**INFANT AND YOUNG CHILD FEEDING**

**A tool for assessing national practices, policies and programmes**

## Part two

# INFANT AND YOUNG CHILD FEEDING POLICIES AND TARGETS

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# Policies and targets

## 1. National infant and young child feeding policies

**Question**: ***Do national policies protect, promote and support optimal infant and young child feeding?***

### Background

The *Innocenti Declaration* (*4*), endorsed by 139 governments at the 1990 World Summit for Children, recommends that "all governments should develop national breastfeeding policies…". The *Global Strategy on Infant and Young Child Feeding* (*1*) which was developed by WHO in collaboration with UNICEF, was unanimously endorsed by the 55th World Health Assembly in May 2002, and by the Executive Board of UNICEF in September 2002. The Global Strategy specifies key topics that should be covered by national policies, many of which are included in the criteria below. In addition, national authorities are urged to integrate their infant and young child feeding policies into other relevant policies, whenever appropriate.

### Possible sources of information

Discussions can be held with national coordinators for infant and/or young child feeding; officials from the ministries of health, planning, and/or labour; representatives of government regulatory authorities; representatives of UNICEF and WHO; and country breastfeeding promotion groups. Review any national policies that cover infant and young child feeding.

**Information sources used** *(please list):* ... …………………………... ... ... ... ... ... ... ... ... ... ...

………………………………………………………………………………………………………………

| ***Guidelines for scoring*** | |
|---|---|
| ***Criteria for effective national policies on infant and young child feeding*** | ***Score***<br>*Circle or highlight those that apply* |
| ▪ A national policy on infant and young child feeding has been officially adopted by the government.<br>Date(s) adopted: …………………………………………………… | 2 |
| ▪ The policy promotes infant and young child feeding practices consistent with international guidelines. | 2 |
| ▪ The policy addresses provision of skilled counselling and support in the health system and communities. | 1 |
| ▪ The policy covers guidelines for HIV and infant feeding and provides for counselling and support related to this issue. | 1 |
| ▪ The policy addresses the issue of how to manage infant and young child feeding in emergency situations. | 1 |
| The policy covers the other issues outlined in the policy section of the *Global Strategy on Infant and Young Child Feeding* (see Annex 4 for a summary list of issues). | 1 |
| ▪ The policy is routinely distributed and communicated to those managing and implementing relevant programmes. | 1 |
| Infant and young child feeding policy is appropriately integrated into other relevant national policies (health, nutrition, AIDS, family planning, Integrated Management of Childhood Illness (IMCI), integrated child health policies, etc.) *List which*:<br>……………………………………………………………………………….. | 1 |
| ***Total score***: | ……….. |

| ***Additional information (not rated)***<br>*(Use multiple sheets or adapt the form, as necessary)* | | |
|---|---|---|
| ***Title of policy covering infant and/or young child feeding*** | ***Date adopted*** | ***Issues/topics covered*** |
| | | |
| | | |

| ***Guidelines for rating*** | |
|---|---|
| **Score on criteria for national infant and young child feeding policies**: ……… **points** | |
| ***Score*** | ***Rating*** |
| 0 – 4 | Poor |
| 5 – 6 | Fair |
| 7 – 8 | Good |
| 9 – 10 | Very good |
| **Rating on national infant and young child feeding policies**: | ………………….. |

| ***Conclusions and recommendations*** |
|---|
| Summarize which aspects of the infant and young child feeding policies are good, and which aspects need improvement and why. Identify areas needing further analysis and make recommendations for action. |

## 2. National coordinators and committees

**Question**: ***Are there national breastfeeding and/or infant and young child feeding coordinators and committees?***

### Background

The *Innocenti Declaration* calls upon all governments to appoint "a national breastfeeding coordinator of appropriate authority" and to establish "a multisectoral national breastfeeding committee composed of representatives from relevant government departments, nongovernmental organizations, and health professional associations" (*4*).

The *Global Strategy for Infant and Young Child Feeding* (*1*) confirms the continued importance of the Innocenti targets. It suggests that future strategies should reflect a comprehensive approach to meeting feeding requirements during the first three years of life. Accordingly, it is important that the position description of the breastfeeding coordinator, as well as the terms of reference of the national breastfeeding committee, be broadened to include "young child feeding". If another entity is responsible for young child feeding, its work should be closely coordinated with the breastfeeding coordinator and the breastfeeding committee.

### Possible sources of information

Data can be gathered from the chairperson of the national breastfeeding and/or infant and young child feeding committee(s); the national coordinator(s) for these programme components; ministry of health officials; representatives of UNICEF and WHO; and representatives of relevant NGOs and/or donor agencies.

**Information sources used** *(please list:* …………………………………………………………...

…………………………………………………………………………………………………………

| ***Guidelines for scoring*** | |
|---|---|
| ***Criteria*** | ***Score***<br>*Circle or highlight those that apply* |
| ▪ A national coordinator[6] is responsible for breastfeeding or infant feeding. | 2 |
| ▪ A national coordinator is responsible for young child feeding (either the same or separate from the coordinator for breastfeeding). | 2 |
| ▪ The national coordinator(s) work at least half time in salaried position(s) managing the national infant and young child feeding programme(s). | 2 |
| ▪ Official national committee(s) or commission(s) meet on a regular basis[7] and provide guidance to national programme(s). | 2 |
| ▪ Coordination takes place between sectors and initiatives dealing with breastfeeding and complementary feeding. | 2 |
| ***Total score***: | .......... |

[6] The titles of the coordinators responsible for breastfeeding, infant feeding and/or young child feeding may vary from country to country.

[7] What constitutes meeting "on a regular basis" may vary from country to country, depending on the role of the national committee and the programme's need for guidance. For a full score on this criterion, committee meetings should be scheduled and take place at least twice a year (preferably more often) rather than simply on an ad hoc basis.

| ***Additional information (not rated)***<br>*(Use multiple sheets or adapt the form, as necessary)* | |
|---|---|
| Is there more than one infant and young child feeding coordinator?<br>If yes, how many and what are their responsibilities? | ☐ Yes ☐ No |
| Names of related committee(s) or commission(s). | |
| Frequency of meetings. | |
| Number and percentage of members attending. | |
| Accomplishments during the past five years. | |

***Guidelines for rating***

**Score on criteria for national coordinator(s) and committee(s)**: ……… **points**

| ***Score*** | ***Rating*** |
|---|---|
| 0 – 4 | Poor |
| 5 – 6 | Fair |
| 7 – 8 | Good |
| 9 – 10 | Very good |
| **Rating on national coordinator(s) and committee(s)**: | ………………. |

***Conclusions and recommendations***

Summarize which aspects related to the appointment and functioning of the national coordinator(s) and committee(s) are good, and which aspects need improvement and why. Identify areas needing further analysis and make recommendations for action.

## 3. Baby-friendly Hospital Initiative achievements

**Question**: ***What percentage of hospitals and facilities that provide maternity services has been designated "baby-friendly" based on the global criteria?***

### Background

The *Innocenti Declaration* (*4*) calls for all facilities offering maternity care to practise fully the *Ten steps to successful breastfeeding*. These are set out in a joint WHO/UNICEF statement on *Protecting, promoting and supporting breastfeeding: the special role of maternity services* (*12*).The Baby-friendly Hospital Initiative (BFHI) has encouraged all hospitals and facilities providing maternity care to follow the *Ten steps*. It is recommended that hospitals and maternity facilities needing to purchase breast-milk substitutes should do so at full price through normal procurement channels, accepting no free or low-cost supplies.

UNICEF's periodic progress reports on BFHI (*25*) list the total number of hospitals/maternity facilities in each country and the total number designated "baby-friendly". Some countries have also encouraged "baby-friendly" care in health centres, other similar facilities, and, in a few cases, during home deliveries. The assessment in this part of the *Tool* focuses only on the percentage of hospitals and maternity facilities designated "baby-friendly". Strategies for monitoring, reassessing, and sustaining the Initiative are explored in Part three.

### Possible sources of information

Interviews can be held with the national BFHI coordinator or equivalent in the ministry of health; staff of NGOs involved with breastfeeding; and representatives of UNICEF and WHO. Review any summary reports on the status of the BFHI, including numbers (and percentages) of hospitals declared "baby-friendly". Refer to the latest status report on BFHI prepared by UNICEF Headquarters, for official figures reported by each country. Divide the number of hospitals designated "baby-friendly" by the total number of hospitals with maternity services to obtain the percentage of "baby-friendly" hospitals in the country concerned.

**Information sources used** *(please list)*:…………………………………………………………...

……………………………………………………………………………………………………………

| ***Guidelines for rating*** | |
|---|---|
| **………** of **………** hospitals and facilities offering maternity services have been designated "baby-friendly"**: ……… %** | |
| ***Percentage*** | ***Rating*** |
| 0 – 7% | Poor |
| 8 – 49% | Fair |
| 50 – 89% | Good |
| 90 – 100% | Very good |
| **Rating on BFHI achievements**: | ……………….. |

| ***Additional information (not rated)*** | |
|---|---|
| Percentage of births that take place in facilities with "baby-friendly" care | ……… % |
| Percentage of teaching hospitals designated "baby-friendly" | ……… % |
| Percentage of public hospitals designated "baby-friendly" | ……… % |
| Percentage of private hospitals designated "baby-friendly" | ……… % |

| ***Conclusions and recommendations*** |
|---|
| Summarize progress made towards achieving "baby-friendly" targets, and any aspects of the BFHI needing improvement and why. Identify areas needing further analysis and make recommendations for action. |

## 4. International Code of Marketing of Breast-milk Substitutes

**Question**: ***Is the International Code of Marketing of Breast-milk Substitutes in effect?***

### Background

The *Innocenti Declaration* (*4)* calls for all governments to take action to implement all articles of the *International Code of Marketing of Breast-milk Substitutes* adopted by the 34th World Health Assembly in 1981 and subsequent resolutions. As stated in the *Code*, its aim is "to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution" (*26*). The *State of the Code by country* report (*27*) describes progress made in implementing the *Code*.

*The International Code of Marketing of Breast-milk Substitutes: a common review and evaluation framework* (*28*) provides useful guidelines for reviewing and monitoring implementation of the *Code*. Since the adoption of the *Code* in 1981 (see resolution WHA34.22), 162 of WHO's 191 Member States (85%) have reported on their actions to give effect to its aim and principles. These actions include adoption of new, or revision of existing legislation, regulations, codes, guidelines, agreements, and monitoring and reporting mechanisms.

### Possible sources of information

Current data on *Code* implementation by country can be obtained from the International Code Documentation Centre of the International Baby Food Action Network (IBFAN) which periodically publishes the *State of the Code by country* report mentioned above (*27*). Information may also be obtained from the local IBFAN office; other groups that have conducted national surveys on *Code* compliance; and/or the WHO Department of Nutrition for Health and Development. Other key sources may include officials of the ministry of health, and staff of the UNICEF and WHO regional offices.

**Information sources used** *(please list)*:………………………………………………………... ... ...
.

| ***Guidelines for scoring*** | |
|---|---|
| ***Criteria*** | ***Score***<br>*Circle or highlight the statement(s) that apply. If more than one, record the highest score.* |
| ▪ All articles of the *Code* are implemented, monitored and enforced. | 10 |
| ▪ All articles of the *Code* are implemented and monitored. | 8 |
| ▪ All articles of the *Code* are implemented. | 6 |
| ▪ Some articles of the *Code* are implemented. | 4 |
| ▪ National action has been drafted, awaiting final approval. | 2 |
| ▪ No action taken/planned or no information. | 0 |
| ***Total score***: | ……… |

| ***Additional information, if applicable (not rated)*** | |
|---|---|
| Date the *Code* was enacted: | |
| How and by whom is the *Code* monitored? | |
| How and by whom is the *Code* enforced? | |
| Main findings of last monitoring (e.g. progress made, or inadequate practices). | |

| ***Guidelines for rating*** | |
|---|---|
| **Score on criteria for implementation of the *Code*:** ……… **points** | |
| ***Score*** | ***Rating*** |
| 0 – 4 | Poor |
| 5 – 6 | Fair |
| 7 – 8 | Good |
| 9 – 10 | Very good |
| **Rating on implementation of the *Code*:** | ……………….. |

| ***Conclusions and recommendations*** |
|---|
| Summarize which aspects of *Code* implementation have been achieved, and which aspects need improvement and why. Identify areas needing further analysis and make recommendations for action. |

## 5. Legislation protecting and supporting breastfeeding among working mothers

**Question**: ***Does legislation meet International Labour Organization (ILO) standards for protecting and supporting breastfeeding among working mothers?***

### Background

The *Global Strategy for Infant and Young Child Feeding* calls for adopting and monitoring the application of a policy of maternity entitlements, consistent with the ILO Maternity Protection Convention No.183 (*29*) and recommendations. ILO Convention 183 specifies that women should receive:

- at least 14 weeks of paid maternity leave
- one or more paid breastfeeding breaks daily or a daily reduction of hours of work to breastfeed
- job protection and non-discrimination for breastfeeding workers.

ILO Recommendation 191 specifies that:

- women should receive 16 weeks of paid maternity leave;
- parental leave should be given;
- breastfeeding facilities should be available in the workplace.

### Possible sources of information

Interviews can be held with officials of the ministries of health, labour, welfare, or women's affairs, as well as staff of UNICEF, the local ILO office, the local UNFPA office, and NGOs such as IBFAN and the World Alliance for Breastfeeding Action (WABA). Data on ILO conventions and progress in ratifying them in various countries can be requested from the ILO or from the WABA Women and Work Task Force. The text of the Convention can be obtained from the ILO (*29*) or at web site *http://ilolex.ilo.ch:1567/cgi-lex/convde.pl?C183*). The ILO report, *Maternity protection at work*, provides information from various countries, including length of maternity leave, level of cash benefits and who pays for them (*30*).

**Information sources used** *(please list)*:………………………………………………………………

………………………………………………………………………………………………………………

| ***Guidelines for scoring*** | |
|---|---|
| ***Criteria*** | ***Score*** *Circle or highlight those that apply* |
| ▪ Women covered by the Convention are allowed at least one paid breastfeeding break daily. | 1 |
| ▪ Women covered by the Convention are allowed at least 14 weeks of paid maternity leave. | 2 |
| ▪ In the formal sector, national legislation encourages the establishment of breastfeeding rooms or facilities, with adequate, hygienic conditions, at or near the work place. | 2 |
| ▪ The ILO Maternity Protection Convention (No.183) has been ratified. | 1 |
| ▪ ILO Convention 183 has been enacted. | 1 |
| ▪ Legislation prohibits employment discrimination and assures job protection for breastfeeding workers. | 1 |
| ▪ Measures are in place to protect breastfeeding mothers in atypical forms of work or in the informal workforce. | 2 |
| ***Total score:*** | ………. |

| *Additional information (not rated)* |
|---|
| Information on women covered by ILO Maternity Protection Convention 183.<br>▪ Length of allowed paid maternity leave: ……… weeks<br>▪ Other measures, e.g. crèches, are in place: ☐Yes ☐No<br>If yes, describe: ……………………………………………………….<br>▪ Percentage of pay received during maternity leave: ……… % |
| Describe measures in place to protect breastfeeding mothers in the informal work force. |

| *Guidelines for rating* | |
|---|---|
| **Score on criteria for legislation protecting and supporting breastfeeding**: ……… **points** | |
| ***Score*** | ***Rating*** |
| 0 – 5 | Poor |
| 6 – 7 | Fair |
| 8 – 9 | Good |
| 10 | Very good |
| **Rating on legislation**: | ……………….. |

| *Conclusions and recommendations* |
|---|
| Summarize which aspects of the legislation are good, and which aspects need improvement and why. Identify areas needing further analysis and make recommendations for action. |

***Note**:* International Labour Conventions have the legal status of international treaties. The Constitution governs conditions for their drawing up and adoption by a two-thirds majority of Conference delegates. Once adopted, a Convention must be submitted to the competent authorities of each member State for ratification or other appropriate action. At the request of the Governing Body, member States must report on the state of their law and practice within the area covered by a Convention, whether it has been ratified or not. The ratification of a Convention involves a commitment by the member State to render its provisions effective within its national legal system, and to provide information to relevant ILO supervisory mechanisms for this purpose.

International Labour Recommendations do not have the binding force of Conventions, and are not subject to ratification. Often Recommendations are adopted at the same time as Conventions to supplement the latter with additional or more detailed provisions. These provisions enable the underlying principles of the Convention to be set out and stated more precisely, and serve as a guide to national policies.

# 6. Operational targets of the Global Strategy

**Question**: ***What progress has been made in planning and implementing strategies to meet the new operational targets of the Global Strategy for Infant and Young Child Feeding?***

## Background

The *Global Strategy for Infant and Young Child Feeding* (*1*) – endorsed by the World Health Assembly in May 2002 – both reaffirms the relevance and urgency of the four operational targets of the *Innocenti Declaration* (*4*) and announces five additional operational targets:

- to develop, implement, monitor and evaluate a comprehensive policy on infant and young child feeding, in the context of national policies and programmes for nutrition, child and reproductive health, and poverty reduction;
- to ensure that the health and other relevant sectors protect, promote and support exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require – in the family, community and workplace – to achieve this goal;
- to promote timely, adequate, safe and appropriate complementary feeding with continued breastfeeding;
- to provide guidance on feeding infants and young children in exceptionally difficult circumstances, and on the related support required by mothers, families and other caregivers;
- to consider what new legislation or other suitable measures may be required, as part of a comprehensive policy on infant and young child feeding, to give effect to the principles and aim of the *International Code of Marketing of Breast-milk Substitutes* and to subsequent relevant World Health Assembly (WHA) resolutions.

The achievement of these targets is measured in Part one of this tool through indicators 2, 3 and 5; in Part two through components 4 and 5; and in Part three through components 5, 10 and 11. The criteria below measure progress made in planning to meet these targets.

## Possible sources of information

The complete text of the *Global Strategy* is available on web sites *http://www.who.int/gb/EB_WHA/PDF/WHA55/ewha5525.pdf* and *http://www.who.int/gb/EB_WHA/PDF/WHA55/ea5515.pdf*. Discussions concerning national activities related to implementing the *Global Strategy* can be held with the national infant and young child feeding coordinators, chairpersons of national committees, and other officials in the ministries of health, planning and other sectors, as well as with staff of UNICEF, WHO and relevant NGOs.

**Information sources used** *(please list)*:

……………………………………………………………………….

| Guidelines for scoring | |
|---|---|
| ***Criteria*** | ***Score*** *Circle or highlight those that apply* |
| ▪ Operational targets that are simple, measurable, achievable and time-oriented have been agreed upon. | 2 |
| ▪ Progress in meeting each of the operational targets included in the *Global Strategy* has been assessed. | 2 |
| ▪ A national strategy or action plan for achieving these targets has been developed. | 2 |
| ▪ The action plan is being implemented. | 2 |
| ▪ Mechanisms for monitoring and evaluating progress have been developed. | 2 |
| ***Total score***: | …….. |

| Guidelines for rating | |
|---|---|
| **Score on criteria for new operational targets**: ……… **points** | |
| ***Score*** | ***Rating*** |
| 0 – 2 | Poor |
| 3 – 5 | Fair |
| 6 – 8 | Good |
| 9 – 10 | Very good |
| **Rating on planning to meet new operational targets**: | ……………….. |

| Conclusions and recommendations |
|---|
| Summarize which aspects of the plan to meet the new operational targets are in place, and which aspects need further work and why. Identify areas needing further analysis and make recommendations for action. |

## Summary of achievements related to national infant and young child feeding policies and targets and recommendations

| ***National policies and targets*** | ***Score*** *(out of 10)* | ***Rating*** |
|---|---|---|
| ▪ Development of national infant and young child feeding policies. | | |
| ▪ Appointment of national breastfeeding or infant and young child feeding coordinators and establishment of national committee(s). | | |
| ▪ Baby-friendly Hospital Initiative achievements. | ……… % | |
| ▪ Implementation of the *International Code of Marketing of Breast-milk Substitutes.* | | |
| ▪ Enactment of legislation protecting and supporting breastfeeding among working mothers. | | |
| ▪ Planning and implementing strategies to meet the new operational targets of the *Global Strategy.* | | |

| ***Summary of conclusions, and recommendations*** |
|---|
| Summarize achievements related to national policies and targets, indicate which areas still need further work, and make recommendations for action. |