

# **REPORT ON BREASTFEEDING CONSULTANCY IN KOSOVO**

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September – December 1999**

## EXECUTIVE SUMMARY AND RECOMMENDATIONS

Recommendations from a WHO consultant who visited Macedonia and Albania during the Kosovar refugee crisis led to the recruitment of a regional infant feeding consultant to be based in Kosovo for a six month period. The broad areas which, in the view of this consultant, needed urgent attention were:

- ❑ Breastfeeding
- ❑ Safe artificial feeding
- ❑ Weaning practices

Within breastfeeding a number of issues needed to be addressed:

- ❑ The low level and short duration of exclusive breastfeeding
- ❑ Premature weaning and the need for relactation
- ❑ Widespread misperceptions that mothers cannot produce adequate milk during emergency situations and that breast-fed infants are at special nutritional risk during these situations.
- ❑ Retraining of Kosovar physicians who “continue to promote and endorse a policy of artificial feeding rather than breast feeding”
- ❑ Policy work with “respective authorities and relevant (local authorities) to influence a change in attitudes and practices of health professionals
- ❑ Staff training on infant feeding for international organisations and NGOs working in emergencies.
- ❑ Controlling “procurement, distribution and disposal of formula and commercial baby food” according to the International Code of Marketing of Breast-milk Substitutes.

A study carried out by Action Against Hunger in July 1999, involving 900 women throughout Kosovo, confirmed this initial impression and quantified it.

- ❑ One quarter of the mothers don't breastfeed in the first 24 hours after birth
- ❑ Newborn infants are routinely given glucose water, tea and infant formula in the first day of life
- ❑ More than one in ten mothers don't ever breastfeed
- ❑ Only about one in eight infants are exclusively breastfed by four months (1997 UNICEF survey)
- ❑ More than a third of mothers have stopped breastfeeding altogether by six months
- ❑ Complementary feeding begins as early as the second month of life; four of every ten infants are getting complementary foods by four months.
- ❑ A mixture of biscuits with a low micro-nutrient level and a high sugar content and cow's milk is the near-universal first food – frequently served in a bottle. Well over half the children are not getting fruits, vegetables or protein foods in the period from 6-18 months.

Local health care professionals have disputed the numbers in this study but acknowledge the scope and nature of the child feeding issues. Action Against Hunger will carry out a new study in January 2000 to re-evaluate the situation.

A Save the Children study carried out in Macedonia in the same period as the above-mentioned studies found the same problems with infant feeding and confirmed the June WHO report of widespread ignorance of, indifference to and open flaunting of the International Code of Marketing of Breast-Milk Substitutes.

Many of the problems noted above were also observed by this consultant in the course of hospital visits and teaching. Overall, the level of both theoretical knowledge and hands-on skill among health care workers – especially nurses – is considerably below European standard. Most health care workers have a limited repertoire of strategies to help breastfeeding mothers prevent or

solve problems. The infant formula industry – often helped by good intentions and fairly widespread ignorance of policies and practice recommendations already in place in international NGOs and within the UN system - has used the recent crisis as a vehicle for establishing a significant presence and “need” for their products.

Up-to-date information was the first priority during these months. Three one page sheets on breastfeeding prepared in September in English, Albanian and Serbian have been supplemented by Albanian and Serbian translations of Evidence-Based Guidelines for Breastfeeding Management in the First Fourteen Days. This will be distributed to all health workers in maternity, pediatric or primary care at the beginning of the new year. A library of English and Albanian language information and training materials has been established in both the WHO and the UNICEF offices in Pristina.

Breast-feeding update training throughout Kosovo has clarified the gaps in health workers' knowledge about breastfeeding. The training planned for early 2000 by WHO – Essential Newborn Care and Breastfeeding and Integrated Management of Childhood Illnesses (IMCI) - and the UNICEF training for the Baby-Friendly Hospital Initiative should begin to fill in those gaps. When this training is completed it should be possible to begin to identify local specialists who could receive further training and act as both trainers and supervisors for Kosovo-wide breastfeeding activities.

The influx of infant formula has been addressed in a co-ordinated way by several UN agencies with UNHCR , UNICEF and WHO taking the lead. These efforts produced a Joint UN Statement on Donations of Breast-Milk Substitutes – in English, Albanian and Serbian - which was endorsed by the Joint Civil Commission to become, de facto, the law in the province. This statement needs to be made more widely known and an enforcement mechanism needs to be developed.

With the endorsement in mid-December of the joint WHO/UNICEF proposal for a Kosovo Breastfeeding Commission a framework has been established for coordinated breastfeeding activity in the province which meets the international standard. UNICEF will work closely with this Commission during the launch of the Baby-Friendly Hospital Initiative and development of related programs and processes in the year 2000.

Much work remains to be done. Hand-in-hand with training of health workers, community education needs to be carried out to ensure that child feeding practice does, in fact, change. The Mother Therese Centers, schools and families should be involved in this education. Action Against Hunger has already begun wide-spread education on complementary feeding; World Vision has begun to plan for the training of community breastfeeding counsellors. Efforts should be made to support and cooperate with these NGOs and others involved in programs to improve child nutrition.

Before developing further materials – both for health workers and for families – an analysis of the currently existing materials should be undertaken to ensure that appropriate materials are not duplicated, that inappropriate materials are taken out of circulation and that both existing and new materials are appropriately targeted.

Finally WHO will want to provide active support both to UNICEF in establishing the Baby-Friendly Hospital Initiative in Kosovo in 2000 and to the new Kosovo Breastfeeding Commission as it moves breastfeeding protection, promotion and support more and more into competent local hands.

## BACKGROUND

Recommendations from a WHO consultant who visited Macedonia and Albania during the Kosovar refugee crisis led to the recruitment of a regional infant feeding consultant to be based in Kosovo for a six month period.<sup>1</sup>

The broad areas which, in the view of this consultant, needed urgent attention were:

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### Action Against Hunger Report

A study carried out by Action Against Hunger in July 1999, involving 900 women throughout Kosovo, confirmed this initial impression and quantified it. They found that:

- ❑ 11% of mothers do not breast-feed at all
- ❑ 35% of all mothers are not breast-feeding by 6 months
- ❑ Only 12.2% of babies are exclusively breast-fed at 4 months (1997 UNICEF study)
- ❑ 25% of women do not begin breast-feeding until 24 hours or more after birth
- ❑ Babies are given tea or water with sugar until breast-feeding starts
- ❑ 68% of children in Kosovo drink cow’s milk daily before six months
- ❑ 97% of children drink black tea by 12 months
- ❑ Complementary food – mostly biscuits mixed with infant formula or cow’s milk - are introduced very early. By 2 months of age 11% of babies are eating this mixture, by four months 42% and by 6 months – the age at which, ideally, complementary food is introduced - 53% are eating biscuits and milk.
- ❑ In the age bracket in which children should be eating nutritious complementary foods (6-18 months), only 43% of them have any fruits or vegetables and only 39% are eating meat, fish or eggs
- ❑ 10.7% of children under five are chronically malnourished

Local health care professionals have disputed the numbers in this study but acknowledge the scope and nature of the child feeding issues. Action Against Hunger will carry out a new study in January 2000 to re-evaluate the situation.

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<sup>1</sup> Vivienne Forsythe. Report of WHO Infant Feeding Consultancy to the Former Yugoslav Republic of Macedonia and Albania

## **Save the Children Report**

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Case studies on infant feeding in the camps highlighted the importance of having staff which is well-informed on breastfeeding and skilled at helping mothers. Where this was the case – at the Norwegian Red Cross-run hospital at the Cegrane camp, for instance - delivering mothers were discharged only when breastfeeding was well established. At other camps, despite a stated purpose of promoting breastfeeding, staffing with personnel with little or no experience in giving breastfeeding mothers practical support made meeting this goal difficult

## **Breastfeeding Activities**

Many of the problems noted above were also observed by this consultant in the course of hospital visits and teaching. Overall, the level of both theoretical knowledge and hands-on skill among health care workers – especially nurses – is considerably below European standard. Most health care workers have a limited repertoire of strategies to help breastfeeding mothers prevent or solve problems. The infant formula industry – often helped by good intentions and fairly widespread ignorance of policies and practice recommendations already in place in international NGOs and within the UN system - has used the recent crisis as a vehicle for establishing a significant presence and “need” for their products.

### **Materials procurement**

Providing up-to-date information was the first priority during these months. In early September there were virtually no documents on breast-feeding available in either WHO or UNICEF. Three months later, an English-language resource library of books, films, and WHO and UNICEF documents and courses on infant feeding has taken shape, in part from materials supplied by WHO Copenhagen, Geneva and UNICEF in New York, in part from gifts from colleagues abroad and increasingly from materials down-loaded from breast-feeding sites on the Web. A list of these resources is attached as Appendix 1

Some of the materials sent or donated were meant to be shared. WHO Geneva sent five copies of Breast-feeding Counselling: A Training Course. Copies were distributed to UNICEF in Pristina and Skopje and WHO in Skopje. One copy is in the WHO Pristina resource library; the remaining copy will go to Tirana.

Albanian language materials were supplied by UNICEF Skopje and by the Albanian breast-feeding promotion group, Grupi shqiptar i IBFAN. UNICEF in Pristina also has a number of Albanian-language materials available. With UNICEF taking the lead in breastfeeding promotion and training in Kosovo beginning in the year 2000 and no plans to continue a breastfeeding advisor post at WHO, the decision was taken to move the bulk of the breastfeeding resource library to UNICEF where it can be of most use. A list of materials and their location (WHO and/or UNICEF) is attached as Appendix 2.

### **Materials development**

To fill the early materials gap, WHO Pristina, in September, took over three information sheets based on the International Lactation Consultant Association’s (ILCA) Statement on Infant Feeding in Emergencies . These sheets:

- ◆ Essential breast-feeding messages”

- ◆ “Essential breast-feeding management skills for health care and humanitarian aid workers” and
- ◆ “Infant feeding policies during emergencies”

have been translated into Albanian and Serbian and distributed widely to health care professionals and among both local and international NGOs. They are photocopied frequently and kept on the literature stand for visitors to WHO to take with them. Medicos del Mundo has also translated them into Spanish to use in training their personnel.

The entire ILCA Statement on Infant Feeding in Emergencies, originally translated into Albanian by Grupi shqiptar i IBFAN, was revised by WHO translators in September, but has not been reproduced.

Evidence-Based Guidelines for Breast-Feeding Management in the First Fourteen Days provides a practical and well-documented framework for health care workers to evaluate early breast-feeding and help mothers to an optimal start. Objectives and practice are in accord with the most recent WHO and UNICEF recommendations. The English original has been photocopied and widely distributed among health care workers and NGOs in Pristina, Prizren and Peja. Albanian and Serbian translations were prepared and the International Lactation Consultant Association (ILCA) agreed to joint publication with WHO of these translated guidelines in Kosovo. 6500 copies of the guidelines in Albanian and 1000 in Serbian have been printed and will be distributed to health care workers throughout Kosovo at the beginning of the new year.

The design for a six-sided leaflet on breast-feeding for parents went through several drafts and the initial approval process in Copenhagen before being abandoned and replaced with a leaflet intended for very low-literacy readers. This leaflet developed in co-operation with and funded by UNICEF should be available early next year.

### **The International Code of Marketing of Breast-Milk Substitutes**

The International Code of Marketing of Breast-Milk Substitutes regulates the circumstances under which breast-milk substitutes may be marketed. These guidelines are intended to contribute to successful breast-feeding all over the world. Because this Code – adopted by the World Health Assembly in 1981 – has not been converted into legislation in many of the countries which voted for it, violations are commonplace and enforcement is almost impossible. In her report from June 1999, WHO Consultant, Vivienne Forsythe emphasized how serious this problem was during the Kosovar refugee crisis.

“There have been major breaches of the International Code of Marketing of Breast-milk Substitutes in both Albania and the Former Yugoslav Republic of Macedonia” These breaches included:

- ◆ Branding infant formula with company logos
- ◆ Labels and instructions in a language other than Albanian or Macedonian
- ◆ Giving infant formula on request in the absence of breast-feeding counseling or lactation support.
- ◆ Giving infant formula as part of general food distribution in the absence of any education component.
- ◆ Distributing baby bottles with infant formula
- ◆ Distributing infant formula to national government hospitals.

The subsequent study undertaken by Save the Children Federation in Macedonia confirmed these findings. Despite a variety of UN policies and guidelines including a “Joint Policy Statement on Infant Feeding in the Balkans”, issued at the height of the crisis in April and revised in June as the refugees were returning home, there is no widespread awareness of the policies or the

reasons for them. NGOs too, many of which have written policies on distribution of breast-milk substitutes have a checkered history of staff education and compliance with their own policies.

Violations continued in Kosovo when the refugees returned. Well-meaning organisations and individual initiatives included infant formula, bottles and weaning foods – much of it inappropriately labelled or simply inappropriate per se – in general food packages or “baby boxes”. Where food distribution partners were aware of the implications of indiscriminate distribution of breast-milk substitutes and equipment, staff sometimes went through the packages or boxes and removed them, This cost considerable time and created a new problem of disposal or storage. Some 11,000 baby bottles are in storage in Pristina awaiting a creative solution for their use.

In some areas, inappropriately donated infant formula is used in hot drinks for older children and mothers. Because of its off-putting taste, this has not proven to be a popular solution. More creatively and fitting is the recent practice of adding infant formula to cattle feed – returning it, so to speak, to its origins.

Included in many of the gift packs were supplies of infant formula or other milks which were due to expire shortly or had, in some cases, already expired. This practice of “dumping” is very common with transfer of foods from industrialised countries to developing ones. Both donations and goods intended for sale are frequently well past their expiry date when they are distributed or sold.

Despite the limited effect of the multiple statements already issued, it seemed important that the UN agencies in Kosovo issue a statement specific to the current situation. Following discussions between WHO and UNICEF, this consultant drafted a joint statement for the UN agencies in Kosovo. It was presented to UNHCR’s food distribution implementing partners for discussion, amended and discussed with UNFPA and UNMIK before being translated into Albanian and Serbian. In October the Joint Civil Commission endorsed it and the statement became, de facto, the law of the land. It is appended at the end of this report.

Nevertheless, awareness of this statement, the April 1999 Joint UNICEF/UNHCR/WFP/WHO Statement “Policy on infant feeding in the Balkan Region” and, indeed, the entire issue of donations of breast-milk substitutes is very low both among local health care workers and international organisations.

During one large regional meeting in December, a prominent pediatrician publicly thanked WHO for “its donations of much needed infant formula(!) In another region, the head pediatrician proudly showed this consultant huge quantities of materials – including infant formula – which had recently been donated to his hospital by an international NGO. He shared the wide-spread belief that “mothers in these circumstances “ - unheated hospitals, limited availability of electricity and water, suffering from trauma and loss as a result of the war – often cannot produce good quality milk in sufficient quantities for their babies.

The research and the experience in refugee camps run by organisations whose staffs have considerable breastfeeding expertise as well as a great deal of anecdotal material from the mothers themselves indicates otherwise.

This fund of knowledge and experience urgently needs to be shared in a vivid persuasive way with health care workers, local administrators and decision-makers on the staffs of both international NGOs and the UN agencies which are involved in policy development. Education – not just for health care workers, but also for managers and policy makers - should be one part of this effort. The WHO/Wellstart course Promoting Breast-Feeding in Health Facilities could be a useful tool in educating these organisations and individuals on the crucial role of breast-feeding in preventive and public health. Because this course only covers part of the responsibilities of

health care workers with respect to the Code, it should be supplemented with material from one of the courses on the International Code

Kosovo might also be a site in the Balkans for field testing the new UNICEF/WHO/ LINKAGES course on breastfeeding in emergencies.

Education alone is not enough. Nor is policy. Procedures need to be developed to control marketing and donations of breast-milk substitutes in Kosovo.

1. One possibility discussed with the pharmaceutical advisors in the region is to classify breast milk as “nutritional medicine” and control both its importation and distribution under the drug laws.
2. Food safety could also contribute to the regulation by enforcing those portions of the Codex Alimentarius which apply to infant formula and cereal-based weaning foods. A preliminary discussion with WHO” Food Safety Officer in Pristina has already taken place. This needs to be followed up.
3. One mechanism for on-going education would be the development of the fledgling intra-agency group established in the fall to discuss the Joint UN agency draft on breast-milk substitutes and explore its practical implications for Kosovo. This group, under the leadership of UNHCR, included representatives from WHO, UNICEF and the implementing partners of UNHCR’s food distribution program. A brief information program was organised by this consultant for the implementing partners and discussions were held which resulted in strong support by these partners for the Joint Statement. The planned follow-up and expansion of this group has not yet materialised. With the departure of the UNHCR Nutritional Advisor and WHO’s Breastfeeding Advisor, this initiative might best be taken under the wing of UNICEF – perhaps in co-operation with Action Against Hunger, the NGO with the most awareness of and experience with the implications of the Code in this region.
4. Discussions with counterparts in Albania where legislation to control marketing has recently been passed could be helpful in developing a plan of action to move forward on this issue in Kosovo.

### **Anchoring Breast-feeding in Health Policy and Practice**

Using this document and the Comparative Analysis of Implementation of the Innocenti Declaration in WHO European Member States (WHO/EURO) as a basis, this consultant developed a breast-feeding action plan for Kosovo which was submitted to UNMIK in mid-October. As a result UNMIK requested terms of reference for a Kosovo Breast-feeding Committee. These were prepared in November in accordance with the recommendations in the Baby-Friendly Hospital Initiative guidelines. Because of initial objections from UNFPA this plan was not endorsed when it was first presented in early December. However, with its passage in mid-December, a mechanism has been established for an international standard for co-ordination of breastfeeding promotion and activity in Kosovo. The largely Kosovar composition foreseen for this Commission should ensure that the policies developed and activities conducted reflect the needs perceived locally. UNICEF co-ordination should ensure that these policies developed and actions reflect global standards. Here too consultations with neighboring counterparts in Albanian and Macedonia could be useful in developing direction and avoiding duplication of efforts.

A coherent breast-feeding strategy anchored in public health policy has been one of the most effective ways to protect and promote breast-feeding throughout Europe. In 1993, WHO and UNICEF issued a European Action Plan within the framework of the Baby-Friendly Hospital Initiative. Drawing on the 1990 Innocenti Declaration which called for “the reinforcement of a *“breastfeeding culture”* and its vigorous defence against incursions of a *“bottle-feeding culture”*”, this action plan sought to harness “commitment and advocacy for social mobilization, utilizing to the full the prestige and authority of acknowledged leaders of society in all walks of life” to achieve this goal. It set, as operational targets for five years hence:

- The appointment “ a national breastfeeding coordinator of appropriate authority” and the establishment of a” multisectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organizations, and health professional associations”
- Ensuring “that every facility providing maternity services fully practices all ten of the *Ten Steps to Successful Breastfeeding* set out in the joint WHO/UNICEF statement “*Protecting, promoting and supporting breastfeeding: the special role of maternity services*”
- Taking “action to give effect to the principles and aim of all *Articles of the International Code of Marketing of Breast-Milk Substitutes* and subsequent relevant World Health Assembly resolutions in their entirety;” and
- Enacting “imaginative legislation protecting the breastfeeding rights of working women” and establishing “means for its enforcement”

It was an ambitious goal which has not been fully realised in any country nearly a decade later. Nevertheless many of its aims have been achieved and each of these steps moves forward the overarching goal of “reinforcing a breastfeeding culture”

## Training

Training on breastfeeding was originally planned as part of other reproductive health courses – Essential Newborn Care and Breastfeeding and the Integrated Management of Childhood Illnesses (IMCI). When delays in preparing the Albanian-language materials for Essential Newborn Care and Breastfeeding and in the arrival of the IMCI materials postponed the starting dates for these courses, a brief up-date course on new breast-feeding research and management skills was planned, then put aside as it appeared that the other courses would, after all, be able to run at an early date. During these weeks this consultant did some teaching on request for:

- The gynecologists and pediatricians at Prizren Hospital
- Maternity staff at Pristina Hospital
- UNHCR’s food distribution partners
- The Institute of Public Health’s health education training program

By mid-November the training concept within Reproductive Health had again been changed. The breastfeeding components of both the Essential Newborn Care and Breastfeeding and IMCI were shortened or omitted. This consultant was asked to run short up-dates at all the hospitals in Kosovo before the end of December.

With the assistance of the WHO Regional Health Advisors these up-dates were organised for hospital and health house staff in Vrustri, Prizren, Peja, Prishina, Gjakova, Gilani and Ferizaj.

The request to hold these update in hospitals with opportunity for on-site practice of positioning and attachment skills was nearly impossible to fulfill. At some sites the number of participants was simply too large. 20-25 was the suggested number; in Vrustri 55 participants came from the surrounding area; in Prizren there were 85.

Even where numbers were smaller there were other impediments to on-site practice. In Gjakova, the sessions were inexplicably shortened to two hours from the original three so even the theoretical part had to be compressed. Here, as in other settings, scheduled times were viewed flexibly by participants. A 15-30 minute delay was the rule. In Peja, an NGO with a large group of trainers unexpectedly tried to claim the room two hours into our three hour session. It was difficult to continue with that group looking in repeatedly to see if we were finished. In Gjakova a large contingent of armed Italian KFOR personnel wanted to appropriate the room at the beginning of one afternoon session to pay staff their stipends. They were persuaded to find another space, but afternoons on both days were chaotic with participants wandering in and out

to claim their stipends and considerable noise from the large numbers of people queued to collect their stipends not far from the classroom.

Lack of electricity and heat almost everywhere complicated the teaching as well. With hand-outs prepared for nearly every part of the training, we were able to manage reasonably well without the planned overheads, but it was difficult for participants, trainer and translator to work in rooms that were often extremely cold and where, by 3:30 in the afternoon, light was a problem.

Finally there was considerable reluctance among the participants to be observed as they worked with mothers. This was framed in a number of ways. Some staff at a hospital where we had negotiated 4 hours to ensure plenty of time said they were too tired after being on shift for 20 hours. Others said they had no need to practice because they were doing this every day already. Where we were able to have a look, the gap between theory and practice was generally quite large. It may prove difficult to close that gap anytime soon. The reasons for this lie in the complexity of the situation in Kosovo.

1. Kosovars are justifiably proud of having run their own parallel system in every area of society. Shut out of the government-run system, they created their own. For nearly a decade, Albanian Kosovars were, in effect, home-schooled from primary school through professional training. Health and social services were also run in a parallel system. It was a remarkable feat.
2. This pride in their achievement is sometimes expressed as reluctance to acknowledge gaps in knowledge or skills. This co-exists with a great eagerness for new information.

Kosovars want information and skills training at an international standard. UNICEF's planned introduction of the Baby-Friendly Hospital Initiative (BFHI) early in 2000 is an ideal vehicle for getting breastfeeding management and counselling skills up to an international standard with courses used for BFHI around the world.

## SUMMARY AND RECOMMENDATIONS

Kosovo has traditionally been a culture in which breastfeeding was practiced and strongly supported. To a large extent this is still true, but exclusive breastfeeding, even in the early months, is the exception rather than the rule. Supplementary feeding with tea, sugared water and infant formula has begun in the hospital during the baby's first 24 hours of life. Complementary feeding begins very early and frequently does not take advantage of the most nutritious foods locally available. Recently infant formula has begun to make more and more inroads. Breastfeeding practice in Kosovo does not reflect the international standard of exclusive breastfeeding for about six months and continued breastfeeding with timely, appropriate and adequate complementary foods up to 2 years of age or beyond.

Health care workers, by and large, are not familiar with the research on breastfeeding, with recent advances in breastfeeding management or with strategies for solving even routine difficulties. Even on maternity units where some of the staff have had exposure to the Baby Friendly Hospital Initiative (BFHI) and are aware of strategies such as proper positioning and attachment, practice is far from ideal. Surveys carried out on behalf of WHO, Action for Hunger and Save the Children show a pattern among pediatric and primary health care practitioners of suggesting infant formula to resolve breastfeeding problems.

Staff in many international NGOs and some in UN agencies are also frequently unaware of or unfamiliar with their own agencies' policies and recommendations for breastfeeding practice. Awareness of and interest in the role which breast-feeding plays in pediatric, primary and public health is remarkably low. Even among otherwise well-qualified health care providers, breastfeeding may be approached in an unscientific, negative way, heavily colored by emotion. This places great obstacles in the way of implementation.

If breastfeeding is to be protected, promoted and supported as envisioned by the wide range of policy documents issued by WHO and other UN agencies a holistic integrated approach is needed. The core child survival strategy of GOBI-FFF is one useful model which unifies several life saving strategies – growth monitoring, oral rehydration, breastfeeding, immunization, family planning, female education and food distribution. Breastfeeding alone is not the answer, but without breastfeeding – appropriately practiced – none of the other strategies works as well.

1. WHO and other UN agency policies and practice recommendations for breastfeeding need, first of all, to be communicated to local and international staff of all agencies involved in any way with maternal/child, primary and public health
2. Awareness of the role of breastfeeding in maternal/child, primary and public health is important at the policy-making level both within the agencies and Kosovo-wide to ensure that breastfeeding is considered and taken seriously as policy and materials are developed.
3. Policy needs to be supported by standards of practice, implementation of those standards and, where necessary, legislation and enforcement of that legislation.
4. Close co-operation among UN agencies – WHO, UNICEF, UNHCR, UNFPA and WFP – is essential to ensure that both policy and practice are consistent. WHO and UNICEF have, in the past months, worked closely together in some areas. The UNHCR initiative is another example of fruitful joint effort. This sort of co-operation needs to be continued and expanded. UNFPA and the WFP need to be drawn into these joint efforts more effectively.

### Materials development

There are a great many materials on breastfeeding, complementary feeding and safe artificial feeding available in Albanian. Some of them, such as the pamphlet Thithja (Qumështi i Nënës) – Zgjedhja më e mirë, are outdated and need to be retired from circulation. In other cases, there are several publications available on the same topic. Complementary feeding is one example:

- Grupi shqiptar i IBFAN has published Fillimi I ushqimeve shtesë
- Action Against Hunger has developed a similar pamphlet for the same target group
- The food box in the IMCI course planned for early 2000 has recently been adapted for Kosovo by two international consultants

Existing Albanian language materials should be evaluated both for accuracy of content in accordance with up-to-date research and the latest WHO/UNICEF recommendations and for relevancy to current needs before further new materials are developed. A short-term Albanian speaking breast-feeding specialist familiar with the English-language breast-feeding literature should be recruited for this purpose

English-language materials also need to be evaluated both for accuracy of content in accordance with up-to-date research and the latest WHO/UNICEF recommendations and for relevancy to current needs before further translations are undertaken.

With the profusion of new materials on breastfeeding just within the UN system, there is an urgent need for a review process to ensure that:

1. All materials issued under UN auspices (mostly, but not exclusively, WHO and UNICEF) give consistent messages
2. All materials conform to the basic policy documents – the Innocenti Declaration, the International Code on Marketing of Breast-Milk Substitutes and subsequent relevant resolutions, Protecting, Promoting and Supporting Breastfeeding – and are evidence-based, reflecting up-to-date research
3. Even materials which have proven themselves and are in widespread use – like Essential Newborn Care and Breastfeeding and the courses used in Baby-Friendly Hospital Training should be reviewed at set intervals to ensure that they remain up-to-date.

### **Translation**

Translation frequently proved to be a great obstacle to information-sharing. The Essential Newborn Care and Breastfeeding course, for instance, had to be postponed repeatedly because translations were not completed or were inaccurate. Communication was also impeded in some cases by verbal translation. Even when translators are fluent in both languages (and this was not always the case) specialized medical vocabulary can be daunting. Offering staff translators a short course in English medical terminology could be useful in solving this on-going problem.

### **Training**

Planning for further training needs a great deal more local involvement and should focus not only on the obvious immediate target group – health care providers in maternity and pediatrics - but also on student nurses and physicians and on the physicians being retrained as family practitioners. Training programs and texts intended for these groups need to incorporate the same evidence-based information that is used in the more extensive training courses on breastfeeding.

When preparing a course for use in training on breastfeeding, course directors will need to allot more than the usual time and be prepared to fill in gaps in basic knowledge. Small group work, group discussion and role play should be major vehicles of learning wherever possible. Direct questioning is not as productive a teaching strategy as it might otherwise be because of a reluctance to be seen as not knowing. In groups with both nurses and physicians, nurses do not participate actively unless the structure is designed to be inclusive. This is not a problem confined to Kosovo, but it is quite pronounced here. Overheads, slides and videos spread throughout the training make it more interesting and practice-relevant, but those require reliable equipment and electricity. If training is going to take place in the participants' own institutions – as it should be if training is to be relevant and practical – light portable overhead and slide

projectors, a small television, video player and a portable generator should be part of the routine equipment accompanying the trainers. At least one person on the training team should be well acquainted with the use of this equipment.

The scope of the course and the essential nature of supervised practice should be communicated both to hospital management and to the participants prior to the start of the course.

### **Consultants**

The need for accurate up-to-date breastfeeding information, anchored both in research and in the plethora of UN policy and practice documents might be met by a longer term appointment of a consultant with this expertise, - perhaps as a joint WHO/UNICEF appointment in Kosovo - but the ground needs to be prepared if this sort of consultancy is to be effective.

The issues surrounding breastfeeding and their relationship not only to the health of mothers and children, but to primary and public health as well need to be clear at policy and managerial levels. A flexible concept for action would need to be developed between WHO, local authorities and the consultant to ensure that these activities are relevant, supportable and sustainable in the Kosovo context. Given the divergency of views on breastfeeding policy, sufficient autonomy for the consultant and the active assistance of management in integrating this work into all relevant areas, would need to be assured. If the consultant did not have strong Albanian-language skills, the use of short-term consultants for some aspects of the work – evaluating Albanian-language materials and some teaching, for instance – should be considered.

### **Setting breastfeeding targets**

Realistic breastfeeding targets should be set as indicators for effectiveness of the interventions that are undertaken. Looking at current practice and keeping in mind global breastfeeding standards the following would seem to be reasonable goals for the next year.

#### **◆ Information gathering**

1. WHO might want to consider offering its assistance to Action Against Hunger in preparing the planned for survey to ensure that a broad range of information useful both for practice and policy-making is acquired.
2. Based on that information, goals for change in health care and infant feeding practice could be refined and quantified.

Even without this new data the information we already have on maternity and infant feeding practice in Kosovo suggests some obvious changes

#### **◆ Changes in Health Care Practice**

1. Eliminate pre-lacteal feeds and routine complementary feeding in accordance with the WHO list of Acceptable Medical Reasons for Supplementation.
2. Institute routine 24-hour rooming-in
3. Staff each hospital maternity unit and health house with maternity services with at least one person with specialised breastfeeding knowledge and skill in breastfeeding management

#### **◆ Changes in Breastfeeding Practice**

1. Begin breastfeeding within the first hour of life
2. Increase 4-month exclusive breastfeeding rates
3. Increase the number of children getting appropriate complementary foods between 6 and 18 months. Once the IMCI course has been run and there is widespread familiarity with the adapted food box, there should be a good basis for making these changes.

These relatively modest early interventions in current practice can effect very significant change in long-term feeding practices. In any society this translates into better health in both the short and long term.

**Elizabeth Hormann**  
**Breastfeeding Consultant**  
**December 18, 1999**

## Appendix 1

### Albanian language breastfeeding material in the WHO Office as of December 15, 1999

1. Ablaktacioni (Weaning)
2. E ardhmja e Shqipërisë (Albania's future) UNICEF – English and Albanian
3. Fillimi I ushqimeve shtesë (Introduction to complementary feeding)
4. Fletëpalosje për nënat që ushqejnë me gji (A leaflet for breastfeeding mothers)
5. Gjiri I Nenes: Buletin Informativ I Grupit Shqiptar Per Mbrojtjen Dhe Nxitjen E Ushqyerjes Me Gji (Anetar I IBFAN) (Albanian IBFAN Group Newsletter – Vols 1 & 2 – 1998 and Vol 1 – 1999)
6. IBFAN Action Pack
  - (a) Çfare është IBFAN? (What is IBFAN?)
  - (b) Dhjete Hapat drejt nje Ushqyerjeje te Suksesshme me Gji (Ten Steps to Successful Breastfeeding)
  - (c) Histori (History)
  - (d) IBFAN-I SOT (IBFAN Today)
  - (e) Kodi Ndërkombëtar: Pyetje & përgjigje për puononjësit e shëndetësisë (The International Code: Questions and Answers for Health Workers)
  - (f) Monitorimi I industrise se ushqimeve per foshnjat dh femijet e vegjel (Monitoring of the infant feeding industry)
  - (g) Nga se rrezikohet ushqyerja me gji (How breastfeeding is undermined)
  - (h) Si te behemi nje grup I IBFAN (How to become an IBFAN Group)
7. Kodi Ndërkombëtar I Marketingut Të Zëvendësuesve Të Qumështit Të Gjirit (International Code of Marketing of Breast-Milk Substitutes)
8. Miresevini Nena: Shëndeti juaj, Shëndeti I fëmijës (Welcome Mothers! Five pamphlets distributed to mothers after delivery)
9. Përmbledhje: Në Mbrojtje Të Shëndetit Të Fëmijëve (Protecting Infant Health: A Guide to the International Code for Health Workers)
10. Qumështi I gjirit, më I miri (Breastmilk is the Best)
11. Qumështi I Nje Nene Eshte Formuar Per Remijen E Saj (Your Breast Milk – Ideal for Your Baby)
12. Raport mbi Monitoriumin e Praktikave te Ushqyerjes se Foshnjave dhe Femijeve te Vegjel ne Perputhje me Kodin Nderkombetar te Tregtimit te Zevendesuesve te Qumeshtit te Gjirit (Situational Analysis of Albania) – In English and in Albanian
13. Si ta bëjmeë ushqyerjen artificiale të sigurtë (How do you make artificial feeding safe?)
14. (a) A ndikon stresi mbi ushqyerjen me gji? Does stress affect breastfeeding?
  - (b) Dis këshilla për ushqyerjen me gji
  - (c) Rifillimi I ushqyerjes me gji (Relactation)
  - (d) Ushqyerja artificiale (Artificial Feeding)
  - (e) Ushqyerja me gji dhe shëndeti I nënës  
Five leaflets based on Infant Feeding in Emergencies: A Guide for Mothers)
15. Udhëzime per ushqyerjen shtese te femijeve qu ushqehen me gji ne moshat 6-24 muaj (Guidelines for complementary feeding for children between 6 and 24 months)
16. Ushqyerja e Foshnjave në Emergjenca: Një udhërrëfyes për nënat (Infant Feeding in Emergencies: A Guide for Mothers)
17. Ushqyerja me gji si te kryhet me sukses (Breastfeeding – How to Proceed Successfully: A Practical Guide for Health Workers, 1996)

18. Ushqyerja me Gji. Fillim I mbarë për zhvillimin e femijëve  
(Breastfeeding education for life. World Breastfeeding Week 1999)
19. Ushqyerja me Gji Investimi me I mire (Breastfeeding: The Best  
Investment – World Breastfeeding Week 1998)
20. Ushqyerja per foshnjat nen gjashte muaj ne situata te emergjences:  
Manual per personelin qu punon ne kampet e refugjateve (Feeding  
Infants Under 6 Months in Emergency Situations: A Manual for  
Personnel Working in Refugee Camps)

**List of materials translated into Albanian but not yet in WHO Office**

1. Participants Manual - WHO's 18 Hour Course
2. Model Law of ICDC
3. How to cup-feed a baby- leaflet
4. Fact sheet- ad.hoc. group on infant feeding in emergencies-  
leaflet
5. IBFAN declaration on the use of the cups

## Appendix 2

### Inventory of Breastfeeding Reference and Teaching Materials

#### Reference

1. Ad Hoc Group on Infant Feeding in Emergencies. *Infant Feeding in Emergencies: Policy, Strategy & Practice*, 1998 (WHO)
2. IBFAN *Crucial Aspects of Infant Feeding in Emergency and Relief Situations*, 1995 (WHO)
3. International Lactation Consultant Association. Evidence-Based Guidelines for Breastfeeding Management during the First Fourteen Days, 1999 (Photocopy) (WHO)
4. La Leche League International. *The Womanly Art of Breastfeeding*, 5<sup>th</sup> ed. 1991 (UNICEF and WHO)
5. La Leche League International. The Breastfeeding Answer Book, 3<sup>rd</sup> Printing, 1993 (UNICEF)
6. La Leche League International. The New Leader's Handbook, 3<sup>rd</sup> Printing, 1994 (UNICEF)
7. Lauwers, Judith & Woessner, Candace. Counseling the Nursing Mother: A Reference Handbook for Health Care Providers and Lay Counselors, 1990. (WHO)
8. Lawrence, Ruth A. Breastfeeding: A Guide for the Medical Profession, 4<sup>th</sup> ed. 1994 (UNICEF)
9. Nursing Mothers' Council of the Boston Association for Childbirth Education. Breastfeeding Your Baby: A Practical Guide for the New Mother (UNICEF)
10. Renfrew, Mary, Fisher, Chloe and Arms, Suzanne. Bestfeeding: Getting Breastfeeding Right for You., 1990 (UNICEF)
11. Riordan, Jan & Auerbach, Kathleen. Breastfeeding and Human Lactation, 1993 (WHO)
12. Riordan, Jan & Countryman, Betty Ann. Basics of Breastfeeding: A Guide for Nurses, LLL #119, 1988 (WHO)
13. Royal College of Midwives. *Successful Breastfeeding*, 2<sup>nd</sup> Edition. 1991. (UNICEF)
14. WHO/EURO *Breastfeeding: How to Support Success: A Practical Guide for Health Workers*, 1997. (WHO)
15. WHO/CHD Evidence for the Ten Steps to Successful Breastfeeding, 1998 (WHO)

#### Documents

1. WHO/UNICEF *Protecting, Promoting and Supporting Breast-Feeding: The Special Role of Maternity Services* (WHO and UNICEF)
2. WHO/UNICEF BFHI Part II – Hospital level Implementation, 1992 (WHO and UNICEF)
3. WHO/UNICEF BFHI Part IV – Ending Distribution of Free and Low-Cost Supplies, 1992 (UNICEF)
4. WHO/UNICEF BFHI European Action Plan (WHO and UNICEF)
5. WHO International Code of Marketing of Breast-milk Substitutes, 1981 (WHO and UNICEF)
6. WHO/Euro *Infant Feeding in Emergencies*, 1997 (WHO and UNICEF)
7. WHO/CAH *Relactation: Review of Experience and Recommendation for Practice*, 1998 (WHO and UNICEF)

#### Courses

1. WHO/Euro *Essential Newborn Care and Feeding* (3 parts), 1997 (WHO)
2. WHO/Geneva *Breast-feeding Counselling: A Training Course* (WHO and UNICEF)
3. WHO/Wellstart *Promoting breast-feeding in health facilities: A short course for Administrators and Policy-Makers*, 1996 (UNICEF)

#### Parent Education

1. *Baby's First Solid Food*. LLL# 105, 1983 (WHO and UNICEF)
2. *Breastfeeding*. LLL Tear-off Sheet (WHO and UNICEF)

3. Breastfeeding After a Cesarean Birth. LLL #80, 1988 (*WHO* and *UNICEF*)
4. Breastfeeding Basics for New Mothers LLL Tear-off Sheet (*WHO* and *UNICEF*)
5. Breastfeeding does make a difference LLL #64, 1992 (*WHO* and *UNICEF*)
6. Breastfeeding and fertility. LLL #87, 1991 (*WHO*)
7. Breastfeeding: Baby's first immunization. LLL #456, 1995 (*WHO*)
8. Breastfeeding the Baby with Down Syndrome. LLL #23, 1985 (*WHO* and *UNICEF*)
9. Breastfeeding the Chronically Ill Child. LLL #51, 1991 (*WHO*)
10. Breastfeeding Twins. LLL #52, 1991 (*WHO* and *UNICEF*)
11. Breastfeeding Your Premature Baby. LLL #26 (*WHO*)
12. Common breastfeeding myths. LLL #75, 1998 (*WHO*)
13. Does Breastfeeding Take Too Much Time? LLL #63, 1989 (*WHO* and *UNICEF*)
14. Establishing your milk supply. LLL #81, 1989 (*WHO* and *UNICEF*)
15. Establishing your milk supply. LLL #469, 1996 (*WHO* and *UNICEF*)
16. How to handle a nursing strike. LLL #62, 1992 (*WHO*)
17. How to know your healthy full-term breastfed baby is getting enough milk. LLL # 457, 1994(*WHO*)
18. Increasing your milk. LLL #85, 1988 (*WHO*)
19. Manual expression of breast milk: Marmet technique. LLL #27, 1989 (*WHO*)
20. Mother's Guide to Milk Expression and Breast Pumps. LLL #30, 1991 (*UNICEF* and *WHO*)
21. Newborn jaundice. LLL #25, 1989 (*WHO* and *UNICEF*)
22. Nipple confusion. LLL #32, 1992 (*WHO* and *UNICEF*)
23. Nursing My Baby with a Cleft of the Soft Palate. LLL # 122, 1998 (*WHO*)
24. Nutrition and Breastfeeding. LLL #159, 1987 (*WHO* and *UNICEF*)
25. Persistent diarrhea: Could it be lactose intolerance? LLL # 31, 1992 (*WHO*)
26. Preparing your nipples. LLL #106, 1987(*WHO*)
27. Practical hints for working and breastfeeding. LLL #83, 1991 (*WHO* and *UNICEF*)
28. Positioning Your Baby at the Breast. LLL # 107 (*WHO* and *UNICEF*)
29. Sore breasts. LLL #29a, 1993 (*WHO* and *UNICEF*)
30. Sore nipples. LLL #28, 1989 (*WHO* and *UNICEF*)
31. Stillen LLLD (*WHO*)
32. Stilltechniken, die funktionieren. LLLD (*WHO* and *UNICEF*)
33. The Breastfeeding Father. LLL #130, 1987 (*WHO*)
34. When babies cry. LLL #20, 1991 (*WHO* and *UNICEF*)
35. When a nursing mother gets sick. LLL #21a, 1996 (*WHO*)
36. When you breastfeed your baby: The first weeks. LLL #124a, 1993 (*WHO* and *UNICEF*)
37. Your Baby's First Solid Food. LLL #105a, 1993 (*WHO*)

### **Videos**

At MALKE med handen/ At DRIKKE af kop (Hand expression and Cup Feeding) (*UNICEF*)  
 Breastfeeding: The Baby's Choice (*UNICEF*)  
 Helping a Mother to Breastfeed: No Finer Investment (*UNICEF*)  
 She Needs You (Swedish Breastfeeding Institute) (*UNICEF*)  
 Umijece Dojenja (Breastfeeding film in Croatian) (*UNICEF*)