's Breastfeeding counseling course etc. may be used.

[8] ***Monitoring*** is a dynamic system for data collection and review that can provide information on implementation of the *Ten Steps* to assist with on-going management of the *Initiative*. It can be organized by the hospitals themselves or at a higher level in the system. Data should be collected either on an ongoing basis or periodically, for example on a semi-annual or yearly basis, to measure both breastfeeding support provided by the hospitals and mothers' feeding practices.

[9] ***Reassessment*** can be described as a "re-evaluation" of already designated baby-friendly hospitals to determine if they continue to adhere to the *Ten Steps* and other baby friendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for the purpose of evaluating on-going compliance with the *Global Criteria* and includes a reassessment visit by an outside team. Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.

#

5. *Armenia CRC report 2013 (see at: http://www.ibfan.org/CESCR/CESCR_Armenia_Session2014.pdf)*
6. *Implementation of baby friendly practices in health care system in Armenia, New Armenian Medical Journal, Volume 5, Number 1, March, 2011, Yerevan, p. 40-42 (see at: http://www.ysmu.am/images/stories/downloads/NAMJ/Int%20v5n1/Inter-v5n1%20(Eng)/9.pdf*

Conclusions *(Summarize how the country is doing in achieving Baby Friendly Hospital Initiative targets (implementing ten steps to successful breastfeeding) in quantity and quality both. List any aspects of the initiative needing improvement and why and any further analysis needed):*

Health care practices in maternity facilities have a major effect on infant feeding.

In 1999, MOH of Armenia together with UNICEF Armenian country office launched the implementation BFHI. Further, in 2003, a new initiative was launched in Armenia, the Baby Friendly Polyclinic Initiative (BFPI), which is the adapted version of BFHI designed for implementation in polyclinics. As a result of these initiatives that aim to promote and protect breastfeeding, positive changes have been registered in breastfeeding trends.

During 1999-2008 22 maternity hospitals out of 62 facilities offering maternity services have been designated as "Baby Friendly" (in those facilities are born round 60% of all infants) and 10 polyclinics out of 88 existing facilities providing primary pediatric health care have been nominated as baby-friendly.

Similar to the 10 steps of Successful Breastfeeding, BFPI aims to implement 10 steps that promote optimal infant and young child feeding. These include steps related to timely introduction of adequate complementary feeding and safe and adequate replacement feeding when needed. One of the steps is related to complying with all provisions of the International Code. (See BOX 1).

BOX 1: The ten steps of BFPI

Pediatric polyclinics intending to become baby-friendly should:

1. Have a written policy on infant and young child feeding that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Regularly perform breastfeeding screening at estimated dates and support mothers in maintenance of breastfeeding.
5. Promote exclusive breastfeeding for 6 months and continued breastfeeding for 2 years or more.
6. Encourage breastfeeding on demand.
7. Provide mothers with necessary information on timely, adequate and appropriate complementary feeding.
8. Inform mothers of infants who are not breastfed about safe and appropriate alternative feeding options.
9. Comply with all provisions of the International Code on Marketing of Breastmilk Substitutes.
10. Encourage and support mothers to breastfeed by fostering the establishment of breastfeeding support groups and by spreading information about new approaches in infant and young child nutrition among the population.

In 2008 UNICEF Armenian country office and the MOH of Armenia carried out an assessment of the effectiveness of implementation of baby-friendly practices in primary health care facilities. The

results of the study proved the effectiveness of baby-friendly initiatives in general and especially of the BFPI.

Antenatal education, early initiation of BF, BF counseling and practical support provided by health workers significantly improve the knowledge of mothers and support positive practices. Mothers, who have participated in antenatal classes, gave about twice more correct answers to questions on BF and more often breastfed exclusively contrary to those who did not get antenatal education.

Early skin to skin contact was initiated after vaginal delivery in about 86,8% cases. However, the recommended duration (at least 30 minutes) was implemented only in 5,8% cases in baby friendly hospitals and in only 1,2% cases in hospitals without nomination.

The study confirmed that the sooner first breastfeeding was initiated the higher exclusive breastfeeding rates were recorded. In case of initiation of breastfeeding within the first hour after delivery the exclusive breastfeeding rate was 72,0%, during 1-6 hours - 62,3%, 6 -24 hours - 59,1%, after 24 hours- 49,3%. In baby friendly hospitals the first breastfeeding was initiated within one hour in 42,2% cases, in hospitals without nomination in 31,9% cases.

Prelacteal feeding was practiced rarer in baby friendly hospitals and it influenced further exclusive breastfeeding rates. Exclusive breastfeeding was practiced in 68,8% cases when prelacteal feeding was not practiced and only in 47,7 % cases when prelacteal feeding took place.

Rooming in was practiced in 96,2% cases in baby friendly hospitals and 97,5% cases in hospitals without nomination. Bottles and teats were used in 2,9% cases in baby friendly hospitals and in 6,2% cases in hospitals without nomination.

Among infants cared for in baby-friendly polyclinics exclusive, predominant and full breastfeeding rates were significantly higher than those cared in polyclinics without nomination.

However, since 2008, the implementation of the baby friendly initiatives has been discontinued in Armenia, together with the reassessment of baby friendly facilities.

Although the provisions of baby friendly initiative are incorporated in maternity care and primary pediatric health care standards defined by MOH, lack of continuous and systematic reassessment of baby-friendly facilities contributes to worsening of practices in those facilities. For instance, according to ADHS 2010 the rate of early initiation of breastfeeding is only 36 %. The monitoring of the implementation of the International Code carried out in 2011 revealed serious violations of the Code in some baby-friendly hospitals.

One of the goals of the “Concept of improving child nutrition” is to increase the amount of baby friendly facilities by 25%. The implementation of the updated BFHI using “The revised, updated and expanded for integrated care material published in 2009” and BFPI is included in the draft of national program on breastfeeding promotion.

Gaps *(List gaps identified in the implementation of this indicator)***:**

1. *The implementation of baby friendly initiatives has been discontinued since 2008.*
2. *For the recent 7 years none of baby friendly facilities has been reassessed.*

3. *The practices of the maternity facilities since then have worsened. Only 36% of newborns initiate breastfeeding within one hour after birth, majority of maternity facilities practice artificial feeding without any medical indications, use bottles and teats and violate the Code.*
4. *The stuff lucks sufficient skills to support mothers to initiate and continue breastfeeding.*

Recommendations *(List action recommended to bridge the gaps):*

1. *Adopt "The revised, updated and expanded for integrated care material published in 2009" for the country needs.*
2. *Conduct a 1-2 days training for the staff of facilities that have been previously nominated as baby friendly (including the polyclinics) to communicate the news in the sphere of infant feeding (according to the new modules on BFHI and BFPI) and introduce the provisions and penalties of the "Law on Breastfeeding Promotion and Regulation of Marketing of Baby Food".*
3. *Provide time for the maternities to carry out self assessment and to correct the practices.*
4. *Schedule the reassessments of facilities previously nominated as baby friendly.*
5. *Start trainings using 2009 BFHI materials in new facilities willing to become baby friendly.*
6. *Conduct assessments of the facilities and nominate those who fully implements the baby friendly, mother-friendly care criteria and comply with the International Code and national law.*

Indicator 3: Implementation of the International Code of Marketing of Breastmilk Substitutes

Key question: *Is the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolution are in effect and implemented? Has any new action been taken to give effect to the provisions of the Code?*

Guidelines for scoring		
Criteria (*Legal Measures that are in Place in the Country*)	**Scoring**	**Results**
3a: Status of the International Code of Marketing		✓ (*Check that apply. If more than one is applicable, record the highest score.)*
3.1 No action taken	0	
3.2 The best approach is being considered	0.5	
3.3 National Measures awaiting approval (for not more than three years)	1	
3.4 Few Code provisions as voluntary measure	1.5	
3.5 All Code provisions as a voluntary measure	2	
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	3	
3.7 Some articles of the Code as law	4	
3.8 All articles of the Code as law	5	
3.9 Relevant provisions of WHA resolutions subsequent to the Code are included in the national legislation[10] a) Provisions based on at least 2 of the WHA resolutions as listed below are included b) Provisions based on all 4 of the WHA resolutions as listed below are included	 5.5 6	 ✓
3b: Implementation of the Code/National legislation		✓ ***Check that apply***
3.10 The measure/law provides for a monitoring system	1	1
3.11 The measure provides for penalties and fines to be imposed to violators	1	1

[10] Following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.
1. Donation of free or subsidized supplies of breastmilk substitutes are not allowed (WHA 47.5)
2. Labeling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
3. Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
4. Labels of covered products have warnings on the risks of intrinsic contamination and reflect the FAO/WHO recommendations for safe preparation of powder infant formula (WHA 58.32, 61.20)

3.12 The compliance with the measure is monitored and violations reported to concerned agencies	1	1
3.13 Violators of the law have been sanctioned during the last three years	1	0
Total Score (3a + 3b)	**8,5 (5,5+3) / 10**	

Information Sources Used (please list):

1. *The Law of the RA on "Breastfeeding Promotion and Regulation of Marketing of Baby Food" (is available in Armenian at: http://www.arlis.am)*
2. _____
3. _____
4. _____

Conclusions: ***(****Summarize which aspects of Code implementation have been achieved, and which aspects need improvement and why. Identify areas needing further analysis)*

On 20 November 2014, the Law of RA on **"Breastfeeding Promotion and Regulation of Marketing of Baby Food"** was adopted by the National Assembly of the RA. The new Law covers all provisions of the International Code and relevant WHA resolutions, and in some aspects, even goes beyond them. The Law has a broad scope covering all baby foods including infant formulas, young child formulas and complementary foods for infants and young children up to 3 years of age, as well as related products such as feeding bottles, teats and pacifiers. There is also a wide range of prohibitions in relation to promotion to the public, including the ban of any advertising and cross-promotion, in health facilities and to health workers, including an absolute ban on sponsorship and donation of equipment, supplies and services in health care facilities which is a major improvement on the International Code. It even bans the sale of infant food in the territory of health facilities.

Labeling provisions are extensive and include a ban on claims and a prohibition against labels of other products being similar to labels of infant formula in order to prevent cross-promotion. The ban for health and nutrition claims WHA Resolution 58.32 (2005) is also covered. However, the warning on powdered formula being potentially contaminated, included in regulations on labeling (the law refers to the regulations) is still not proved by the Government (this is included in the national program on breastfeeding promotion). Other regulations including the establishment of regular monitoring mechanisms are expected to be adopted but not in place yet.

Although the new law is very much of a safeguard against today's corporate marketing climate, it's monitoring and implementation still requires improvement. 8 months after the law enter into force (Effective date: 17.03.2015) in some maternities free formula supplies and their administration to newborn without medical indications are still continued, no label is changed and some other violations are apparent.

In order to alter this situation regular monitoring mechanisms needs to be established and proved by the Government and strictly implemented.

Gaps: *(List gaps identified in the implementation of this indicator)***:**

1. *Some regulations including the establishment of regular monitoring mechanisms, and the regulations on labeling provisions, including the warnings on the risks of intrinsic contamination on product labels are not in place yet.*
2. *The provisions of the National Law are not communicated to all health care staff yet.*
3. *The monitoring of the Code and sanctions are not appropriately implemented yet.*

Recommendations: *(List action recommended to bridge the gaps):*

1. *Finalize the set of regulations, inter alia develop regular monitoring mechanisms for all provisions of the law.*
2. *Communicate all provisions of the "Law on Breastfeeding Promotion and Regulation of Marketing of Baby Food" to health workers, and most importantly the responsibilities of health workers under the law, the scope, prohibitions and penalties of the law.*
3. *Demand the distributors of the baby food to stop violations of the newly adopted law, especially free supplies and promotion in maternity facilities, organization of conferences, creating conflict of interests and violations of labeling provisions.*
4. *In collaboration with civil society organize monitoring of the national law using the monitoring methodology suggested by IBFAN/ICDC (adopted "Monitoring Kit 2015").*

Indicator 4: Maternity Protection

Key question: *Is there a legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labor Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?*

Guidelines for scoring		
Criteria	**Scoring**	**Results Check that apply**
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave a. Any leave less than 14 weeks b. 14 to 17weeks c. 18 to 25 weeks d. 26 weeks or more	 0.5 1 1.5 2	 ✓
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. a. Unpaid break b. Paid break	 0.5 1	 ✓
4.3) Legislation obliges private sector employers of women in the country to *(more than one may be applicable)* a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	 0.5 0.5	 ✓ ✓
4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector. *(more than one may be applicable)* a. Space for Breastfeeding/Breastmilk expression b. Crèche	 1 0.5	 ✓
4.5) Women in informal/unorganized and agriculture sector are: a. accorded some protective measures b. accorded the same protection as women working in the formal sector	 0.5 1	 ✓
4.6). *(more than one may be applicable)* a. Information about maternity protection laws, regulations,	0.5	✓

or policies is made available to workers. b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	0.5	
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	✓
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	✓
4.9) There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	✓
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	✓
Total Score:	**8,5 / 10**	

Information Sources Used (please list):

1. *Decree of the supreme council of the Republic of Armenia on "Priority measures to protect women, maternity and childhood and strengthening of the family" (is available in Armenian at: http://www.arlis.am/DocumentView.aspx?docid=3206)*
2. *The Labor Code of RA (is available in Armenian at: http://www.parliament.am/legislation.php?sel=show&ID=2131)*

Conclusions *(*Summarize which aspects of the legislation are appropriate, and which aspects need improvement and why. Identify areas needing further analysis*)*:

The Armenian legislation on maternity protection mainly meets the requirements of the ILO's Maternity Protection Convention (MPC) 183 and Recommendation 191.

Working women are granted a set maternity leave, paying full salaries:

a. 140 days (70 calendar days prenatal and 70 calendar days in postnatal period)
b. 155 days (70 calendar days prenatal and a postnatal period of 85 calendar days) in case of difficult childbirth
c. 180 calendar days (70 calendar days prenatal, postnatal period of 110 calendar days in case two or more children born at a time.

In premature deliveries the days in prenatal period that are not used, are added to postpartum maternity leave days.

Article 258 of the Labor Code of RA provides the maternity protection guarantees, according to which breast-feeding mothers in addition to the break for rest and eating are offered an additional break to feed the baby of at least half an hour, at least every three hours once until the child reaches the age of one and a half years. During the breaks for feeding the child the employee is paid the average hourly salary.

Health protection for the pregnant and lactating woman and her baby and employment protection and non-discrimination are also included in this Law.

Breastfeeding facilities should be provided according to the new article recently added to the Labor Code.

The legislation of RA establishes a system of state allowances for families with children given the variety of family, place of residence, income and cost of living index:

a. a lump-sum benefit of babies at birth (if two or more children are born at a time for each child)
b. monthly allowance for child care until the age of 2 years. Mothers who wish to continue working are given 50 percent of the benefit until the child reaches the age of 2, while maintaining full salary.

The law allocates an additional one-year leave to the mother or baby career according to their own application without the protection of wages, until the child is 3 years old, maintaining seniority.

An annual vacation at their convenient time is allocated to men whose wives are on maternity leave.

Although the legislation of RA provides the same maternity protection provisions for all working women, often women working in private sector or in informal/unorganized and agriculture sector do not fully enjoy the protection of maternity. The reason for such a disparity is mainly the lack of knowledge of women on their rights. For the same reason women often do not use their right for breastfeeding break or fathers rarely use their right for paternity leave.

Although the construction of appropriate breastfeeding facilities in workplace is enforced by the law on "Breastfeeding promotion and regulation of infant food marketing", few employers are providing suitable conditions.

Gaps *(List gaps identified in the implementation of this indicator)***:**

1. *Lack of knowledge of population (especially women) on their maternity protection rights*
2. *Insufficiency of appropriate breastfeeding facilities in workplace although required by the law on "Breastfeeding promotion and regulation of infant food marketing"*

Recommendations *(List action recommended to bridge the gaps):*

1. *Regularly communicate maternity protection rights issues to pregnant women during antenatal classes*
2. *Inform health workers about maternity protection provisions*
3. *Inform employers, including both in private and in informal / agriculture sector about their obligations regarding maternity protection under the national legislation and particularly under the law on "Breastfeeding promotion and regulation of infant food marketing"*

Indicator 5: Health and Nutrition Care Systems (in support of breastfeeding & IYCF)

Key question: *Do care providers in these systems undergo* skills training, *and do their pre-service education curriculum support optimal infant and young child feeding; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers' responsibilities to Code are in place*?

Guidelines for scoring			
	Scoring √ *Check that apply*		
Criteria	**Adequate**	**Inadequate**	**No Reference**
5.1) A review of health provider schools and pre-service education programs for health professionals, social and community workers in the country[11] indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1✓	0
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care. *(See Annex 5b Example of criteria for mother-friendly care)*	2	1✓	0
5.3) There are in-service training programs providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers.[12]	2	1✓	0
5.4) Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country.	1	0.5✓	0
5.5) Infant feeding and young feeding information and skills are integrated, as appropriate, into training programs	1	0.5✓	0

11 Types of schools and education programs that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

12 The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women's health, NCDs etc.)			
5.6) In-service training programs referenced in 5.5 are being provided throughout the country.[13]	1	0.5✓	0
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick.	1	0.5✓	0
Total Score:	**5 / 10**		

Information Sources Used (Please list):

1. *Curricula of YSMU for:*
    - *bachelor's and magistracy programs for students of general medial and military medicine departments*
    - *magistracy program for students of stomatology department*

   program for residents in pediatrics, family doctors, neonatologists and some other pediatric disciplines, like pediatric neurologist, pediatric endocrinologist etc.

   (Main materials are available in Armenian at:

   http://www.ysmu.am/images/stories/Library/books/Mankabuj.pdf)
2. *Trainer in counseling on infant and young child feeding, UNICEF, WHO, World Vision, FAR (Fund for Armenian Relief) and other projects involved in curriculum review and reform, administrators and graduates.*

Conclusions: (Summarize which aspects of health and nutrition care system are appropriate and which need improvement and why. Identify areas needing further analysis.)

Even though infant and young child feeding issues are included in the training curricula of both undergraduate and postgraduate programs, the amount of training provided during this time is limited and insufficient.

Undergraduate programs

Currently infant and young child nutrition issues are taught during the bachelor's and magistracy programs for students of general medial, military medicine and dentistry faculties at the chairs of Pediatrics N 1 and N 2 of YSMU, bachelor's courses at "Haybusak" Yerevan University medical department and at Armenian Medical Institute, as well as at a number of medical colleges, including Yerevan State Basic Medical College, State Medical College named after M. Heratsi, Yerevan State Armenian-American Medical College "Erebouni" and other colleges in Yerevan and regions of Armenia.

13 Training programs can be considered to be provided "throughout the country" if there is at least one training program in each region or province or similar jurisdiction.

The programs are not unified in different universities and colleges, but one problem is common – very few hours are allocated to nutrition training.

In YSMU students study infant and young child nutrition issues (including malnutrition) during two days (12 academic hours) in bachelor's program and 1 day (6 hours) during magistracy program. Only basic knowledge on infant and young child is communicated to students. The "Pediatrics" textbook for students published in 2010, contains updated evidence based information on infant and child nutrition based on WHO / UNICEF global strategy and guidelines (Infant and young child feeding: Model Chapter, WHO, 2009), but does not contain information on important subjects, such as International Code and national legislation on infant food marketing, maternal nutrition, management of breastfeeding difficulties, nutrition of sick and premature babies, malnourished children, food allergy and food intolerance, food safety etc.

Graduate programs

Graduate programs include teaching for clinical residents, medical doctors (pediatrician and family doctors) and nurses.

Upon graduation from above mentioned Medical Universities or faculties, students undergo specialization at YSMU Internship program (for generalists) or Clinical residency program (for pediatricians, neonatologists, other pediatric subspecialties).

There are no special cycles for nutrition training or special hours allocated for nutrition training in curricula of internship or residency programs.

Medical doctors and nurses are trained during continuing medical education courses at YSMU.

Pediatricians, family doctors and nurses receive on-the-job trainings on pediatric topics at the department the pediatric chair N 1 YSMU.

In-service training programs on child nutrition, well child supervision and integrated management of childhood illnesses are organized by MOH and UNICEF. In this training program infant and young child feeding information is integrated with other primary pediatric health care issues, including diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code and HIV/AIDS. Currently these programs are implemented only in half of the regions of Armenia, missing Yerevan.

However, none of those courses match the requirements of the "Education checklist on infant and young child feeding topics" and practical skills training is not widely included. Health workers are not adequately trained on their responsibility under the Code and national law implementation throughout the country.

Standards and guidelines for baby friendly practices are included in the protocols for mother and child care, but only limited aspects of mother and breastfeeding friendly birth practices have been developed and disseminated to maternity facilities.

Gaps: *(List gaps identified in the implementation of this indicator)***:**

1. *Undergraduate and postgraduate educational programs in RA are not adequate and do not provide enough knowledge and practical skills to support optimal infant and young child feeding.*
2. *Many important topics in the sphere are not communicated to students and clinical residents.*
3. *There are no special cycles on infant feeding and growth assessment for clinical residents in pediatric specialties and family doctors.*
4. *Protocols on infant feeding and management of nutrition and growth disorders, including FTT (failure to thrive), short stature, stunting, obesity etc. are not in place.*
5. *Integrated WHO/UNICEF programs on child nutrition, growth, development and IMCI are carried out only for regional staff, providing primary pediatric care. Pediatricians working in hospitals, maternity staff and doctors providing primary pediatric health in Yerevan city have not passed any trainings for decades.*
6. *Adequate literature on infant feeding for students, residents and doctors is not available in Armenian.*

Recommendations: *(List action recommended to bridge the gaps):*

1. *Establish a university center for child growth and nutrition at the chair of pediatrics N 1 (on the basis of Muratsan Clinical Complex), which will coordinate educational, medical and scientific activities in this field. The center will conduct the following tasks:*
   - *Organize special two week cycles for clinical residents in pediatrics, pediatric subspecialties (pediatric endocrinology, neurology, surgery etc.), neonatologists, obstetrician-gynecologists, family doctors, as well as for practicing doctors in the sphere of mother and child health.*
   - *Undertake the treatment of children presenting with nutrition and growth disorders, such as breastfeeding difficulties, severe malnutrition, micronutrient deficiencies, malabsorption syndromes (celiac disease, lactose intolerance, etc.), FTT, short stature, tall stature, obesity, disturbances of head growth.*
   - *Develop clinical guidelines on management of nutrition and growth disorders, as mentioned above.*
   - *Develop appropriate literature on infant and young child nutrition for medical students, residents and doctors working in in the sphere of mother and child health care.*
   - *Carry out research in the sphere of child nutrition and growth.*
2. *Develop curricula for medical students, clinical residents and nurses, allocating enough teaching hours. Unify them for all available medical institutions, including universities and colleges in Yerevan and regions.*
3. *Implement integrated WHO/UNICEF trainings on child nutrition, growth, development and IMCI for pediatricians working in hospitals, maternity staff and doctors providing primary pediatric health care, including Yerevan city.*

Indicator 6: Mother Support and Community Outreach - Community-based support for the pregnant and breastfeeding mother

Key question: *Are there mother support and community outreach systems in place to protect, promote and support optimal infant and young child feeding.*

Guidelines for scoring			
Criteria	**Scoring** √ *Check that apply*		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based ante-natal and post -natal support systems with counseling services on infant and young child feeding.	2	1✓	0
6.2) All women receive support for infant and young child feeding at birth for breastfeeding initiation.	2	1✓	0
6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage.	2	1✓	0
6.4) Community-based counseling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/Nutrition Policy.	2	1✓	0
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	1✓	0
Total Score:	**5/ 10**		

Information Sources Used (please list):

1. *"National strategy for improving child nutrition for 2015-2020" (available in Armenian at: http://www.moh.am/Qaqhaqakanutyun/40_1ardzvoroshum.pdf)*
2. *Standards on health care, MOH- Parts on maternity care and primary pediatric health care (is available in Armenian at: http://www.moh.am/OrenqGorcox/chaporoshich/80N.pdf (maternity care) and http://www.moh.am/OrenqGorcox/chaporoshich/78N%20HRAMAN.pdf (pediatric care))*

3. *Implementation of baby friendly practices in health care system in Armenia, New Armenian Medical Journal, Volume 5, Number 1, March, 2011, Yerevan, p. 40-42 (see at: http://www.ysmu.am/images/stories/downloads/NAMJ/Int%20v5n1/Inter-v5n1%20(Eng)/9.pdf)*
4. *Discussions held with representatives of the MOH, UNICEF, Mother and Child Health (MCH) Alliance of Armenia, World Vision Armenia, Confidence health NGO, all involved in infant and young child feeding.*

Conclusions *(Summarize which aspects of a health and nutrition care system are adequate and which need improvement and why. Identify areas needing further analysis)**:***

In Armenia the community-based ante-natal and post-natal support and counseling on infant and young child feeding are mainly performed by primary health care providers.

Prenatal information and consulting services are available not to all pregnant women, although they are included in standards of care. Postpartum consulting services quality is not always enough.

The study assessing the effectiveness of implementation of baby friendly initiatives in primary health care facilities carried out in RA in 2008 showed that antenatal education, BF counseling and practical support provided by health workers significantly improve the knowledge of mothers and support optimal infant feeding practices.

Although only about half of the interviewed mothers participated in antenatal classes, they gave about twice more correct answers to questions on BF and more often breastfed exclusively contrary to those who did not get antenatal education. Especially high exclusive BF rates were reported by mothers who got BF counseling and practical support from health workers. Mothers who had no antenatal education artificially fed their infants about twice more often than those who had participated in antenatal classes.

Implementing baby friendly practices both in maternities and in polyclinics can significantly improve the knowledge of primary health care providers, and thus improve the quality of community support.

Although implementation of baby friendly initiatives has been discontinued since 2008, reinforcement of these initiatives is included in the "Concept of improving child nutrition" and in the draft of national program on breastfeeding promotion for 2015-2020.

During recent years in order to improve community-based support for women and caregivers a comprehensive project named "Improving health and nutrition of infants and young children" is implemented in Lori, Tavush, Aragatsotn and Syunik regions of Armenia. The project has established 35 resource centers in regional polyclinics and ambulatories, where women get antenatal and postnatal education and support. The centers are provided with various printed materials, including booklets and leaflets on mother and child nutrition (information on healthy nutrition during pregnancy and nursing, breastfeeding and complementary feeding, healthy food recipes), posters, videos etc. A number of educational programs on infant and young child feeding, such as video lessons on proper infant feeding practices, are organized and broadcasted by TV. They all have the slogan "First 100 days are important". These programs need continued support to be expanded in other regions of Armenia and Yerevan city.

Information on healthy maternal and child nutrition during the first 1000 days is available in website, created by MOH and UNICEF: www.nutrition.am. The website promotes healthy nutrition during pregnancy, exclusive breastfeeding during 6 months and appropriate complementary feeding with home prepared family food and gives important information both for mothers/caregivers and health professionals. Quality cartoon videos created by WV Armenia, promoting healthy nutrition during 1000 days, available at: https://www.youtube.com/watch?v=C5wmoPgmtQ0 However, when the film is finished, other films on 1000 days may start, including those made by Nestle and other companies.

E-learning courses on infant feeding, are constructed with the support of UNICEF and available at: http://www.unicef.am/elearning/user/login. This course can be beneficial for parents, as well as medical students, health professionals and anyone else interested in learning up-to-dated information on mother and child nutrition. The course consists of 4 modules- maternal nutrition, breastfeeding, artificial feeding and International Code and complementary feeding. Upon completion of all 4 modules the participant gets a certificate.

Mother support group is a core component of the empowerment of women. An Armenia Facebook group "Armenian Lactation Room" provides information and on line counselling for mothers by other, more experienced mothers (see at: www.KKsenyak.am and https://www.facebook.com/KKsenyak). Another Facebook group, providing information on infant nutrition can be found at www.katik.am and https://www.facebook.com/groups/693854794063217/. However, the information provided by these groups is not always correct and consistent (e.g. recommends to give water to 4-6 old infants or to start complementary feeding not at certain age but based on willingness of the child, recommends to include meat products in the diet of the infant after 7-8 months etc.). The groups lack skills and training, needed to help each other to implement exclusive breastfeeding up to six months and continue for two years or beyond and start home base appropriate complementary food.

Gaps *(List gaps identified in the implementation of this indicator)***:**

1. *Only about half of pregnant women have access to antenatal classes, including support and counseling services on infant and young child feeding.*
2. *Although early skin to skin contact was initiated after vaginal delivery in about 86,8% cases, the recommended duration (at least 30 minutes) was implemented only in 1,2%- 5,8% cases and women rarely receive enough support at birth for breastfeeding initiation.*
3. *Infant and young child feeding counseling and support services don't have national coverage.*
4. *The program named "Improving health and nutrition of infants and young children" is implemented only in 4 regions out of 10, missing also the capital city Yerevan, where round half of children are born.*
5. *Community-based counseling through MSG is limited as the available groups are only virtual and lack knowledge and skills to support new mothers in practicing optimal infant and young child feeding practices.*

6. *Not all health workers are appropriately trained in counseling skills for infant and young child feeding.*

Recommendations *(List action recommended to bridge the gaps):*

1. *Expand the project "Improving health and nutrition of infants and young children" in all regions of Armenia and Yerevan city.*
2. *Reinforce BFHI and BFPI initiatives.*
3. *Organize special two week cycles on child nutrition and growth for practicing doctors in the sphere of mother and child health (pediatricians and family doctors) in the frame of continuing medical education courses at YSMU.*
4. *Include questions on availability of antenatal classes and performance of skin to skin contact in the list of criteria for assessment of hospitals.*
5. *Support the organization of MSGs and provide appropriate training and support to already existing and new MSGs.*

Indicator 7: Information Support

Key question: *Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?*

Guidelines for scoring			
Criteria	**Scoring** √ ***Check that apply***		
	Yes	To some degree	No
7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts or interest are avoided.	2✓	0	0
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1	.5✓	0
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding	1	.5✓	0
7.3) IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding	2✓	1	0
7.4. IEC programs (e.g. World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence	2✓	1	0
7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF).[14]	2	0✓	0
Total Score:	**7 / 10**		

[14] to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;

Information Sources Used *(please list):*

1. *The Law of the RA on "Breastfeeding Promotion and Regulation of Marketing of Baby Food" (is available in Armenian at: http://www.arlis.am)*
2. *The concept of improving child nutrition (is available in Armenian at: http://www.moh.am/OrenqMshakum/Voroshum_nutrition.pdf)*
3. *"National strategy for improving child nutrition for 2015-2020" (is available in Armenian at: http://www.moh.am/Qaqhaqakanutyun/40_1ardzvoroshum.pdf)*
4. *Standards on health care, MOH- Parts on maternity care and primary pediatric health care (is available in Armenian at: http://www.moh.am/OrenqGorcox/chaporoshich/80N.pdf (maternity care) and http://www.moh.am/OrenqGorcox/chaporoshich/78N%20HRAMAN.pdf (pediatric care))*

Conclusions *(Summarize which aspects of the IEC program are appropriate and which need improvement and why. Identify areas needing further analysis)**:***

The Law of the RA on "Breastfeeding Promotion and Regulation of Marketing of Baby Food" requires the information or educational materials that refer to infant feeding to:

1) be in appropriate language
2) contain only correct and current information and not use any pictures or text that encourage bottle feeding or discourage breastfeeding
3) clearly and conspicuously explain each of the following points:

   (a) the benefits and superiority of breastfeeding,

   (b) the value of exclusive breastfeeding for six months followed by sustained breastfeeding for two years or beyond,

   (c) how to initiate and maintain exclusive and sustained breastfeeding and why it is difficult to reverse a decision not to breastfeed

   (d) how and why any introduction of bottle feeding or early introduction of complementary foods negatively affects breastfeeding

   (e) complementary foods can easily be prepared at home
4) to contain instructions for proper preparation and use of baby food and related products, as well as their cleaning and disinfection
5) to contain information about feeding infant by feeding cups
6) to contain information on possible health risks associated with bottle feeding and improper preparation of baby food

The regulations under the law demands that all information or educational materials that refer to infant feeding are revised and approved by the appropriate authority at MOH in order to ensure that that all information and materials are free from commercial influence/ potential conflicts or interest are avoided.

In the frame of the project "Improving health and nutrition of infants and young children" a number of information and educational materials are produced including various booklets and leaflets on mother and child nutrition (information on healthy nutrition during pregnancy and nursing, breastfeeding and complementary feeding, healthy food recipes), posters, videos etc. Information on healthy maternal and child nutrition is available in website, created by MOH and UNICEF: www.nutrition.am. E-learning courses on infant feeding, are available at http://www.unicef.am/elearning/user/login.

All these materials are developed before the law was adopted and do not contain information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula.

Gaps *(List gaps identified in the implementation of this indicator)***:**

1. *During recent years a number of information and educational materials are produced including various materials for health workers and mothers on infant and young child nutrition, however, they don't contain required information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula.*
2. *The project "Improving health and nutrition of infants and young children" is implemented only in Lori, Tavush, Aragatsotn and Syunik regions of Armenia, missing other regions and the capital city Yerevan.*
3. *Even in the above mentioned regions the established resource centers don't necessarily provide individual counseling and group education and counseling services on infant and young child feeding to all pregnant women and mothers of young infants.*
4. *The quantity of information and educational materials is limited.*

Recommendations *(List action recommended to bridge the gaps):*

1. *Expand the project "Improving health and nutrition of infants and young children" in other regions of Armenia and Yerevan.*
2. *Incorporate the information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula in information and educational materials for both health workers and mothers on infant and young child nutrition.*
3. *Implement supportive supervision in available resource centers to insure the individual counseling and group education and counseling services on infant and young child feeding are available for all pregnant women and mothers of young infants.*

Indicator 8: Infant Feeding and HIV

Key question: Are policies and programmes in place to ensure that HIV - positive mothers are supported to carry out the national recommended Infant feeding practice?

Guidelines for scoring			
Criteria	**Results** ✓ *Check that apply*		
	Yes	To some degree	No
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV	2✓	1	0
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1✓	0.5	0
8.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5✓	0
8.4) HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1✓	0.5	0
8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.	1✓	0.5	0
8.6) Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible.	1✓	0.5	0
8.7) HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake.	1	0.5	0✓

8.8) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5✓	0
8.9) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5✓	0
Total Score:	**7,5 / 10**		

Information Sources Used *(please list):*

1. *National Program on the Response to the HIV Epidemic, 2013-2016 (see at: http://www.armaids.am/main/free_code.php?lng=1&parent=45)*
2. *The National Program on the Response to the HIV Epidemic in the Republic of Armenia for 2007-2011 (see at: http://www.armaids.am)*
3. *The concept of improving child nutrition (available in Armenian at: http://www.moh.am/OrenqMshakum/Voroshum_nutrition.pdf)*
4. *"National strategy for improving child nutrition for 2015-2020" (available in Armenian at: http://www.moh.am/Qaqhaqakanutyun/40_1ardzvoroshum.pdf)*
5. *The Law of the RA on "Breastfeeding Promotion and Regulation of Marketing of Baby Food" (is available in Armenian at: http://www.arlis.am)*
6. *"Manual on Infant and Young Child Feeding", 2013, proved by MOH as a training module for primary health care specialists. (is available in Armenian at; http://nutrition.am/wp-content/uploads/2014/01/Feeding-for-Minors_new.pdf)*

Conclusions *(Summarize which aspects of HIV and infant feeding programming are appropriate, and which aspects need improvement and why. Identify areas needing further analysis:)*

Although Armenia is currently a low prevalence country, the statistics show an alarming tendency of growth in the number of HIV and AIDS cases, which makes the epidemic a real danger for such a small country. Economic and social insecurity, unemployment, labor migration to the countries with higher rates of HIV combined with insufficient knowledge on HIV, its transmission modes and prevention, contribute to the spread of HIV in Armenia.

In Armenia, people living with HIV and AIDS face continuous stigma and discrimination, and do not disclose their HIV status due to fear of negative attitude of general public, which in return contributes to new HIV cases in the country. The reason is a lack of awareness of general public about HIV infection and related risks as well as fear over the virus that dominates in communities.

Considerable progress in the response to the HIV epidemic has been made in Armenia as a result of implementation of the National Program on the Response to the HIV Epidemic in the Republic of Armenia, 2013-2016. The program is developed with the consideration of the international best

practices, recommendations made by the international organizations working in the field, their strategies, as well as existing international commitments joined by the Republic of Armenia. The strategies of the program are in line with available national and international documents in the field.

Within the frame of the program extensive training seminars are organized and conducted for health workers and for the representatives of governmental and non governmental institutions, implementing HIV preventing programs among various population groups on the issues of "HIV prevention programs among key affected populations", "Provision of HIV testing and counselling", "Prevention of mother to child HIV transmission", "HIV diagnosis", "Provision of ART treatment", "Care and support for people living with HIV".

In recent years the number of HIV tests among pregnant women has been considerably increased, which is also associated with enhancing access to HIV testing. Thus if only 3219 pregnant women were tested for HIV in 2004, in 2011 43330 pregnant women are tested. Along with increasing the number of HIV tested pregnant women, HIV detection was improved among them, which allowed providing mother to child HIV transmission prevention and considerably reducing possibility of HIV transmission to the newborn child.

The national infant feeding recommendations for HIV infected mothers determine that **the state is obliged to provide infants born to HIV positive mothers with artificial food (formula)**. This approach is verified also in the law of the RA on "Breastfeeding Promotion and Regulation of Marketing of Baby Food". Taking into consideration the low prevalence and small number of infants born to HIV positive mothers MOH considers such a solution to the problem completely realistic for Armenia.
Starting **from 2007 up to date no HIV case has been registered** among children born to HIV infected mothers, when PMTCT (prevention of mother to child HIV transmission) prophylaxis was provided.
ART (antiretroviral treatment) in Armenia was initiated in 2005 but only 20 patients with HIV were on ART in 2005. At present ART is assessable for all patients eligible to it and who gave their consent to receive it.

A robust health information system forms the basis of an effective response to HIV. The National Program on the Response to the HIV Epidemic in the Republic of Armenia for 2007-2011 prioritized the creation of unified national monitoring and evaluation system. Currently the RA has a well established national coordinating authority (The National Center of AIDs prevention at MOH) for all HIV AIDS monitoring and evaluation. The country has a well developed surveillance system with effective and centralized data collection and reporting.

Gaps *(List gaps identified in the implementation of this indicator)***:**

1. *Although health workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers as well as the issues of provision counselling and support are not adequately communicated.*
2. *Efforts made towards countering misinformation on HIV and infant feeding are not sufficient.*

Recommendations *(List action recommended to bridge the gaps):*

1. *Include adequate information on HIV and infant feeding in the program of training seminars conducted for health workers and for the representatives of governmental and non governmental institutions.*
2. *In order to reduce stigma and discrimination faced by people living with HIV and AIDS, strengthen HIV response in communities, with focus on adolescents, youth, migrants, and their family members, through prevention and advocacy events.*
3. *Particularly address misinformation on HIV and infant feeding in order to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.*

Indicator 9: Infant and Young Child Feeding during Emergencies

Key question: *Are appropriate policies and programs in place to ensure that mothers, infants and young children will be provided adequate protection and support for appropriate feeding during emergencies?*

Guidelines for scoring			
Criteria	**Scoring** √ **Check that apply**		
	Yes	To some degree	No
9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance	2	1	0 ✓
9.2) Person(s) tasked with responsibility for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0 ✓
9.3) An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers:	1	0.5	0 ✓
a) basic and technical interventions to create an enabling environment for breastfeeding, including counseling by appropriately trained counselors, support for relactation and wet-nursing, and protected spaces for breastfeeding			
b) measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and procurement management and use of any infant formula and BMS, in accordance with strict criteria, the IFE Operational Guidance, and the International Code and subsequent relevant WHA resolutions	1	0.5	0 ✓
9.4) Resources have been allocated for implementation of the emergency preparedness and response plan	2	1	0 ✓

9.5) a) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	1	0.5	0✓
b) Orientation and training is taking place as per the national emergency preparedness and response plan	1	0.5	0✓
Total Score:	**0 /10**		

Information Sources Used *(please list):*

1. *The concept of improving child nutrition (available in Armenian at: http://www.moh.am/OrenqMshakum/Voroshum_nutrition.pdf)*
2. *"National strategy for improving child nutrition for 2015-2020" (available in Armenian at: http://www.moh.am/Qaqhaqakanutyun/40_1ardzvoroshum.pdf)*
3. *Standards on health care, MOH- Parts on maternity care and primary pediatric health care (is available in Armenian at: http://www.moh.am/OrenqGorcox/chaporoshich/80N.pdf (maternity care) and http://www.moh.am/OrenqGorcox/chaporoshich/78N%20HRAMAN.pdf (pediatric care))*
4. *"Manual on Infant and Young Child Feeding practices", 2013, proved by MOH as a training module for primary health care specialists (is available in Armenian at: http://nutrition.am/wp-content/uploads/2014/01/Feeding-for-Minors_new.pdf)*

Conclusions *(Summarize which aspects of emergency preparedness and response are appropriate and which need improvement and why. Identify areas needing further analysis)**:***

Armenia has faced emergency during 1988 earthquake, after which because of mismanagement and uncontrolled free formula distribution the breastfeeding rates were decreased from 59% to just 20% (See Graphic 1. at page 11 (BF rates in Armenia according to government statistics (Full breastfeeding at 4 months)), yet the government of Armenia has not developed criteria necessary to protect, promote and support breastfeeding during emergencies and has not integrated infant feeding in emergencies in national policy on infant and young child feeding.

Sadly, none of the criteria mentioned in the guidelines for scoring is implemented in Armenia. This is especially unacceptable if the fragile peace in Armenia and Nagorno-Karabakh continuous conflict is taken into consideration.

Gaps *(List gaps identified in the implementation of this indicator)**:***

1. *As mentioned above, none of the criteria necessary to protect, promote and provide support for appropriate infant and young child feeding practices during emergencies are implemented in Armenia.*

Recommendations *(List actions recommended to bridge the gaps):*

1. *Develop standards on infant feeding in emergencies according to the IFE Operational Guidance and incorporate them in national strategy on infant and young child feeding.*
2. *Appoint person responsible for national coordination of infant and young child feeding in emergency situations with relevant partners such as the UN, donors, military and NGOs.*
3. *Develop and put into effect an emergency preparedness and response plan based on the practical steps listed in the Operational Guidance and allocate resources for its implementation.*
4. *Develop appropriate orientation and training material on infant and young child feeding in emergencies and integrate it into pre-service and in-service training for emergency management and relevant health care personnel.*

Indicator 10: Mechanisms of Monitoring and Evaluation System

Key question: *Are monitoring and evaluation systems in place that routinely collect, analyze and use data to improve infant and young child feeding practices?*

Guidelines for scoring			
Criteria	**Scoring** ✓ **Check that apply**		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding program activities.	2	1✓	0
10.2) Data/information on progress made in implementing the IYCF program are used by program managers to guide planning and investments decisions	2✓	1	0
10.3) Data on progress made in implementing IYCF program activities routinely collected at the sub national and national levels	2✓	1	0
10.4) Data/Information related to infant and young child feeding program progress are reported to key decision-makers	2✓	1	0
10.5) Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2	1✓	0
Total Score:	**8 / 10**		

Information Sources Used (please list):

1. *Interviews with Dr. Karine Saribekyan- the head of the Department on Maternal and Child Health at MOH and Dr. Nune Pashayan - the head of the division on Child Health Care at MOH*
2. *Armenia Demographic and Health Surveys:*

- *ADHS 2000 (see at: http://www.dhsprogram.com/publications/publication-FR126-DHS-Final-Reports.cfm, ADHS),*

- *ADHS 2005 (see at: http://dhsprogram.com/publications/publication-fr184-dhs-final-reports.cfm),*
- *ADHS 2010 (see at: http://dhsprogram.com/pubs/pdf/FR252/FR252.pdf)*

3. *Statistical Yearbook of Armenia, 2015 (Statistical Yearbook of Armenia 2014 is available at: http://www.armstat.am/en/?nid=45&year=2014, the 2015 was given by MOH and it's is not available in internet yet)*
4. *The Law of the RA on "Breastfeeding Promotion and Regulation of Marketing of Baby Food" (is available in Armenian at: http://www.arlis.am)*
5. *The concept of improving child nutrition (available in Armenian at: http://www.moh.am/OrenqMshakum/Voroshum_nutrition.pdf)*
6. *"National strategy for improving child nutrition for 2015-2020" (available in Armenian at: http://www.moh.am/Qaqhaqakanutyun/40_1ardzvoroshum.pdf)*

Conclusions *(Summarize which aspects of monitoring and evaluation are appropriate and which need improvement and why. Identify areas needing further analysis)**:***

In general, in Armenia the monitoring and evaluation components are built into major infant and young child feeding programs. National Statistical Services of the Republic of Armenia yearly provide data on the following indicators:

- Exclusive BF at 6 months
- Predominant BF at 4 months
- Any BF at 3 months
- Continued BF at 1 year

Since 2000 DHS surveys have been carried out in Armenia each five years (2000, 2005, 2010) and DHS 2015 is currently in progress.

There is a significant disparity between the official statistic data and data from DHS, such as: according to governmental statistics exclusive breastfeeding at six months for 2010 was 62% but according to ADHS 2010 it's only 35%. This difference between MOH data and DHS data can not be explained solely by the different methodologies used, as MOH claims.

The law of the RA on "Breastfeeding Promotion and Regulation of Marketing of Baby Food" requires the monitoring mechanisms for detecting violations of the law to be set up as regulations. Currently this is still in progress and monitoring in maternity services was not incorporated within the recent monitoring of the compliance with the health standards.

Gaps *(List gaps identified in the implementation of this indicator)***:**

1. *The data from statistical services of the Republic of Armenia are not necessarily accurate.*
2. *Monitoring mechanisms for the compliance with the national law on BF promotion and regulation of marketing of baby food are not set out yet and not incorporated in the regular monitoring practices in maternity facilities.*

Recommendations *(List actions recommended to bridge the gaps):*

1. *Develop and implement mechanisms that insure more accurate data collection.*
2. *Develop mechanisms for assessing the compliance with the national law on BF promotion and regulation of infant food marketing and if acceptable incorporate into regular monitoring practices in maternity facilities.*

Indicator 11: Early Initiation of Breastfeeding

Key question: *What is the percentage of babies breastfed within one hour of birth? 36 %*

Guideline:

Indicator 11	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBTi**	
Initiation of Breastfeeding (within 1 hour)		***Scores***	***Colour-rating***
	0.1-29%	3	**Red**
	29.1-49%	6✓	**Yellow**
	49.1-89%	9	**Blue**
	89.1-100%	10	**Green**

Data Source (including year):

Armenia Demographic and Health Survey 2010 (see at: http://dhsprogram.com/pubs/pdf/FR252/FR252.pdf)

Summary Comments :

The importance and necessity of breastfeeding has been well recognized in Armenia since the 1993 adoption of the State Program on Breastfeeding by the Ministry of Health. In conjunction with the state program, reforms occurred in maternity hospitals as part of the Baby Friendly Hospital Initiative (BFHI). Examples of these reforms include establishing immediate contact between mother and newborn after delivery, initiating early breastfeeding (in the first 30 to 60 minutes after birth); allowing the mother and newborn to stay in the same hospital room, breastfeeding the baby on demand, and other Baby Friendly practices.

According to DHS 2010, 97 percent of children born in the two years before the survey have been breastfed at some time. For last-born children younger than age 2, 36 percent started breastfeeding within one hour of birth and 84 percent started breastfeeding within one day of birth.

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: *What is the percentage of babies 0<6 months of age exclusively breastfed*[15] *in the last 24 hours?* ***35 %***

Guideline:

Indicator 12	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBT*i***	
		Scores	***Colour-rating***
Exclusive Breastfeeding (for first 6 months)	0.1-11%	3	**Red**
	11.1-49%	6✓	**Yellow**
	49.1-89%	9	**Blue**
	89.1-100%	10	Green

Data Source (including year):

Armenia Demographic and Health Survey 2010 (see at: http://dhsprogram.com/pubs/pdf/FR252/FR252.pdf)

Summary Comments :

Exclusive breastfeeding is not common, and supplementary feeding begins early. A rapid decline of exclusive breastfeeding occurs after birth. Only about a third of children (35 percent) under 6 months are exclusively breastfed, as recommended. In addition to breast milk, 15 percent of children under 6 months are given plain water, 12 percent are given liquids other than milk, 10 percent are given other milk, and 17 percent are given solid or mushy food.

[15] Exclusive breastfeeding means the infant has received only breastmilk (from his/her mother or a wet nurse, or expressed breastmilk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (2)

Indicator 13: Median Duration of Breastfeeding

Key question: *Babies are breastfed for a median duration of how many months?* ***10,9 months***

Guideline:

Indicator 13	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBT*i***	
		Scores	***Colour-rating***
Median Duration of Breastfeeding	0.1-18 **Months**	3✓	**Red**
	18.1-20 ’’	6	Yellow
	20.1-22 ’’	9	**Blue**
	22.1- 24 or beyond ’’	10	Green

Data Source (including year):

Armenia Demographic and Health Survey 2010 (see at: http://dhsprogram.com/pubs/pdf/FR252/FR252.pdf)

Summary Comments :

The median duration of any breastfeeding in Armenia is 10.9 months. However, the median durations of exclusive and predominant breastfeeding (breastfeeding plus plain water, water-based liquids, or juice) are shorter (1.8 months and 4.2 months, respectively). The mean durations of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding are longer 12.5 months, 3.2 months, and 4.9 months, respectively).

This figures indicate that the Ministry of Health’s official recommendation of exclusive breastfeeding for 6 months has still not been reached.

Indicator 14: Bottle feeding

Key question: *What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles?* ***42 %***

Guideline:

Indicator 14	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBTi**	
Bottle Feeding (0-12 months)		**Scores**	**Colour-rating**
	29.1-100%	3 ✓	**Red**
	4.1-29%	6	**Yellow**
	2.1-4%	9	**Blue**
	0.1-2%	10	**Green**

Data Source (including year):

Armenia Demographic and Health Survey 2010 (see at: http://dhsprogram.com/pubs/pdf/FR252/FR252.pdf)

Summary Comments :

Use of bottles with a nipple for infant feeding is widespread in Armenia. Thirty-seven percent of children age 2-3 months are bottle fed. This proportion increases with age and peaks at 76 percent among children age 9-11 months before declining. For the younger children (2-3 months old) the use of a bottle with a nipple for feeding has decreased by 13 percentage points since the 2005 ADHS; however, it has increased for the older children (18-23 months), from 34 percent in 2005 to 48 percent in 2010.

Indicator 15: Complementary feeding --- Introduction of solid, semi-solid or soft foods

Key question: *Percentage of breastfed babies receiving complementary foods at 6-9 months of age?*
53,2 %

Guideline

Indicator 15	WHO's	IBFAN Asia Guideline for WBTi	
	Key to rating	***Scores***	***Colour-rating***
Complementary Feeding (6-9 months)	0.1-59%	3✓	**Red**
	59.1-79%	6	Yellow
	79.1-94%	9	**Blue**
	94.1-100%	10	Green

Data Source (including year):

Armenia Demographic and Health Survey 2010 (see at: http://dhsprogram.com/pubs/pdf/FR252/FR252.pdf)

Summary Comments :

According to ADHS 2010, 89 % of breastfeeding children age 6-23 months received solid or semi-solid foods. The most common complementary foods were made from grains (79 %); roots and tubers (69 %); cheese, yogurt, or another milk product (68 %); and fruits and vegetables other than those rich in vitamin A (58 %). Among breastfeeding children age 6 months and younger, 19 % received complementary foods, a practice that can be detrimental to the child's health. Children under age 6 months most often received cheese, yogurt, or other milk products; roots and tubers; and fruits and vegetables other than those rich in vitamin A.

Consumption of complementary foods is generally higher among non breastfeeding children than breastfeeding children. Almost all (98 %) of non breastfeeding children age 6-23 months received solid or semi-solid foods. 90% of non breastfeeding children age 6-23 months received foods made from grains; 83 % were given cheese, yogurt, or other milk products; 82 % ate foods made from roots or tubers, and 74 % ate fruits and vegetables other than those rich in vitamin A. Almost half (46 %) of non breastfeeding children older than six months consumed fruits and vegetables rich in vitamin A. Consumption of meat, fish, poultry, and eggs is higher among non breastfeeding children than among breastfeeding children.

Among breastfed children age 6-23 months, a little more than half (52%) were given food from at least four food groups in the 24 hours preceding the survey, and 58 % were fed the recommended minimum number of times. One-third of breastfed children (34 %) fall into both categories, i.e., their feeding practices meet minimum standards with respect to food diversity and feeding frequency. Feeding frequency increases with children's age, growing from 19 % among children age 6-8 months to 43 % among those age 12-17 months.

Among non-breastfed children age 6-23 months, 62 % are given milk or milk products, 70 % are given food from at least four food groups, and 73 % are fed four or more times per day. However, less than a third (30 %) of non breastfeeding children are fed in accordance with all three IYCF practices.

Overall, feeding practices meet the minimum standards for approximately 1 in 3 children age 6-23 months (32 %). Over three- quarters of children age 6-23 months (77 %) received breast milk or milk products, 67 % received an adequate number of feedings, and 63 % received foods from the recommended number of food groups for their age.

Summary Part I: IYCF Policies and Programs

Targets:	Score **(Out of 10)**
1. National Policy, Program and Coordination	**4 / 10**
2. Baby Friendly Hospital Initiative	**3,5 / 10**
3. Implementation of the International Code	**8,5 / 10**
4. Maternity Protection	**8,5 / 10**
5. Health and Nutrition Care Systems	**5 / 10**
6. Mother Support and Community Outreach	**5 / 10**
7. Information Support	**7 / 10**
8. Infant Feeding and HIV	**7,5 / 10**
9. Infant Feeding during Emergencies	**0 / 10**
10. Monitoring and Evaluation	**8 / 10**
Total	**57 / 100**

IBFAN Asia Guidelines for WBT*i*

Total score of infant and young child feeding policies and programs (indicators 1-10) are calculated out of 100.

Scores	**Colour- rating**
0 – 30.9	**Red**
31 – 60.9	**Yellow**
61 – 90.9	**Blue**
91 – 100	**Green**

Conclusions *(Summarize the achievements on the various program components, what areas still need further work)*[16]**:**

In total, Armenia got 57 scores out of hundred and rates yellow. The most problematic areas are:

- Infant Feeding during Emergencies
- Baby Friendly Hospital Initiative
- Mother Support and Community Outreach
- National Policy, Program and Coordination

[16] In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

Summary Part II: Infant and young child feeding (IYCF) practices

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	36 %	6
Indicator 12 Exclusive Breastfeeding for first 6 months	35%	6
Indicator 13 Median duration of Breastfeeding	10,9 months	3
Indicator 14 Bottle-feeding	42 %	3
Indicator 15 Complementary Feeding	53,2 %	3
Score Part II (Total)		21

IBFAN Asia Guidelines for WBT*i*

Total score of infant and young child feeding Practice (indicators 11-15) are calculated out of 50.

Scores	Colour-rating
0 – 15	**Red**
16 - 30	**Yellow**
31 - 45	**Blue**
46 – 50	**Green**

Conclusions *(Summarize which infant and young child feeding practices are good and which need improvement and why, any further analysis needed)*[17] **:**

In infant and young child feeding practices also Armenia rates yellow. Most problematic practices are:

- Median duration of Breastfeeding
- Bottle-feeding
- Complementary Feeding

Other practices also need to be improved.

The practices will be improved only in if infant and young child feeding policies and programs are improved.

The Government of Armenia, International agencies like UNICEF and World Vision, as well as NGOs are committed to address infant and young child nutrition issues in general and to follow the recommendations given in this report in order to match the gaps.

[17] In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

Total of Part I and Part II (indicator 1-15): IYCF Practices and Policies and Programmes

Total score of infant and young child feeding **practices, policies and programs (indicators 1-15)** are calculated out of 150. Countries are then rated as:

Scores	Colour- rating
0 – 45.5	**Red**
46 – 90.5	**Yellow**
91 – 135.5	**Blue**
136 – 150	**Green**

Armenia in total (IYCF Practices and Policies and Programs) has 78 scores out of 150 and rates in yellow.

Key Gaps

1) *National Breastfeeding Promotion Committee currently is not functioning.*
2) *The draft of the national program on breastfeeding promotion needs to be proved by the Government.*
3) *The implementation of baby friendly initiatives has been discontinued since 2008. Since then none of baby friendly facilities has been reassessed and practices of the maternity facilities have worsened.*
4) *The new Law of RA on "Breastfeeding Promotion and Regulation of Marketing of Baby Food" is not completely implemented yet. Some of the regulations, including the establishment of regular monitoring mechanisms, and the regulations on labeling provisions are not finalized yet. The provisions of the Law are not communicated to all health care professionals and the monitoring of the Law and sanctions are not appropriately implemented yet.*
5) *Insufficiency of appropriate breastfeeding facilities in workplace although required by the law on "Breastfeeding promotion and regulation of infant food marketing" and lack of knowledge of population (especially women) on their maternity protection rights.*
6) *Undergraduate and postgraduate educational programs in RA are not adequate and do not provide enough knowledge and practical skills to support optimal infant and young child feeding. There are no special cycles on infant feeding and growth assessment for clinical residents in pediatric specialties and family doctors. Adequate literature on infant feeding for students, residents and doctors is not available in Armenian.*
7) *Only about half of pregnant women have access to antenatal classes and infant and young child feeding counseling and support services don't have national coverage.*
8) *Community-based counseling through MSG is limited as the available groups are only virtual and lack knowledge and skills to support new mothers in practicing optimal infant and young child feeding practices.*
9) *Information and educational materials produced for health workers and mothers on infant and young child nutrition don't contain required information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula.*
10) *The established resource centers in Lori, Tavush, Aragatsotn and Syunik regions of Armenia don't provide individual counseling and group education and counseling services on infant and young child feeding to all pregnant women and mothers of young infants.*
11) *Although health workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers as well as the issues of provision counselling and support are not adequately communicated.*
12) *None of the criteria necessary to protect, promote and provide support for appropriate infant and young child feeding practices during emergencies are implemented in Armenia.*
13) *The data from statistical services of the Republic of Armenia are not necessarily accurate.*

Key Recommendations

1) *Establish a new National Breastfeeding Promotion Committee, which regularly meets, monitors and reviews the national program activities and links effectively with all other sectors like health, nutrition, information etc. and define clear terms of reference for the coordinator.*
2) *Adopt "The revised, updated and expanded for integrated care material published in 2009" for the country needs and reinforce the implementation of baby friendly initiatives countrywide (both BFHI and BFPI).*
3) *Finalize the set of regulations, inter alia develop regular monitoring mechanisms for all provisions of the "Law on Breastfeeding Promotion and Regulation of Marketing of Baby Food" and communicate to health workers, among them the responsibilities of health workers under the law, the scope, prohibitions and penalties of the law.*
4) *In collaboration with civil society organize monitoring of the national law using the monitoring methodology suggested by IBFAN/ICDC (adopted "Monitoring Kit 2015").*
5) *Inform employers, including both in private and in informal / agriculture sector about their obligations regarding maternity protection under the national legislation and particularly under the law on "Breastfeeding promotion and regulation of infant food marketing".*
6) *Regularly communicate maternity protection rights issues to pregnant women during antenatal classes.*
7) *Establish a university center for child growth and nutrition at the chair of pediatrics N 1 which will coordinate educational, medical and scientific activities in this field, including organization of special cycles for clinical residents, treatment of children presenting with nutrition and growth disorders, development of clinical guidelines and appropriate literature on management of nutrition and growth disorders, carry out research in the sphere.*
8) *Develop curricula for medical students, clinical residents and nurses, allocating enough teaching hours. Unify them for all available medical institutions, including universities and colleges in Yerevan and regions.*
9) *Organize special two week cycles on child nutrition and growth for practicing doctors in the sphere of mother and child health (pediatricians and family doctors) in the frame of continuing medical education courses at YSMU.*
10) *Include questions on availability of antenatal classes and performance of skin to skin contact in the list of criteria for assessment of hospitals.*
11) *Support the organization of MSGs and provide appropriate training and support to already existing and new MSGs.*
12) *Incorporate the information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula in information and educational materials for both health workers and mothers on infant and young child nutrition.*
13) *Implement supportive supervision in available resource centers in Lori, Tavush, Aragatsotn and Syunik regions to insure the individual counseling and group education and counseling*

services on infant and young child feeding are available for all pregnant women and mothers of young infants.

14) *Include adequate information on HIV and infant feeding in the program of training seminars conducted for health workers and for the representatives of governmental and non governmental institutions.*
15) *Develop standards on infant feeding in emergencies according to the IFE Operational Guidance and incorporate them in national strategy on infant and young child feeding, appoint person responsible for national coordination of infant and young child feeding in emergency situations with relevant partners such as the UN, donors, military and NGOs.*
16) *Develop appropriate orientation and training material on infant and young child feeding in emergencies and integrate it into pre-service and in-service training for emergency management and relevant health care personnel.*
17) *Develop and put into effect an emergency preparedness and response plan based on the practical steps listed in the Operational Guidance and allocate resources for its implementation.*
18) *Develop and implement mechanisms that insure more accurate data collection for official statistics.*