

FEEDBACK FORM (Evaluation form)**Activities completed during the World Breastfeeding Week (1-7 August 2005)****Theme: Breastfeeding and Family Foods: Loving & Healthy**

Name: _____ Organization _____

Address: _____

Town _____ District _____ State _____ Pin Code _____

Phone _____ Fax _____ Email _____

Please tick / number the activities conducted by you.

Tick	No.	
		Distributed pamphlets Where _____ How many _____
		Arranged Press Conference/release (attach the release)
		Arranged talk/lecture Where _____ No. of people participated _____
		Arranged public meeting Where _____ Number of meeting _____
		Conducted Radio program (please specify the date, time and channel)
		Programmes conducted in the hospitals
		Programmes conducted in the schools
		Awareness programmes arranged in the community
		Programmes arranged with ANMs and Anganwadi Workers
		Advocacy meetings with State / District level (Health department, Social Welfare department)
		Wrote letters to State / District health and social welfare authorities (attach specimen copy)
		Translation of the document (specify the language and attach a copy)
		Sent – emails with information on the theme
		Conducted survey to find out the number of exclusive breastfeeding mothers in the area (attach survey form)
		Other actions (please specify)

According to you what was the most useful activities of the above and why? (Add extra page, if needed)**How many people participated in the activities?**

Number of women _____ Number of men _____

Number of children _____ Number of groups _____

Do you think the activities organised by you would have impact on the people? Yes No **If yes, please specify the type of impact (add extra page, if needed)****Please specify the problems/challenges faced by you in communicating the messages on optimal feeding practices and organising the activities. (add extra page, if needed)**Would you like us to put your name and contact information on the BPNI website? Yes No **Please send supporting photographs and other informational material of these activities.****Kindly post / courier this form with supporting documents latest by 30.9.2005 to:**

Breastfeeding Promotion Network of India (BPNI)
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Tel: 011-27312445 Tel/Fax: 011-27315606