

*Nutrition Section
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Infant and Young Child Feeding Programme Review

Case Study: Uzbekistan



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This case study is part of a review of infant feeding programmes which was conducted as a joint effort between UNICEF's Nutrition Section and the Academy for Educational Development (AED), in order to understand the factors that influenced breastfeeding programme outcomes, distil general lessons learned from the experience of these countries and make recommendations for programming on infant and young child feeding. The review included detailed individual case studies from six countries, as well as a consolidated report which draws upon these case studies. The six countries are Bangladesh, Sri Lanka, Uganda, Benin, the Philippines and Uzbekistan, chosen to represent a range of regions and diverse scenarios in terms of breastfeeding programming efforts and outcomes.

On the part of AED, the review was led by Luann Martin. Alexander Golubov visited Uzbekistan and prepared this country case study report.

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Acronyms and abbreviations

ADB	Asian Development Bank
BF	breastfeeding
BF/IYCF	breastfeeding/infant and young child feeding
BFHI	Baby-friendly Hospital Initiative
BMS	breast-milk substitutes
EBF	exclusive breastfeeding
ENS	essential nutrition services
GOU	Government of Uzbekistan
HCP	health care providers
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
HRBAP	human rights-based approach to programming
IBFAN	International Baby Food Action Network
IEC	information, education and communication
IMCI	Integrated Management of Childhood Illness
IYCF	infant and young child feeding
MBFHI	Mother-Baby Friendly Hospital Initiative
MCH	maternal and child health
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MOH	Ministry of Health
MTCT	mother to child transmission (of HIV)
NDHS	National Demographic and Health Survey
NIP	National Investment Plan
NGO	non-governmental organization
PHC	primary health care
SOWC	State of the World's Children
SSD	State Statistic Department
SVP	selsky vrachebny punk (village ambulatory clinic)
TOT	training of trainers
TWG	technical working group
UHES	Uzbekistan Health Examination Survey
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNICEF/NY	UNICEF/New York (Headquarters)
USAID	United States Agency for International Development
WABA	World Alliance for Breastfeeding Action
WB	World Bank
WBW	World Breastfeeding Week
WHO	World Health Organization

EXECUTIVE SUMMARY

This case study is one in a series of six in a review of the contributions of the United Nations Children's Fund (UNICEF) and its partners to infant and young child feeding (IYCF) over the past 10-15 years. The other countries studied include Bangladesh, Benin, the Philippines, Sri Lanka, and Uganda. The case study of the IYCF programmes in Uzbekistan involved document review and a country visit from November 3-8, 2008, which included 19 interviews and a 4.5 hour working session with key stakeholders.

Breastfeeding trends

The 1996 Uzbekistan Demographic and Health Survey (DHS) reported that 2.4% of infants under 6 months old were exclusively breastfed. Ten years later the Multiple Indicator Cluster Survey (MICS) reported that the exclusive breastfeeding rate had reached 26%. During this same period initiation of breastfeeding within the first hour after birth increased from 19% to 68%.

Major IYCF activities

In 1993 the Institute of Paediatrics and the Ministry of Health (MOH) created a centre for breastfeeding support and promotion. The centre focused on developing training curriculum for health care personnel and educating women on effective breastfeeding practices. In 1995 the MOH approved the "National Policy on Protection, Support and Encouragement of Breastfeeding Practice". The policy instructed health care settings to apply principles of the Baby-friendly Hospital Initiative (BFHI) and promote exclusive breastfeeding up to 4 months. Following approval of the policy, the MOH established a National Working Group on Breastfeeding. The working group developed guidelines and training modules for health care providers based on the WHO/UNICEF 40-hour and 18-hour training courses on breastfeeding counselling for lactation managers and BFHI workers respectively. In 1999 the Government with the support of UNICEF adopted the "National Policy on Breastfeeding Promotion and Support in Uzbekistan". This policy promoted exclusive breastfeeding up to 6 months and outlined educational measures to improve breastfeeding practices, including introduction of optimum infant feeding practices in in-service and post-graduate curriculum, training of health care providers at maternity facilities and strengthening the Baby-friendly Hospital Initiative (BFHI) in 6 pilot regions.

BFHI, training and education. UNICEF Uzbekistan began support for implementation of BFHI in 1998, 4 years after it established an office in the country. By 2005, 23 hospitals had been certified as baby-friendly. UNICEF Uzbekistan then decided to expand the BFHI framework to strengthen community support groups and include complementary feeding in their activities and IYCF as an element of early childhood development. Training helped build the capacity of health workers both at maternity and polyclinic levels and prepare facilities for BFHI certification. Between 1999 and 2007 trainings for trainers were held for 24 national trainers from 6 regions of Uzbekistan. Eighty percent (260) of maternity staff in all targeted health institutions in 6 out of 14 oblasts (regions) of Uzbekistan were trained using the 40-hour breastfeeding counselling course, and 3,450 polyclinic staff participated in the 18-hour training course. In total, 25 forty-hour trainings and 300 18-hour trainings were held. Currently 102 maternities (31%) and 76 polyclinics (2%) have achieved "baby-friendly" status in Uzbekistan. These facilities cover around 40% of all births in Uzbekistan with 98% of women delivering in the hospitals. The Ministry of Health of Uzbekistan with support of UNICEF plans to roll out BFHI activities to all oblasts of the Republic in 2009-2010.

The International Code of Marketing of Breastmilk Substitutes. The analysis of data on breastfeeding shows a sharp decline in the rate of exclusive breastfeeding from 90% in the first month to 30-50% in the second month of life. After discharge from the maternity, mothers visit paediatric polyclinics for further check-ups of their babies, and paediatric nurses conduct home visits to examine babies and counsel mothers on their care. Many paediatricians and nurses are influenced by infant formula companies and recommend other food and milks but not breast milk. Their advice and the promotion of formula feeding

in the mass-media make mothers inclined to use breast milk substitutes. To address this problem, the Ministry of Health issued *prikaz* (order) 378 “Prohibiting Advertising of Breast Milk Substitutes in Obstetric and Children's Health Care and Preventive Care Facilities of the Republic” in August 2006 to prohibit free distribution and advertising of breast milk substitutes. There has been little follow-up except in BFHI facilities. The *prikaz* is a first step but not sufficient to fully regulate marketing of breast milk substitutes. Adoption of the Code by the Cabinet of Ministers and Code implementation are urgently needed.

Organization of media campaigns. Breastfeeding promotion in Uzbekistan started with the annual World Breastfeeding Week in August 2000. Since then UNICEF, the MOH and other organizations prepare and conduct week-long campaigns involving maternities, various communities, governmental organizations and private mass media mainly during World Breastfeeding Week. During the week and beyond video spots developed by ZdravPlus are shown on central TV channels. Mini-trainings, distribution of information, education and communication (IEC) materials, concerts and performances on breastfeeding topics are held throughout Uzbekistan.

Increasing community-based promotion and support. For many years UNICEF, the MOH and international organizations have actively been working in *makhallas* (communities), educating community peer leaders in various health promotion activities including IYCF practices. Representatives from the model *mahallas* in Ferghana oblast are key participants of all breastfeeding trainings and promotional events at local level. Community breastfeeding sessions are regularly held in 70 communities along with breastfeeding promotion. Exclusive breastfeeding rates among children aged less than six months now reach 83% in these communities. Based on this success, UNICEF plans to cover most of the *makhallas* in the entire country with BF trainings and promotional events in 2009-2010.

Recommendations

The key recommendations based on the program review and stakeholder meeting include the following:

Policy, advocacy, strategies

- The national IYCF policy and strategy needs to be updated and revised to ensure that it is comprehensive and contains a vision for scale. It should reflect the latest global IYCF guidance, including the 2002 WHO/UNICEF Global IYCF Strategy, the 2005 Innocenti Declaration, and the most recent guidance on HIV and infant feeding (2006) and other up to date tools and documents.
- Primary health care and community capacity building and supportive supervision need to be strengthened as a crucial element in national policies and strategies.
- The Ten Steps to Successful Breastfeeding need to be institutionalized as an integral part of the norms and standards for maternity facilities, as well as part of the monitoring and accreditation system. Issue a requirement that all staff working in maternity facilities must undergo breastfeeding counselling training in order to be allowed to work in the facility.
- Regarding the provision of formula for HIV exposed infants, emphasis needs to be placed on ensuring counselling on AFASS criteria before formula is provided, and if AFASS criteria can be met, the Government needs to undertake to provide the formula for up to two years, rather than the current policy of requiring the parents to purchase the formula after discharge from the hospital.

The International Code of Marketing of Breastmilk Substitutes:

- Conduct research in maternal and child health settings and among health providers on implementation of the International Code to determine the extent of Code violations.
- Present findings of the research and discuss and develop further joint activities towards national adoption of the Code with the MOH, UNICEF, WHO, international organizations/projects, NGOs and community leaders.
- Establish a working group on development of national Code legislation, free from any commercial influence and provide necessary training/capacity development for the group

- Pursue the adoption, monitoring and enforcement of the national Code
- Develop a training module on the Code and conduct training for all relevant stakeholders,
- Involve the mass media to communicate Code principles to the community

Community

- Develop a detailed plan to take community IYCF counselling activities to scale, ensuring that every community has a skilled community IYCF counsellor.
- Develop a comprehensive counselling tool for community counsellors;
- Adapt IEC materials on IYCF to the local context and make available to all relevant community groups, leaders and others
- Develop M&E tools to routinely assess communities' IYCF knowledge and practices
- Establish mechanisms for supportive supervision of community IYCF counsellors

Training and Education

- Revise training modules for health providers on breastfeeding to include complementary feeding and counselling skills, as per 2007 WHO/UNICEF Integrated IYCF Counselling Course.
- Develop and incorporate an interactive, practice-based IYCF component into the educational curricula of medical educational institutions and colleges for nurses and midwives (based on Model textbook on IYCF Counselling (WHO 2009).
- Provide theoretical and practical training for paediatricians /paediatric nurses and midwives on counselling and support for improved breastfeeding and complementary feeding practices
- Ensure that all new and existing health providers working in maternity facilities are trained on breastfeeding counselling.
- Establish a mechanism to ensure that all staff trained on IYCF receive regular mentoring and supportive supervision.

Communication on IYCF

- Develop a communication strategy on IYCF using multiple channels, based on evidence about barriers to optimal infant and young child feeding.
- Expand promotion of breastfeeding beyond the annual breastfeeding week.
- Use community leaders and prominent national specialists to disseminate messages in mass media, interpersonal communication, local media, etc.

1. INTRODUCTION

This case study is one in a series of six in a review of the contributions of the United Nations Children's Fund (UNICEF) and its partners to infant and young child feeding (IYCF) over the past 10-15 years. The other countries studied include Bangladesh, Benin, Sri Lanka, the Philippines, and Uganda. The aim of the IYCF review was to: 1) better understand the contextual and programmatic factors that led to the changes in selected countries; 2) assess the contributions by different actors, including UNICEF, to the area of IYCF during the period when the change in breastfeeding rates occurred; 3) develop a series of innovations, good practices and lessons learned to improve future programming, and 4) identify ways of overcoming challenges to improved practices. This review focuses, for the most part, on breastfeeding and key indicators, particularly exclusive breastfeeding. It was decided that for Uzbekistan, the review would cover mostly the last 10 years, since the trend data of interest came from reports of the 1996 National Demographic and Health Survey (NDHS), the 2002 Uzbekistan Health Examination Survey and the 2006 Multiple Indicator Cluster Survey (MICS).

The case study of the IYCF programmes in Uzbekistan includes the review and analyses of relevant materials (Annex 1) along with a country visit from November 3-8, 2008, which included 19 interviews with various specialists and decision-makers from WHO, UNICEF, MOH, international organizations, local NGOs and community leaders (Annex 2). A stakeholder working session took place on the final day of the visit that explored the existing IYCF trends and breastfeeding program activities and discussed policy, advocacy, community mobilization, sustainability, current legislation and programme activities related to optimal infant feeding practices in the country, as well as coming up with steps forward.

2. COUNTRY PROFILE

2.1 Demographic, health and nutrition indicators

Uzbekistan obtained independence after the break up of the Soviet Union in 1991. It is one of the most populous of the 15 former Soviet Republics, with a population of 25.6 million, in a country that covers 447,000 square kilometres. After independence a severe economic depression affected the region because of the absence of revenue transfers from the previously centralized Soviet budget. In 1991 revenue transfer had accounted for one fifth of Uzbekistan's GDP. In the mid-1990s the country began to experience steady economic progress. The GNI per capita is \$730¹ with an average annual growth rate of 4% from 1990-2003 accelerating thereafter to 7%-8% per year. The average wage is \$50 per person per month. Literacy is high (99%) and life expectancy is 70.3 years (UNDP Human Development Report, 2006).

In the global ranking of under-five mortality, Uzbekistan falls mid-point, ranking 68 out of 189 countries, with an under-five mortality rate of 41 (State of the World's Children, UNICEF 2009). The under-five population represents 10% of the total population. According to the Uzbekistan Health Examination Survey (UHES), the average under-five mortality rate for the period 1998-2002 was 73.3 per 1,000 live births. Acute respiratory infections and diarrhoea continue to be the main causes of under-five mortality. The Government of Uzbekistan reports a steady decline in infant mortality rates over the last decade, from 26 per 1,000 live births in 1995 to 16.3 in 2003. The 2009 State of the World's Children (SOWC) report noted a decline in the infant mortality rate of Uzbekistan from 61 in 1990 to 36 in 2007, but this rate is still high.

The 2002 UHES reports that overall underweight status among young children decreased from 18% in 1996 to 8% in 2002. MICS 2006 shows that almost one in twenty children under age five in Uzbekistan is moderately underweight (5%) and 1% are classified as severely underweight. Fifteen percent of children are stunted and 4% are severely stunted, although stunting rates in the country have reduced from 34% in 1996 to 15% in 2006. However, more significant progress in preventing undernutrition is possible

¹ UNICEF State of the World's Children 2009

through early infant and young child feeding interventions. Three percent of children under five are wasted. It is estimated that 7% of children under five are overweight. Feeding practices and micronutrient deficiency remain a major public health concern. The rate of iron deficiency anaemia in children is 33% for the 6-59 month age group. Vitamin A supplementation coverage is 84%, and 53% of households use iodized salt (SOWC 2009). Rates of malnutrition differ between rural and urban areas, with wasting rates of 7.2% in rural areas and 3.7% in urban areas.

2.2 Trends in breastfeeding rates

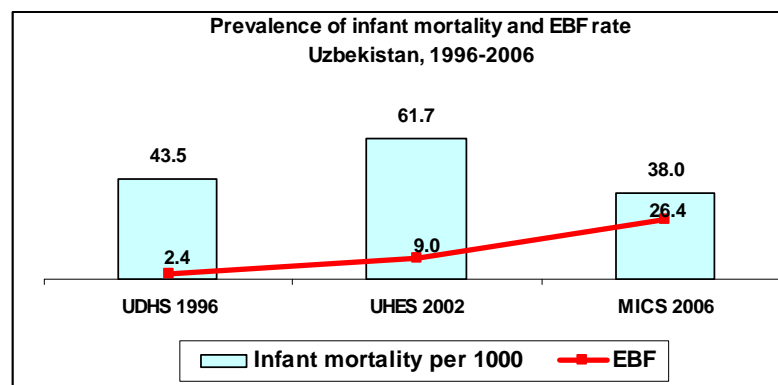
Exclusive breastfeeding rates increased in Uzbekistan from 2.4% among children under six months of age according to the 1996 DHS to 26.4% as per the 2006 MICS. Timely initiation of breastfeeding (in the first hour after birth) is 68%. The Ministry of Health reports a sharp decline of exclusive breastfeeding starting from the second month of life.

Several surveys report on IYCF results and trends in Uzbekistan. The first substantial findings on IYCF were collected as part of the 1996 Uzbekistan Demographic and Health Survey (UDHS). The UDHS report provides data on breastfeeding and complementary feeding practices and the use of bottles. The Uzbekistan Health Examination Survey (UHES) conducted in 2002 includes information on dietary patterns for children under five with information on BF and complementary feeding practices. Another valid source of national IYCF data analysis is the 2006 national Multiple Indicator Cluster Surveys (MICS) which provides information on undernutrition, timely initiation of breastfeeding and exclusive breastfeeding. The data of UHES were compared with data collected in UDHS and MICS for data trends analysis.

In May 2007 the Tashkent Sociology Center in collaboration with UNICEF conducted their second monitoring exercise of “Early childhood and issues affecting health, growth & development”. The survey covered 600 households and reported a national exclusive breastfeeding rate of 43.1 percent (much higher than indicated in the MICS 2006). This review uses the MICS data rather than the monitoring data.

Exclusive breastfeeding. As shown in Figure 1, exclusive breastfeeding improved 24 percentage points in 10 years, from 2.4% in 1996 to 26.4% in 2006. During this same period, infant mortality decreased from 43.5 to 38 deaths per 1,000 live births. From 2002 to 2006, the infant mortality rate dropped dramatically while the exclusive breastfeeding rate increased sharply. The infant mortality rate dropped to 24.23 in 2008 according to Index Mundi².

Figure 1.

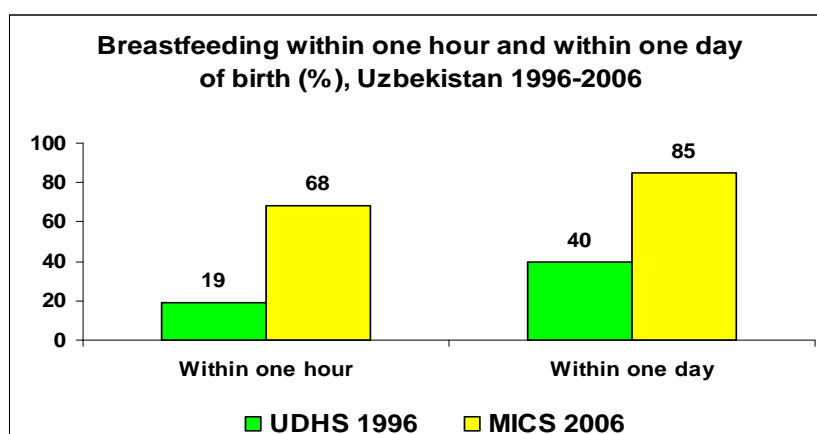


² http://www.indexmundi.com/uzbekistan/infant_mortality_rate.html

Early initiation of breastfeeding. Figure 2 below shows the improved rate of early initiation of breastfeeding in Uzbekistan maternities based on UDHS 1996 and MICS 2006. Over 10 years the early (within one hour after birth) initiation of breastfeeding increased more than three fold, from 19% to 68% and the percentage of women initiating breastfeeding within the first day more than doubled from 40% to 85%.

Early initiation of breastfeeding is a strong stimulus for longer duration of breastfeeding (including EBF for 6 months), which leads to improved child's health conditions.

Figure 2.



Other IYCF indicators. Among infants 0-3 months of age, the 1996 DHS reports that 12% of breastfeeding women use infant formula and 23% use powdered or evaporated milk to supplement breast milk. A relatively high percentage of infants who are breastfed are fed using a bottle with a teat: 35% at age 0-3 months and 38% at 4-6 months of age. The 2002 UHES indicates that 41% of children 2-3 months old are fed from a bottle with a teat.

The UDHS 2006 found that breastfeeding continues among 78% of children 12-15 months old and 38% of children 20-23 months old. Continued breastfeeding of infants after one year of age is more common among women living in rural areas and those classified as poorer according to the wealth index quintiles.

The UDHS reported that tea is given to 49% of infants 0-3 months old and 85% of infants 4-7 months old. By age 8-11 months, the most common food/liquid given to children is tea (98%) (World Bank, 2005). Communication and counseling messages need to focus on addressing these findings.

WHO in cooperation with the Ministry of Health, UNICEF, ZdravPlus, UNDP, local health centers (SVPs), local NGOs, and the Institute for Paediatrics conducted a baseline assessment of complementary feeding practices in three oblasts (Karakalpakstan, Ferghana and Samarkand) in July 2008. The assessment analysis will be available in early 2009. The 2009 SOWC reports that only 45% of infants 6-9 months are both breastfed and receiving complementary foods.

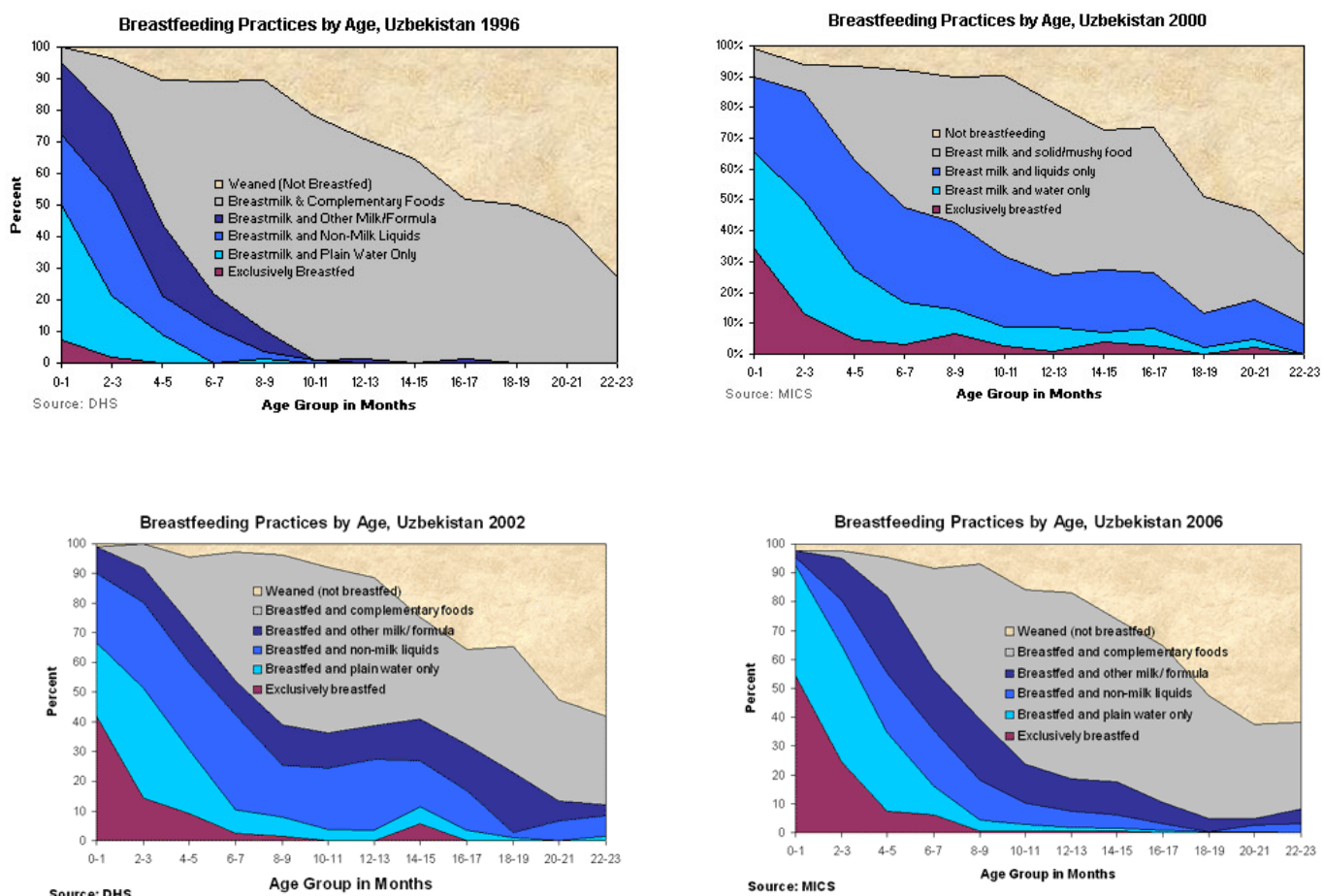
Table 1 and Figure 3 provide information on breastfeeding status by age and breastfeeding trends. graphs.

Table 1. Breastfeeding status by age

Source	Age in months	Exclusively breastfed	BF & supplements	
			Plain water	Supplements
UDHS 1996	0-5	2.4	28.7*	64.8*
UHES 2002	0-5	9.0	21.6	69.4
MICS 2006	0-5	26.4	-	-

* These figures are for infants 0-3 months old. The UHES reports on infants 0-5 months old.

Figure 3: IYCF Area Graphs 1996, 2000, 2002 & 2006



3. FINDINGS OF THE REVIEW

3.1 IYCF situation assessments and challenges identified

Situation assessments

Uzbekistan has experienced nutritional hardships since the break up of the Soviet Union. Due to its geographical position, unemployment, lack of industrial infrastructure, and inadequate nutrition programmes, Uzbekistan has received support from UNICEF, the World Bank and other organizations and institutions for various nutrition programmes and initiatives. Three years ago the World Bank issued a review of the nutritional situation in Uzbekistan titled “Overcoming Productivity Barriers in Uzbekistan: Nutritional Focus” (2005) followed by “An Economic Analysis of Malnutrition and Nutrition Interventions in Uzbekistan” (2006) which provided an enhanced understanding of the causes of undernutrition across demographic and socioeconomic subgroups, including a review of actual investments in nutrition and the country’s needs with evidence of how undernutrition and improved nutrition could impact the country’s socioeconomic development. Little attention is given to breastfeeding practices in these two assessments.

In 2006 a joint UNICEF, MOH and World Bank workshop on “Improving efficiency and coordination of nutrition programmes in the Republic of Uzbekistan” analyzed the nutrition problems in Uzbekistan and defined challenges for further coordinated activities in IYCF. And again breastfeeding issues were outlined in the workshop report but in a very abbreviated manner. UNICEF annual reports highlight accomplishments, achievements and challenges in IYCF through implementation of BFHI and child development programmes. The findings from these and other needs assessments are reflected in the present review.

Problems and challenges faced

Nutrition challenges. Notwithstanding the multiple efforts and achievements, Uzbekistan faces an unfinished agenda of reducing undernutrition. High rates of stunting, infant mortality, anemia, vitamin A and iodine deficiency and overall child undernutrition, especially among children 6-24 months old, are the consequences of the short duration of exclusive breastfeeding and inadequate complementary feeding practices. *The Lancet Neonatal Series* estimated that breastfeeding interventions contributed to more than 50% of the reduction in neonatal mortality (Darmstadt et al., 2005). *The Lancet Child Survival Series* estimated that 1.3 million deaths a year could be prevented if global coverage rates of exclusive breastfeeding reached 90% (Jones et al, 2003).

Although Uzbekistan has made great strides in improving the rate of exclusive breastfeeding, only slightly more than one-fourth of women practice exclusive breastfeeding. The duration of exclusive breastfeeding is short. Although breastfeeding is a traditional practice in Uzbekistan, it was stated that in some cases paediatricians are said to recommend breastfeeding initiation 24 hours after birth, while primary health care (PHC) workers frequently advise the use of breast milk substitutes if there are problems with breastfeeding. Aggressive marketing of breast milk substitutes also has significant negative impacts on appropriate and timely breastfeeding practices.³ Lack of knowledge among both health care providers and parents about the benefits of exclusive breastfeeding and appropriate complementary feeding results in poor feeding practices.

Economic and political challenges. The World Bank estimates that 27.5% of the population is unable to meet basic consumption needs (Living Standards Assessment 2002). The communities affected have difficulties in accessing basic health and educational services, and in rural areas, they lack access to adequate water and sanitation facilities. With 63% of the population living in rural areas, their dependency upon agricultural products such as cotton makes them most vulnerable to poverty, unemployment and inequality. The semi-autonomous republic of Karakalpakstan and the province of Khorezm suffer particular hardship. For the poor in Uzbekistan life can be very hard: access to healthcare and education is limited, basic services such as water and utilities are often not available (and when they are available, water quality is poor and often hazardous).

Rapid turnover of trained health personnel. During the interviews of UNICEF/Uzbekistan nutrition specialists, it became clear that Uzbekistan experiences a shortage of trained staff in the area of IYCF. Out of 260 staff trained as BFHI and lactation management trainers from 1998-2006, only 10 percent are still available to serve as trainers in 2008. Consequently, UNICEF has to look for other sources for trainers to train a pool of national trainers and to change nationwide curricula to include IYCF training in pre-service education for nurses and doctors. An emphasis needs to be placed on training for new national and local trainers in 2009-2010 to ensure high coverage of training in all areas.

Slow replication of the best practices for other regions. Uzbekistan MOH has adopted effective perinatal practices recommended by WHO. Early initiation of breastfeeding, rooming-in, skin to skin contact and kangaroo mother care and assisted deliveries are part of the practices; however, the latter two are rarely implemented beyond BFHI facilities. Since 1998 BFHI has been successfully implemented in 6 pilot oblasts of Uzbekistan. This success has led to the introduction of other projects in these same

³ Mahoko Kamatsuchi for the World Bank. Overcoming Productivity Barriers in Uzbekistan: Nutritional focus, 2005

oblasts. The best example is Ferghana oblast where 10 projects (e.g. IMCI, Effective Perinatal Care, etc.) have been introduced. Meanwhile, other oblasts such as Andizhan, Namangan, Navoi, Samarkand, Kashkadarya, Surkhandarya, Dzhizzak and Syrdarya remain in great need of public health programmes including IYCF.

The next sections of the report address the response to these challenges.

3.2 Programme coordination and IYCF partners

The National Interdepartmental Committee on Nutrition, subordinate to the Cabinet of Ministers, was established following the joint World Bank/WHO/UNICEF workshop in 2006 on improving efficiency and coordination of nutrition programmes in Uzbekistan. The Ministry of Health coordinates the committee, which formulates action plans for the ministries and departments represented by the members of the steering committee, fosters enabling conditions for disseminating the policy of exclusive breastfeeding until the age of six months (legal and regulatory framework, amendments to the law on advertising, etc.), formulates and implements a set of measures aimed at reducing the incidence of nutrition-related problems, integrates nutrition principles into all national programmes and creates conditions for the introduction of healthy nutrition principles at the national level.

WHO, UNICEF and the World Bank have been the key international organizations rendering technical and financial assistance to improve IYCF practices. These organizations coordinated a number of national activities aimed to raise the awareness of the public and health providers about effective nutritional approaches to decrease infant morbidity and mortality and improve child growth. They were strong advocates for the adoption of different national orders and protocols including IYCF standards and guidelines. Research, analysis and monitoring of IYCF programmes helped to mobilize the Government's institutions to undertake sustained steps towards improvement of child health in Uzbekistan. The World Bank provides financing to the MOH for implementation of the Health II Project as does the Asian Development Bank for implementation of the Women and Child Health Development Project. These projects trained 16,555 health care providers (primarily nurses) through 2-hour breastfeeding seminars in all 14 oblasts. The Uzbek Association of Nurses monitored the knowledge of the trained health care providers. Results will be available at the beginning of 2009.

Japan and the United States of America are two of the key bilateral donors in Uzbekistan. The Government of Japan has been providing technical and financial support to improve coordination of primary health care programmes, focusing on maternal and child health and nutrition. Through its grants, the United States Agency for International Development (USAID) supports policy-level activities to promote health reforms and helps build capacity for quality improvement. USAID was an advocate for implementation of Integrated Management of Childhood Illness, helped introduce a child health programme in 1996 and advocated for appropriate breastfeeding practices as part of a programme in Jambul to reduce morbidity and mortality due to respiratory infections and diarrheal disease. One of the main USAID-assisted projects in Uzbekistan is ZdravPlus, which supports the nationwide expansion of pilot reforms at the rural Primary Health Care (PHC) level, in addition to bringing those reforms to urban primary health care and general inpatient care. IYCF activities of ZdravPlus have helped to improve breastfeeding practices throughout the country. IEC materials on breastfeeding developed by ZdravPlus are well known all over Asia.

Project HOPE in collaboration with UNICEF and the MOH actively promoted breastfeeding in rural areas of three pilot oblasts from 2000-2005.

3.3 IYCF policies, plans and programmes

In Uzbekistan, like in the majority of the Newly Independent States, all health practices are regulated by MOH *prikazes* (directives). Not long ago *prikazes* outlined the major steps/actions in health issues but without giving specific protocols. This changed in 1999-2000 with the establishment of MOH working

groups to develop protocols. National health programmes and policies are developed through joint efforts of the MOH, UNICEF and other organizations and approved by the Cabinet of Minister and then the President.

National policy on BF promotion. The MOH of Uzbekistan approved a national policy on protection, support and promotion of breastfeeding (BF) practices in 1995. A working group on BF promotion was established under the aegis of the MOH. The policy stipulated the establishment of breastfeeding centers in all 14 oblasts of Uzbekistan to promote exclusive breastfeeding for 6 months. However, the policy was effective only in 6 regions where BFHI was implemented. In 1999 the MOH issued *prikaz* # 295 “About promotion of breastfeeding in the Republic of Uzbekistan”. This *prikaz* was the legal base for strong promotion of exclusive breastfeeding (EBF) in MCH care settings. The high rate of EBF (98%) is found in the maternities. After mothers and babies are discharged from the maternities, they are cared for by paediatricians and catchment area nurses who often fail to provide effective breastfeeding counselling and support to young mothers. Then exclusive breastfeeding rates quickly fall. This implies that primary health care and community capacity building and supportive supervision need to be strengthened as a crucial element in national policies and strategies.

Nutrition Investment Plan (NIP). Uzbekistan does not have a national comprehensive IYCF strategy document. IYCF is folded into the Nutrition Investment Plan. In response to scientific evidence demonstrating that effective and low cost interventions can lower the burden of undernutrition as well as accelerate economic growth, a national nutrition planning process was established under the Cabinet of Ministers. The NIP was developed through a multisectoral consultation involving key stakeholders from government and private sectors. The NIP process included participation of experts from the Ministry of Health, Ministry of Public Education, Ministry of Economy, Ministry of Finance and Tax Committee as well as representation from food industries, national media and NGOs. UNICEF, the World Bank and WHO participated and provided technical assistance. The process for developing the National Investment Plan involved:

- Projecting the health and economic impact of undernutrition in Uzbekistan,
- Identifying interventions with opportunity for high impact at low investment,
- Establishing objectives and implementation plans for nutrition interventions,
- Developing a financial and benefit cost analysis for nutrition investments, and
- Developing strategies to transition from ongoing donor-supported nutrition activities to an integrated, coordinated and nationally managed program.⁴

NIP working groups focused on feasibility of various interventions and their efficiency, necessary capacity building of national staff and integration of the interventions into existing national programmes. The outcome was a 3-year national nutrition improvement programme, launched in 2009. The programme focuses on Essential Nutrition Services (ENS) delivered by the primary health care system and supported by community organizations and national media. The ENS package⁵ includes IYCF and addresses the specific needs of Uzbek women and children during their periods of highest risk. Interventions include micronutrient supplementation activities along with education, communication and support activities with key messages promoting:

- Exclusive breastfeeding for children 0-6 months with continued breastfeeding up to 24 months,
- Complementary feeding and nutritional care during illness of children, and
- Participation in growth monitoring.

⁴ According to the Asian Development Bank, “Many programs are limited in terms of geographic coverage, lacked integration into ongoing programs and national institutions or were primarily supported by international agencies.”

⁵ ENS is similar to what is referred to as the Essential Nutrition Actions in some countries. In Uzbekistan the actions promoted include exclusive breastfeeding for the first six months, complementary feeding and nutritional care of the sick child, growth monitoring and promotion, weekly multiple micronutrient supplements for children 6-24 months, twice annual vitamin A supplementation of all children 6-60 months, and weekly iron and folic acid tablets for women during pregnancy and through the first 60 months postpartum.

Promotion of the establishment of the Mother and Child Nutrition Centre and the National Nutrition Centre in Tashkent and introduction of a nutrition course into pre- and post-diploma education at medical institutes and schools are among the strategies to improve IYCF practices outlined in the NIP.

3.4 Key components of the breastfeeding and IYCF programmes

The International Code of Marketing of Breastmilk Substitutes

The analysis of data on breastfeeding shows a sharp decline in the rate of exclusive breastfeeding from 90% in the first month of life to 30-50% in the second month. The decline can be explained by the nature of the first contact of mothers with health workers at paediatric health care institutions. At polyclinics and rural health care facilities, in some cases paediatricians and doctors recommend other food, milks and liquids, but not breast milk⁶. At the same time aggressive promotion of infant formula in the mass media turns young mothers' feeding preferences toward formula-feeding. To address this problem, the Ministry of Health (MOH) issued *prikaz* (order) #378 "Prohibiting Advertising of Breast Milk Substitutes in Obstetrical and Children's Health Care and Preventive Care Facilities of the Republic" in August 2006 to prohibit free distribution and advertisement of breast milk substitutes. According to key stakeholders attending the working session as part of this review, many MCH establishments still let formula-producing/distributing companies promote their products among women and health care providers.

Maternity Legislation

In 1997 the President of Uzbekistan signed an *ukaz* (decree) to strengthen the social protection system of Uzbekistan population, including mothers and children under two. In February 2008 the Ministry of Labor and Social Protection outlined actions to give effect to this decree, including maternity protection. Women are entitled to maternity leave for 2 years. They receive full salary for 4 months and then can apply for child allowance, which is twice the minimum salary (26,000 *sums*), for a total of 5,000 (approximately \$35) *sums* per month for two years. (<http://lex.uz/ru/>). This decree is strictly maintained, and all women receive their maternity allowances regularly.

Uzbekistan Baby Friendly Hospital Initiative (BFHI)

In collaboration with the Uzbekistan MOH and the National Scientific Research Institute of Paediatrics, UNICEF Uzbekistan began implementation of the Baby-Friendly Hospital Initiative in 1998, with the goal of upgrading and certifying 120 maternities and polyclinics as baby-friendly institutions. Training guidelines were prepared by the MOH and UNICEF in 1998 to help build the capacity of health workers in maternities and polyclinics, and to prepare them for certification. Maternity staff in the targeted health institutions attended the 40-hour WHO/UNICEF course on breastfeeding counselling, and polyclinic staff attended the 18-hour BFHI course. These training addressed growth monitoring and nutrition counselling, exclusive breastfeeding, the timing of complementary feeding and the types of foods and fluids to introduce.

Over a 5-year period (2000-2005), 32 maternities and 7 children's polyclinics and village ambulatory clinics (SVPs) were certified as baby friendly. In 2006 the number of certified facilities reached 120. By 2009 the total of BFHI facilities was 178 - 102 maternities (31% of total maternities) and 76 polyclinics (2%) had been certified 'baby-friendly.' Approximately 99 percent of women in Uzbekistan receive antenatal care and 98 percent deliver in health facilities. BFHI facilities are found in the following oblasts: Tashkent, Buhara, Ferghana, Kashkadar, Khorezm, Namagan, Navoi and Surkhandarya. Facilities have also been certified as baby-friendly in the Autonomous Republic of Karaklpakistan and in Tashkent city.

Additional information collected by UNICEF Uzbekistan for three oblasts is summarized below.

⁶ Mohoko Kamatsuchi for the World Bank: Overcoming Productivity Barriers in Uzbekistan, Nutrition focus, 2005

Tashkent oblast:

Achievements in the children's polyclinics where BFHI was implemented were as follows:

- The exclusive breastfeeding rate among children less than 6 months rose from 24% in 2000 to 68% in 2006.
- The average duration of breastfeeding increased from 15 months to 20 months.
- Incidence of diarrheal disease declined by 14.2%.
- Awareness about the benefits of good breastfeeding practices and the importance of lactation management rose from 35% to 92% among health professionals and from 39% to 90% among mothers.

Khorezm oblast:

As a result of BFHI program implementation in 2005-2006, the rate of exclusive breastfeeding among children less than 6 months has reached 70% in the health institution coverage areas. The rate of mastitis dropped by 15%, septic diseases of newborns by 77%, and newborn jaundice by 50%.

Ferghana oblast:

In the Ferghana oblast, 20 maternities and maternity departments provide delivery services and 29 polyclinics and 294 village ambulatory health posts provide antenatal and postpartum care services. Of these facilities, all 20 maternities plus 22 polyclinics were awarded baby-friendly certification. Childbirth with a partner in attendance increased from zero to 86%. MOH reports indicate other achievements including skin-to-skin contact after delivery, 94%; attachment to the breast soon after delivery, 95%, and rooming-in, 97%. The exclusive breastfeeding rate increased from 29% to 74% within 9 months of intensive trainings, monitoring, follow up and the assistance of patronage nurses. All-cause newborn morbidity was reported to have decreased from 126 per 1000 live births down to 106. The rate of mastitis dropped significantly from 20% percent to 0.5%. Skin infections previously were present in 4% of newborns but were no longer observed, and jaundice decreased from 30% to 6.2%.

Based on the successful outcomes demonstrated to date, the Uzbekistan MOH plans to continue collaborating with UNICEF to scale up to other primary health care institutions nationally.

Communication

The IYCF practices in Uzbekistan are promoted through a number of communication channels:

Breastfeeding weeks. Breastfeeding promotion in Uzbekistan started with the annual World Breastfeeding Week in 2000. Since then UNICEF, the MOH and other organizations have prepared and carried out annual BF weekly campaigns involving various communities, governmental agencies and private mass media. During the week and far beyond, video spots developed by ZdravPlus have regularly been shown on central TV channels. "The Breastfeeding Week gives us an opportunity to advocate for a very simple way to protect children's lives", UNICEF Representative Uzbekistan Mahboob Shareef was quoted as saying in the newspaper "Today" in connection with the 2008 Breastfeeding Week. "The aim of the week is to promote exclusive breastfeeding for the first six months of life which yields tremendous health benefits, providing critical nutrients, protection from deadly diseases such as pneumonia and fostering growth and development. Continued breastfeeding after six months, for up to two years of age or beyond, combined with safe and appropriate complementary feeding, is the optimal approach to child feeding."

During the week a series of round tables, health fairs and community meetings are organized along with consultations on breastfeeding issues. Various forms of leaflets and posters are distributed to maternity houses, community healthcare facilities and *mahalla* (community) committees in each district. With the support of the Institute of Health in Ferghana oblast, communities assumed responsibility for breastfeeding week, using IEC materials developed by ZdravPlus and UNICEF, including soap operas and TV spots, and holding mass meetings in the central park of Ferghana city in 2008.

Printed materials. UNICEF and many other organizations have produced a great variety of booklets and posters promoting BF/IYCF issues in Uzbek and Russian. In 2008 during BF week, 50,000 booklets on the benefits of breastfeeding were distributed in cities and communities. Community workers remarked



that the leaflet “Feed your baby with breast milk” and the poster “Breast milk is the best for our child” developed by ZdravPlus and UNICEF helped communicate messages on the importance of breastmilk for the child’s health and proper positioning and attachment. ZdravPlus posters, brochures and flyers on breastfeeding, anemia and nutrition, childhood diarrheal disease, child health, and HIV/AIDS are available on CD with free hard copies available to the community through local departments of the Institute of Health. There are no IEC materials on complementary feeding.

Multi-media campaign. Campaign “Milk is a Gift of Nature” was initiated by ZdravPlus in 2004 in Ferganna valley to promote exclusive breastfeeding in the first 6 months. The goal of the campaign was to educate the population, in particular young mothers, on the meaning of exclusive breastfeeding and the importance of breast milk for the health and growth of babies. The specific objectives of the campaign were to increase the percent of the population that knew that most mothers have enough breast milk to exclusively breastfeed, that babies need all types of breast milk (both the fore and hind milk), and that proper attachment to the breast reduces breast and feeding problems. With the help of an advisory committee, comprising representatives of the MOH, the Institute of Pediatrics, the Institute of Health, Tashkent Pediatric Institute, NGOs and others, ZdravPlus developed the products for this campaign.

The centerpiece of the campaign was two new episodes called “The Firstling” in the television soap opera “Simple Truth” (see box at right). The campaign also included TV and radio spots, press materials, brochures, flyers and posters, a theatre performance on breastfeeding as well as interpersonal communications by representatives of health

“The Firstling”

In this episode of the soap opera, the struggles of a nurse, a modern young woman who has given birth to her first child, are portrayed as she confronts family expectations of how to care for her newborn. The nurse is torn between exclusively breastfeeding, which she knows is best for the child, and what tradition expects her to do: listen to the advice of her mother-in-law. By sticking to her beliefs, she creates conflict within the household between herself, her husband and her mother-in-law. Throughout the soap opera, messages on the importance of breastfeeding, the different types of breast milk, feeding frequently, complementary feeding, proper positioning for breast feeding and other key messages are conveyed. Eventually the mother-in-law, on advice of friends, consults with the doctor and realizes that her daughter-in-law has been doing what is best for the infant.

centers, schools, NGOs and SVPs. Trainers from health centers held seminars and meetings with young mothers and mother-in-laws to provide information about breastfeeding. SVPs organized open-house days during which the doctors and nurses met with young mothers and mother-in-laws to promote exclusive breastfeeding. Both the health centers and SVPs used the materials that were developed for the campaign. The campaign ran for 6 weeks with broadcasting of video and audio materials on five local TV stations and two radio stations in Ferghana and Andizhon oblasts, reaching an estimated two million people.

The campaign made important steps forward with regards to informing the population that most mothers have enough milk to satisfy the needs of an infant less than six months of age. In Ferghana there was a 20 percentage point increase in knowledge about women's ability to satisfy the needs of babies by exclusive breastfeeding for 6 months (from 21% to 41%) after the launch of the campaign. There was also an increase in the percentage of the population reporting that an infant should be breastfed as many times a day as he/she wants (particularly among female respondents).

Many of the messages and approaches used in the communication campaigns are very generic – “feed your baby with breastmilk”, etc. It is noted that the issue of giving water, teas and other liquids – a common practice and major impediment to optimal breastfeeding practices in the first six months in Uzbekistan – needs greater attention. In general, the communication campaigns conducted in Uzbekistan do not appear to be strongly based on knowledge, attitudes and practices (KAP) studies and evidence related to the barriers to optimal breastfeeding practices.

Community-based promotion and support

For many years UNICEF, the MOH and international organizations have actively been working in *mahallas* (communities) to educate community peer leaders on various health promotion activities including IYCF practices. The peer leaders are volunteers, and approximately 90% of them are women. Members from the model *mahallas* in Ferghana oblast are key participants in all breastfeeding trainings and promotional events at the local level. Breastfeeding promotion and regular community breastfeeding sessions in 70 communities of the oblast contributed to an exclusive breastfeeding rate of 83% in 2007 (compared to 15% in 2005). Community leaders, mostly women, bring together young mothers and their mothers or mothers-in-law for community BF sessions where mothers demonstrate proper positioning and attachment and share their experience. Similar examples like those in Ferghana exist in the other five pilot oblasts, which represent 43% of all oblasts in Uzbekistan.

The Institute of Health has a department in all 14 oblasts and serves as the link between governmental health establishments and *mahallas*. Every department develops an annual activity plan for the communities, including IYCF trainings, breastfeeding events, and follow-up visits. Community peer leaders regularly come to the Institute to collect IEC materials for their outreach work and report back the results of their outreach efforts. Young parents and other family members are invited to participate in health-related discussions at district centers. A team comprised of *makhalla* leaders and health care providers organize and conduct breastfeeding classes in maternities for young women, helping them overcome breastfeeding difficulties and establish good lactation skills. These activities are found most often in oblasts with active BFHI programs.

In Ferghana oblast, the demonstrated care for the community by the Institute of Health created trust and support for IYCF activities.

The Institute involves *makhalla* leaders in the development and distribution of IEC materials, organization of breastfeeding week activities, support group meetings for breastfeeding women and



regular sessions to get feedback from the community and learn about community needs. The Institute engages religious leaders who support breastfeeding activities noting that “The Koran says that the boys and girls should be breastfed at least 30 weeks after birth”.

Breastfeeding/IYCF training and education

Within the framework of the MOH’s BFHI programme, 260 health care providers were trained to implement the “Ten Steps” of BFHI during 40-hour trainings and 3,450 health care providers were trained during the 18-hour BFHI training starting in 2003. This represents 80% of health care workers in the six pilot oblasts. In total, 25 40-hour courses and 300 18-hour trainings were conducted. Between 1999 and 2007 24 national trainers from 6 regions of Uzbekistan participated in training of trainers. UNICEF reports that there is a great shortage of breastfeeding trainers because most of those trained have moved to other countries or oblasts.

In order not to interfere with the services in polyclinics, cross-polyclinic trainings were held in the oblasts so that a few staff from different polyclinics were educated in one group. To assess the effectiveness of the training on breastfeeding practices among health care providers, UNICEF monitors conducted post-training assessments in 2006-2007. The timing of the assessments coincided with the harvesting of cotton, which takes place during the summer until October. In some oblasts the authorities request that health care providers (and teachers and students as well) help pick cotton. This complicated the work of the UNICEF monitors who had to travel to cotton fields to interview the health providers.

The monitoring exercise found that around 35% of the health workers in the BFHI certified facilities had not attended the breastfeeding trainings and that the knowledge level of mothers was low. To address these shortcomings, special meetings were held with the local district administration to discuss providing additional financial support to the polyclinics and relieving some medical staff from cotton picking. Other issues outside of maternity services will need to be addressed to improve IYCF practices because these services only provide a limited, although critical, opportunity to counsel and support mothers.

In addition to 3-5 day trainings, for the past two years technical updates on IYCF have been provided for health staff by the Ministry of Health and the Asian Development Bank “Health-2” and “Women and Child Health Development” projects. These short lecture-seminars on breastfeeding topics reached 16,555 health care providers (approximately 60%) in all 13 oblasts plus the city of Tashkent. Other organizations have conducted IYCF trainings such as Project Hope through its IMCI activities and ZdravPlus through its perinatal care trainings. However, there are no distinct mechanisms for monitoring and evaluation of these trainings or a central body that can track which trainings have been conducted and where.

The BF/IYCF teaching modules developed by an MOH working group in 2006-2007 for pre-service and post-graduate education of medical staff are slowly being incorporated in the education system. The Ministry of Education must approve the content and length of training. The Ministry of Education has allotted very little time for IYCF. MOH and the Ministry of Education should again initiate the revision of medical educational curriculum and update teaching modules.

3.5 Integration strategies and cross-cutting issues

Infant feeding in Safe Motherhood policies and programmes. The Government of Uzbekistan and UNICEF have developed an integrated programme that aims to tackle infant mortality through a national policy and strategy on Safe Motherhood initiated in 1987. Clinical protocols on effective perinatal technologies have been developed (2003-2007) and introduced into perinatal care services with a strong integrated focus on IYCF practices, including promotion of exclusive breastfeeding up to 6 months and continued breastfeeding up to 2 years and beyond. These activities have helped enhance the capacity of health workers, upgrade the health infrastructure, and improve child care and nutrition status of Uzbek children.

Infant feeding in the context of HIV. The adult HIV prevalence rate is 0.1% with approximately 16,000 people living with HIV/AIDS. Of those mothers who are HIV-positive, an estimated 2.5% transmit the virus to their child (information received during the in-country interviews). The Uzbek Parliament passed a law in 2000 on HIV Prevention in the Republic of Uzbekistan. The Law outlines a wide range of prevention activities, focusing on healthy life-styles, appropriate HIV pre- and post-test counseling and testing, and HIV treatment. The law gives the possibility for AIDS centers in all oblast capitals to provide HIV tests, HIV pre- and post-test counseling, free syringes, condoms, and IEC materials. HIV-positive people, including pregnant and post-partum women, get treatment in those centers. During labor and delivery, HIV-positive women receive antiretroviral drugs. Their babies are formula-fed. As reported during interviews, “All health care providers immediately recommend that the mother feed her baby with infant formula”. The Government of Uzbekistan, through the MOH, supplies the necessary quantity of infant formula for the HIV-positive mothers in maternities. Once discharged, parents must purchase the formula. During the breastfeeding trainings, the trainers, using WHO training modules, tackle infant feeding in the context of HIV and give instructions on formula feeding for babies born to HIV-positive mothers.

3.6 HRBAP and gender mainstreaming

The Government of Uzbekistan ratified the “Convention on Elimination of all Forms of Discrimination Against Women” in 1995. UNICEF is providing support to incorporate the commitments of the charter into National Law. These commitments include equality of property rights in marriage; equal opportunities in the workplace; equal rights and freedoms before the law; and equal rights to education. The ‘Year of the Woman’ took place in 1999 and this helped to draw attention to the problems that women face. Uzbekistan is committed to gender equality. Girls enjoy the same educational opportunities as boys, and the government has initiated several measures designed to reinstate women in the social and political structure.

3.7 UNICEF’s role

The UNICEF Uzbekistan Office was established in 1994. The first Country Programme of Cooperation between UNICEF and the Government of Uzbekistan lasted from 1995 to 1999. It provided well-targeted supply and training assistance, increased the efficiency of healthcare delivery and applied social mobilization strategies. By 1999, health, nutrition, water and sanitation, education and advocacy programmes were well established, enabling UNICEF to become a leading international organization in Uzbekistan. The Programme of Cooperation was established to oversee the adoption of international norms and standards for health and education. Legal services to uphold the rights and protection of children have been vitally important during the last ten years.

UNICEF support for IYCF programmes included advocacy, Code promotion, training, the BFHI and communication, as well as playing an important role in developing partnerships with other donors and international organizations on IYCF.

3.8 Resources invested and their impact

An Economic Analysis of Undernutrition and Nutrition Interventions in Uzbekistan conducted by Yoko Ibuka in 2006 calculated the gains from nutrition interventions associated with undernutrition or micronutrient deficiencies based on a review of the literature. If program coverage were to reach 80%, the potential benefits from breastfeeding promotion interventions are estimated to be approximately 13

million dollars with the benefit-cost ratio ranging from 5.6 to 67.1. The total cost includes the cost for personnel, facilities, materials and equipment for breastfeeding promotion. Table 2 below shows annual costs of BF programmes.

Table 2. Estimated annual program costs to achieve 80% program coverage

Intervention	Target population	Program coverage level (%)	Number of persons who participate in the program	Unit cost (\$)	Total program cost (million \$)	Cost per capita (\$)
	(1)	(2)	(3) = (1) * (2)	(4)	(5) = (3) * (4)	(6) = (5) / population
Breastfeeding promotion	594,253	80	475,402	3.36	1.60	0.06

Among nutrition interventions, the maximum attainable benefit is high from breastfeeding promotion (68.32 million dollars). The benefit from breastfeeding promotion is found in the last column of Table 3. The gains from the interventions are calculated after program coverage and effectiveness are taken into consideration.

Table 3. Estimated economic gains from breastfeeding promotion with a program coverage of 80%, 2002

	Maximum attainable benefit (million \$)	Program Coverage (%)	Effectiveness (%)	Benefit from intervention (million \$)
	(1)	(2)	(3)	(4) = (1) * (2) * (3)
Breastfeeding promotion	68.32	80	24	13.12

Most of UNICEF's funding for breastfeeding promotion has been for Baby-friendly Hospital Initiative activities. Between 2005 and 2008 UNICEF spent 171,990.07 USD for BFHI: 2005 - \$24,370.07; 2006 - \$77,620; 2007 - \$50,000 and January to September 2008 - \$20,000.

MOH in-kind contributions to IYCF programmes include providing training facilities, printing IYCF booklets, rendering expertise, etc. It was difficult to disaggregate funds allotted for IYCF activities as they were part of various MCH programmes. Other key organizations such as WHO, ZdravPlus, Project Hope, etc., were unable to provide financial costs of IYCF interventions because they were part of other health-related activities.

4. DISCUSSION

4.1 Factors contributing to results

The following factors have contributed to the achievement of improved IYCF practices in Uzbekistan:

- Government of Uzbekistan, MOH is supportive of all activities of international organizations and local NGOs to improve the situation in MCH sector that would lead to better IYCF practices. The MOH and the MCH department in particular are the initiators of most of the public health programmes and provide the legal framework for all international health projects, especially IYCF programmes.
- MOH, UNICEF, WHO and local NGOs have undertaken a number of effective programmes, particularly BFHI.

- Breastfeeding is a traditional way of feeding newborns and infants.
- The introduction of effective perinatal care and IMCI in maternities supports the early initiation of breastfeeding and provides adequate counselling on baby care and optimal infant feeding practices.
- Breastfeeding support groups in maternities and in paediatric polyclinics in pilot BFHI oblasts help to spread effective IYCF techniques in all communities.
- Community religious leaders support effective IYCF practices in communities.
- Regular breastfeeding campaigns at national and local levels help develop positive attitudes of the population to optimal IYCF messages and interventions.
- The 2-year maternity leave makes it easier for women to effectively maintain breastfeeding practices.
- Positive steps are being made by MOH, international organizations and local NGOs towards prohibiting breast milk substitutes.
- MOH *prikazes* and protocols promote evidence-based IYCF practices, recommended by WHO/UNICEF.
- MCH-related trainings conducted by all stakeholders effectively incorporate breastfeeding component.
- Dedicated leading MCH specialists promote improved IYCF practices.

4.2 Remaining challenges

Trend analyses in many research studies indicate the need for coordinated efforts by all IYCF promoters in Uzbekistan. The Nutrition Investment Plan (NIP) in 2008 is a good example of effective collaboration of all IYCF stakeholders to overcome nutrition constraints in the country identified in various studies and surveys. The NIP and the stakeholders meeting held as part of this case study identified the following challenges:

- *The International Code of Breastmilk Substitutes.* Uzbekistan has not adopted a Code of marketing of breastmilk substitutes. Despite the MOH *prikaz* # 378 about the prohibition of breastmilk substitutes in the maternities, some of the order's provisions are only implemented in maternities that have been certified as baby-friendly.
- *BFHI and beyond.* BFHI is slowly moving forward. Many communities and health care facilities such as women's clinics and pediatric polyclinics, with the exception of those in six the BFHI pilot oblasts, are lacking IYCF training and informational materials to develop a strong core of leaders to advocate for and render practical assistance on effective breastfeeding/complementary feeding practices for communities.
- *Inadequate IYCF counseling and breastfeeding support* in the health system beyond maternity services are the major challenge in the country. In most of pediatric health care settings as well as catchment area settings, health care providers advise tea, water and other liquids for babies before 6 months of age.
- *Communication messages need to be evidence based,* to ensure they effectively target the major barriers to optimal breastfeeding practices, such as giving tea and other liquids before six months. Communication needs to use multiple channels and needs to be continuous, not just a few short campaigns.

- *Revision of medical educational curriculum.* Even though BF/IYCF teaching modules were developed for in-service and post-graduate education of medical staff, they have not yet been fully incorporated in the education system. The lack of a critical mass of trained professionals makes the IYCF topics poorly tackled in educational institutions. To make the IYCF teaching process sustainable, a pool of teachers needs to be trained and the educational curriculum needs to be revised by the Ministry of Health and the Ministry of Education to add more time for IYCF in medical educational institutions.
- *Trainings on newly developed protocols/prikazes.* There are no trainings for health care providers on the newly developed protocols, guidelines and standards. Some of the protocols still need to be revised to reflect new evidence and updated WHO/UNICEF recommendations.
- *Training of primary health care providers and paediatricians.* The messages communicated in the training of maternity nurses, catchment area nurses and paediatricians need to be harmonized.
- *Monitoring and feedback of IYCF programmes/projects.* The lack of IYCF M&E data and trends analyses in all oblasts makes it difficult to plan the most effective interventions.
- *Behaviour change communication skills* are poor among community workers making it more difficult to effectively deliver messages to young mothers/families.
- *Complementary feeding* has, until recently, been missing from the IYCF agenda. In 2008 UNICEF and WHO conducted the first assessment on complementary feeding in Uzbekistan. Guidelines, training modules, feeding recommendations and IEC materials will soon be developed both for health care providers and the community. The challenge will be to orient health care providers to the guidelines and roll out the training over the next two years at the same time it is rolling out the Essential Nutrition Services package.

5. RECOMMENDATIONS

The recommendations in the section below are based on the information gathered through document review, field visits, interviews, discussions and the working session with stakeholders.

Legislation and coordination

The International Code of Marketing of Breastmilk Substitutes

Aggressive marketing of infant formula, in some cases even at mother and child health facilities, is a major obstacle to good breastfeeding practices in Uzbekistan. The Ministry of Health with support of UNICEF needs to place high priority on adoption of the International Code of Marketing of Breastmilk Substitutes.

In 2004 the MOH adopted *Prikaz # 378* “Prohibition of Advertising of Breast Milk Substitutes in Obstetric and Children’s Health Care and Preventive Care Facilities of the Republic”. This *prikaz* should serve as a base for health care providers to prohibit advertisements and promotion of breast-milk substitutes in maternities and paediatric health care settings. The provisions of the *prikaz* are maintained in those health care settings where BFHI is implemented. However, most health care establishments do not follow *Prikaz # 378* because it has not been widely disseminated or adopted by the government at the national level. To successfully implement the Code, the following 10 steps should be considered:

Step 1. Conduct monitoring in the health care system, the media and retail outlets to determine levels of compliance with the International Code of Marketing of Breastmilk Substitutes. This will require development of monitoring protocols and the identification and training of monitors.

Step 2. Bring together representatives of Uzbekistan government, MOH, UNICEF, WHO, NGOs, and *makhalla* leaders to discuss the findings of the monitoring and strategize on activities necessary to adopt national measures to fully implement the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly Resolutions.

Step 3. Establish a working group on the development of national Code legislation. No member of the working group should have any relationship with or commercial interest in the infant feeding industry. The working group should consult with UNICEF and WHO for the drafting of the Code regulations to ensure that they are of good quality and meet the minimum standards of the World Health Assembly.

Step 4. Advocate for adoption of the law when it is completed by the working group.

Step 5. Develop a training module and BCC/IEC materials on the Code to be disseminated among HCP and community leaders and conduct national TOTs for oblast decision-makers and chief paediatricians so that they can further disseminate the law at local level.

Step 6. Involve mass media (central TV channels, print media, radio) to communicate main Code principles to communities. One of the recommendations at this stage is preparation of TV discussions such as a talk show and a call-in show with video coverage of the Code implementation followed by discussion among national experts and calls from the audience.

Step 7. Encourage MOH ownership of the Code implementation.

Step 8. Conduct regular stakeholder meetings for updates on Code implementation, using M&E data and outline joint steps to improve implementation.

Step 9. Give regular feedback to communities and oblast health authorities about the Code implementation process with sound recommendations for improvement.

Coordination

The MOH should strengthen the mechanism for coordinating all IYCF programmes implemented by international organizations, NGOs, and private and governmental organizations in the country. This coordinating mechanism can share lessons and experiences, track trends and provide feedback to key BF/IYCF service providers. The MOH, with support of UNICEF, WHO and other stakeholders, should develop and introduce a comprehensive monitoring system that tracks IYCF efforts of all programmes.

The Baby Friendly Hospital Initiative

Extension and institutionalization of BFHI

The BFHI needs to be rapidly scaled up so that it reaches the remaining two-thirds of maternity facilities in the country not yet practicing the Ten Steps. Therefore, the BFHI needs to be fully institutionalized as part of standard operating and accreditation procedures for all hospitals. BF counseling training needs to become an integral part of the pre-service training curricula. Recurrent activities like monitoring and assessment need to be integrated into the Government systems, plans and budgets.

BFHI in community

As communities demonstrate their willingness and commitment towards improvement of breastfeeding and other health-related activities in pilot BFHI oblasts, Ministry of Health of Uzbekistan should introduce mother-baby friendly practices for all Uzbek communities. This would enable *mahkalla* leaders to mobilize community people to adopt effective mother-baby care and IYCF practices and disseminate good experience and lessons learnt to other oblasts/neighbouring Republics.

Most of the mothers in Uzbek communities complain about not having enough milk to exclusively breastfeed their babies for the recommended period. These mothers start introducing liquids and semi-solid foods to their babies before 6 months of age even though they know that breastfeeding is the best for their children. Practical knowledge and skills of BF support persons and peer leaders need to be strengthened for effective BF support and counselling.

A special focus should be made on expanding IYCF activities to all *mahallas* in all *oblasts* in the country by ensuring that every community has a trained community IYCF counsellor, providing video equipment and IYCF videos, adapting IEC counselling materials and developing a comprehensive counselling tool for *mahalla* peer leaders to help them provide effective BF support to young mothers. The Institute of

Health together with other stakeholders should develop M&E tools to routinely assess communities' knowledge and practices of IYCF and other health-related issues. This would facilitate the community leaders to improve their work which includes: regular home visits, group counselling on IYCF practices during regular *mahalla* meetings and organization of breastfeeding events and mother support groups in the maternities and paediatric polyclinics.

Training and Education

Trainings on BF/IYCF are regularly conducted by the MOH and UNICEF, but there is a great need for a training of trainers and a strong team of national trainers. The national training modules on breastfeeding counselling (40-hour and 18-hour training modules) should be revised to incorporate new evidence and updated WHO/UNICEF recommendations. The new training modules should be developed for trainers and the participants with a strong focus on the introduction of complementary foods and effective counselling skills.

The findings of interviews during the field visit show that the BF/IYCF curriculum for medical (pre-service and post-graduate) education is not effectively implemented. Short introductions concerning breastfeeding practices are being taught during lectures without any sessions to practice skills. An interactive, practice-based component of BF/IYCF should be developed and incorporated into the educational curricula of medical educational institutions and colleges for nurses and midwives.

Research and studies on BF/IYCF indicate that the rate of exclusive breastfeeding dramatically drops after mothers are discharged from maternities and are supervised and followed by catchment area nurses/midwives and paediatricians. Thus, paediatricians /paediatric nurses and midwives should be provided practical training on improved breastfeeding and complementary feeding practices and how to provide the support mothers need. Regular follow up and supportive supervision are needed to ensure that appropriate IYCF counselling and support is taking place in relevant health system contacts (such as ante-natal and post-natal care, growth monitoring and promotion, immunization, sick child, etc.). To achieve desired results, a core team of national trainers should be established that can provide the needed training to teams of maternity staff. In addition, lactation specialists should be formed to effectively communicate harmonized IYCF messages and provide breastfeeding support when needed.

Communication

Communication should cover various IYCF topics on a regular basis and not be limited to coverage during World Breastfeeding Week. National TV, radio, newspaper and magazines are watched, listened to and read by many Uzbek, and they are effective tools to disseminate any health-related issues among communities. Using community leaders and prominent national specialists to disseminate messages in mass media can also be an effective strategy. Communication on IYCF needs to be more focused and based on formative research data including the barriers to optimal IYCF. Area graphs from MICS and DHS can be used to identify common problems and target these problems with media messages. A comprehensive communication strategy should be developed using multiple channels. The media should target not only generic benefits of BF, but especially country-related problems, such as belief that the infants under 6 months need water or tea, other liquids or food. ZdravPlus and Project Hope developed good-quality video spots about breastfeeding. These materials can be broadcast through TV programmes. Also, the MOH supports the idea of breastfeeding promotion through the strategy of placing breastfeeding banners and billboards in populated streets of all oblasts capitals.

UNICEF's role

UNICEF has played an important role in implementing and coordinating a number of IYCF programmes and initiatives and should play a catalytic role in convening, facilitating and providing technical support for the following:

- advocate for sustained development and implementation of effective IYCF programmes at scale

- support the MOH and the government of Uzbekistan in developing comprehensive and up to date IYCF policies and strategies, and ensuring their dissemination throughout the country
- help the MOH establish an IYCF coordinating body/steering committee
- collaborate with all stakeholders on building capacity of MOH for sustained ownership of IYCF programming
- initiate advocacy on adoption of a Code of marketing of breastmilk substitutes and establishment of a strong monitoring system
- facilitate revision of outdated breastfeeding training modules with evidence-based ones, including advocacy for full integration of both theory and practice in pre-service curricula
- support national TOTs on IYCF among health care professionals of medical educational institutions
- support and build the communities' capacity by developing their training centres
- support the conducting of formative research on barriers to optimal IYCF practices and use the information to design a comprehensive communication strategy, with messages tailored to addressing context-specific barriers to optimal IYCF practices
- undertake efforts to develop comprehensive guidelines and IEC materials on complementary feeding
- advocate for the MOH to fully institutionalize BFHI and roll out BFHI in all oblasts and communities by introducing sustainable mechanisms such as inclusion of some BFHI steps in general requirements for maternities and accreditation criteria, requiring all staff in maternities to be trained on breastfeeding counselling and assignment of a focal point/trainer for each BFHI hospital

Annexes:

1. Materials reviewed
2. Key informants and interview schedule
3. Milestones in the Uzbekistan IYCF Programme

Annex 1. Documents reviewed

Adriano Cattaneo, Jenny Bua, Tamara Bomestar and Giorgio Tamburlini at the Unit for Health Services Research and International Health (WHO Collaborating Centre for Maternal and Child Health), Institute for Child Health IRCCS Burlo Garofolo, Trieste, Italy: *Child Nutrition in Central and Eastern Europe and Commonwealth of Independent States - report of a situation analysis. Work commissioned by UNICEF Regional Office for Central and Eastern Europe and Commonwealth of Independent States (CEE/CIS), August 2006 and August 2007*

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Yoko Ibuka: *An Economic Analysis of Undernutrition and Nutrition Interventions in Uzbekistan*, Uzbekistan, 2006

ZdravPlus: *Technical Report: Health Promotion Activities in Uzbekistan (2001-2004) and Analysis of KAP Survey Results*, Tashkent 2004

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UNICEF, *10th Central Asia Republic Maternal and Child Health Forum*, 2006

UNICEF, *Anaemia Prevention and Control Programme evaluation in Uzbekistan*, 2005

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UNICEF: *Matteo Mode: A healthy generation of children (A newly born child receives maximum attention in a new hospital in Khorezm)*, Uzbekistan, 2005

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IEC Materials

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UNICEF: *Breastfeeding: health benefits for the future*, 2004. The brochure is dedicated to the 10th Anniversary of Adoption of Children Rights Convention

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Presentations:

Ferghana Health Department: Kuchkorov - *Experience in implementation of WHO programmes on Mother and Child Protection in Ferghana oblasts*, 2008

Ferghana perinatal center: Suyarkulova - *Changes in activities of Ferghana perinatal center before and after implementation of BFHI*, 2008

Institute of Paediatrics of Uzbekistan, Breastfeeding Center: *Situation with breastfeeding in the Republic of Uzbekistan*, 2008

Annex 2. Key informants and interview schedule

Key informants

Name	Position, organization, location	Contact Details
Dr. Asomidin Kamilov	MOH Uzbekistan, Tashkent Deputy Minister of Health	Tel: 998 71 1394608 Mch_moh@bcc.com.uz
Dr. Klara Yadgarova	MOH Uzbekistan, Tashkent, Chief of MCH department	Tel: 998 71 1394608 Mch_moh@bcc.com.uz
Dr. Roza Dzhubatova	MOH Uzbekistan, Tashkent, Chief Peadiatritian of MOH, Director/Republic Peadiatric Center	Tel: 998 71 4475342
Dr. Kamola Salikhova	Republic Pediatric Center/ Deputy Director and BF Programme Coordinator, Tashkent	Tel: 998 71 3097067 Cell: 99871 2294122
Dr. Venera Ashurova	Head Physitian of Maternity DPT of Pediatric Center, Tashkent	Tel: 998 71 1589177
Dr. Rano Sabitova	UNICEF, Tashkent, Health & Nutrition specialist	Tel: 998 71 2339512 rsabitova@unicef.org
Dr. Ali Mukhamed Mahdi	UNICEF, Tashkent, Nutrition specialist	Tel: 998 71 2339512
Dr. Nargiza Fuzailova	EC/UNICEF, Tashkent, Project Health Officer	Tel: 998 71 2339512
Ms. Zulfia Atadzhanova	WHO, Tashkent, Nutrition Specialist	Tel: 99871 2815172 atadzhanovaz@who.uz
Dr. Fahriddin Nizamov	WHO, Tashkent. MCH specialist	Tel: 99871 2815172
Ms. Elena Tsoy	ZdravPlus, Tashkent, Medical Education Programme Specialist	Tel: 99871 1692211 tsoy@zdravplus.uz
Dr. Abdunabi Kuchimov	Project Hope, Tashkent, Country representative	Tel: 99871 1207501 akuchimov@projecthope.org
Dr. Shavkat Khusanbekov	Head of Fergana Oblast Health Authorities	Tel: 8373 73 2243722
Dr. Shakhob Kuchkarov	Deputy Head of Fergana Oblast Health Authorities	Tel: 8373 73 2247358
Dr. Abdurashid Abdumadzhitov	Director of Fergana Institute of Health	Tel: 8373 73 2241849 Cell: 8373 73 3351848
Mrs Munis Akhmadalieve	Ferghana community leader	
Dr. Maryam Sadyrova	Director, Tashkent-city perinatal center N1	Tel: 99871 242 9408 perinatal@sarkor.ua
Dr. Malika Uslamova	Head of neonatal resuscitation Dpt of perinatal center N1	Tel: 99871 242 9408
Mr Ali Mahdi	UNICEF, Tashkent, Nutritionist	ammahdi@unicef.org
WTG of stakeholders, final day, 17 November 2008	Mairam Sadykova (Perinatal Center N1)Nafiss Sultanova, PC#1), Nigora Karabaeva & Nigora Muratova (MCH Project, ABD), Roza Dzhubatova (Inst of Pediatric), Kamola Salikhova, (BF Coordinator, MOH), Zulfia Atadzhanova (WHO), Fakhridin Nizamov (WHO), Venera Ashurova (Inst of Pediatric), Mahdi, Rano, Mahboob, Nargiza (UNICEF)	

**Interview schedule on IYCF, Tashkent, Uzbekistan for Alexander Golubov, BCC& BF consultant
3-8 Nov 2008**

Date	Time	Venue	Organization /person	Remarks
2 Nov	11:55 18:55 03:30 (03Nov)	Departure (Kiev) Istanbul Tashkent	Hotel Dedeman in Tashkent	
3 Nov	09:30-10:00	UNICEF Office	Dr. Mahboob Shareef Andro Sh	Orientation by UNICEF's Representative/deputy Rep
	11.00-12.30	UNICEF Office	Rano Sabitova Mahdi Ali,	Share information and documents, Interview on BF programmes in Uzbekistan
	14.30-15.30 15.30-16.30 17.00-18.00	ZdravPlus WHO Office UNICEF	Lena Tcoy Zulfiya WHO Nutrition Shakhlo Ashrafkhanova Bobur Komiljon	Mtgs and interviews
	10.00-10:30	MOH Tashkent	Prof Kamilov Ministry of Health Dr. Klara Yadgarova	Mtg and interview
	15.00-15.30	Office visit	Project Hope, Abdunabi Kuchimov	Mtg with the staff and interview of Dr. Kuchimov, discussion of BF situation
4 Nov	16.00-18.00		Presentation of Breastfeeding program by the coordinator of the program Visit Institute of pediatrics and discuss with pediatricians	Presentation on BF situation in Uzbekistan followed by discussion with Paediatric center BF specialists, Intw with Dr Kamola Salikhanova
	07:45 (one hour flight)	Airplane Departure fm Tashkent to Ferghana	Alex Golubov, Mahdi and Dr.Kamola Salikhanova travel to Ferghana	
	09:00-10:20	Oblast Health Authorities	Dr. Khusanbekov, Head of Ferghana Health Authorities	Briefing on the assignment, Interview, Discussion
5 Nov	10:20- 11:00	Oblast Health Authorities	Dr. Kuchkarov, Deputy Health of Authority, MCH programme coordinator	Interview
	11:00-13:00	Ferghana Perinatal Center	Presentation by the Head Physician about implementation of BF programme	Tour about the maternity, talking to postpartum women and BF support-group leaders
	13:00-14:00	Ferghana Pediatric Polyclinic	Dr. Kuchkarov insight about BF support groups in the Polyclinic	Brief discussion with paediatricians about IYCF challenges lessons learnt and good practices, interview
	14:00-14:45	Ferghana Institute of Health	Dr. Abdumadzhitov's explanation on YICH activities with mahallas (local communities)	Interview
	14:45-15:30	Ferghana Mahkalla	Meeting with FUND "Makhalla"s activists and leaders: Munis Akhmadaliev, Khadichakon Khuferova, Zarifakon Salieva, Khamiza	Brief mtg, discussion about BF challenges and lessons learnt, brief interview with Makhlla leader
	16:30	Departure to Tashkent		
6 Nov	09:00 – 18:00	Tashkent	City Perinatal Center. Visit to the community, Mahallas community workers, women's organization	09:00 -10:00 Tour about Tashkent perinatal center 10:00-11:30 Interview with Dr.Sadykova 11:30-12:30 Interview with Dr Uslanova 12:30-13:30 Lunch

				13:30:15:30 Visit Makhalla community. Discussion of BF programmes 15:30-18:00 UNICEF, Mtg and discussion of IYCF programmes with Dr. Rano Sabitova
7 Nov	09:00 – 13:30 Working session with stake holders on IYCF programmes in Uzbekistan 13:30 – 14:30 Lunch 14:30 – 17:00 Meetings with UNICEF staff to discuss outcomes and findings of the Trip			
8 Nov	Departure at 07:45, arrival to Kiev 18:00			

Annex 3: Milestones in the Uzbekistan IYCF Programme

Milestones: IYCF policies, plans and programmes

- 1993: Beginning of Implementation of Breastfeeding Programme in Uzbekistan on the base of the Institute of Paediatrics.
- 1995: MOH approved the “National Policy on Protection, Support and Encouragement of Breastfeeding practice”. National Working group on Breastfeeding was established by the MOH.
- 1998: Baby Friendly Hospital Initiative launched by GOU, UNICEF and partners.
- 1998-2008: Trainings on Lactation management and breastfeeding promotion within BFHI
- 1999: MOH issued Prikaz # 295 “About Promotion of Breastfeeding in Republic of Uzbekistan”.
- 2000: Government Program “Healthy generation”.
- 2001: Government Program “Mother and child”.
- 2003: MOH Prikaz # 500 “About reorganization of Maternities”.
- 2005: UNICEF: Expanded criteria of BFHI in Uzbekistan. The 11th criteria stipulated
- 2006: MOH Prikaz # 378 “About Prohibition of Advertising of Breast Milk Substitutes in Obstetric and Children’s Health Care and Prophylactic Establishments of the Republic”.
- 2006: MOH: Prikaz # 81 “About measures on breastfeeding protection and further roll-out of BFHI in Uzbekistan”.
- 2006: Resolution of the Cabinet of Ministers # 242 – “On measures for implementation of the program in the priority spheres for improvement of medical culture in families and improvement of women’s health”.
- 2007: Prikaz # 155 “About Inpatient care of children”.
- 2000-2008: Breastfeeding Weeks. Broad coverage of breastfeeding events in central and local mass-media.
- 2009: Roll-out of BFHI in all oblasts of Uzbekistan.