

Introduction and instructions

This *Tool* is designed to assist users in assessing the status of infant and young child feeding practices, policies, and programmes in their country. The purpose of such an assessment is to identify strengths and possible weaknesses, with a view to improving the protection, promotion, and support of optimal infant and young child feeding.

The *Tool* is designed to be a flexible instrument. It can be used in its entirety, which is preferred, or in part, and can be employed by a range of users for various purposes. The approach taken may depend on:

- the stage of policy and programme development in the country concerned;
- the commitment of key decision-makers to undertake the assessment and to use the results; and
- the human and financial resources available.

The *Tool* can be used as a companion piece to the *Global Strategy for Infant and Young Child Feeding (1)* as an assessment tool to help determine where improvements might be needed to meet the *Global Strategy* targets. Consideration should be given to using the *Tool* periodically, every several years, to track trends on the various indicators, report on progress, identify areas still needing improvement, and assist in the planning process.

Parts of the tool

Part one, Infant and young child feeding practices can be used to assess progress made on key practices in infant and young child feeding and to help identify background data which interact with these practices. Practice indicators are based on those recommended by WHO for global use (2,3).

Part two, National infant and young child feeding policies and targets is focused on the key actions and targets identified by the *Innocenti Declaration (4)* which governments have been encouraged to achieve, as well as additional targets identified in the *Global Strategy for Infant and Young Child Feeding*. This part of the *Tool* provides a mechanism for assisting countries in assessing their progress in meeting these key targets.

Part three, National infant and young child feeding programme is focused on other important aspects of a comprehensive national programme that take more time to evaluate. These include, for example, up-to-date pre-service education, community outreach activities, and contraceptive support for breastfeeding women. The material in this section will help to guide an initial assessment of progress in the development and implementation of key components of a national programme. The key components included here have been shown to play an integral role in the overall approach needed to protect, promote, and support optimal infant feeding practices.

These three parts of the *Tool* will help to provide assessment data that can assist planners and decision-makers at various levels in identifying the strengths and weaknesses of their current policies and programmes. This, in turn, will enable them to plan effectively for any needed improvements.

Scoring and rating of achievements

Each indicator or component has been designed to be user-friendly. Clear directions are provided to the user about how to undertake the assessment for each indicator including:

- the **key question** that needs to be investigated;
- **background** on why the practice, policy or programme component is important, with key references, when relevant;
- suggestions concerning possible **sources of information** or data, with a blank space for recording which data sources are actually used – when available, URLs for web sites containing useful information have been embedded in the text of the electronic version; and
- a list of **key criteria** to consider in identifying achievements and areas needing improvement, with guidelines for scoring and rating progress.

Sources of data. A usually high-quality source of data is the *Demographic and Health Survey (DHS)*(5) conducted in collaboration with Macro International and national research organizations, with support from USAID. If this source is used, the data are likely to be comparable across countries. Other sources include the UNICEF *Multiple Indicator Cluster Survey (MICS)* (6) and the *WHO Global Data Bank on Breastfeeding and Complementary Feeding* (7). In some countries recent national surveys may have been conducted. It is important to assess the scope and quality of any data sources being considered for use.

Because local sources may have the most recent information, these should be identified at the beginning of the process. Possible local sources include departments where national statistics and/or censuses are kept, *DHS* focal points where available, universities, and WHO collaborating centres.

In **Part one**, the section on **Infant and young child feeding practices** asks for specific numerical data on each indicator. Whenever possible, assessors are encouraged to use data from a random household survey that is national in scope or that covers the local area or region being assessed. The level of achievement on each indicator is rated on a scale including “poor”, “fair”, “good”, and “very good”. The cut-off points for each level were selected systematically, based on an analysis of past achievements on these indicators in developing countries.

The ratings were developed based on an analysis of percentages achieved by countries on the various indicators, as evidenced by results from the *DHS* (5) and other selected national studies presented in *Breastfeeding patterns in the developing world* (8). The results from each country were rated from lowest to highest, using the Excel software programme. The results were then divided into five parts. The first two-fifths of the scores were used to determine the rating for “poor”, the second two-fifths for “fair” and the last one-fifth for “good”. The rating “very good” was reserved to indicate practices that were close to ‘optimal’ – for example 90–100% attainment of exclusive breastfeeding for 0–<6 months. The rating system allows a country to compare its progress on the various indicators with that of other countries, reserving the highest rating only for optimal practices.

For many reasons including access to food, availability of food types, working patterns, and cultural norms, practices may differ between rural and urban areas. It is therefore recommended that information about practices be disaggregated by urban/rural area. If the country has the capacity to make such an analysis, assessment results for each practice should be provided for each area. Using the suggested sources of data, the assessment team can consider each indicator for urban/rural areas, integrating this information into the corresponding practice page. The inclusion of this information may help stakeholders – during analysis and planning – to target the most vulnerable groups.

Background data in Part one is not to be scored. It should be used to provide a better understanding of the context which influences and is influenced by infant and young child feeding practices and programming. It is recommended that the information be separated by rural/urban area for as many as possible of the background data indicators.

In **Parts two and three** a set of criteria has been developed for each component. In most cases these criteria summarize the key achievements that would, in total, indicate a country's progress in a particular area. Each criterion is given a possible score of 1–3 points. The scores are weighted, depending on the importance of good performance attached to each criterion. A score of 10 points is the maximum total possible for each component. Achievement on each component is then rated “poor”, “fair” “good” or “very good”. Guidelines are provided on the number of points needed for each rating.

To help in scoring the criteria, the collection of **additional information** is suggested for some components. Definitions of key terms and additional technical information on some of the policy and programme components are provided in the attached Annexes.

The criteria for the programme components in **Part three** are often qualitative in nature. In some cases they may be difficult to score. The scoring system therefore offers three alternatives for each criterion:

- a full score if the criterion is fully met;
- half of the number of points if the criterion is met “to some degree”; and
- zero (0) points, if the criterion is not met at all.

An alternative **Checklist** version of **Part three** is also provided. Some users may find this alternative preferable as it gives countries the option of assessing strengths and weaknesses without quantitative scoring. It allows users to indicate whether the country (or local area or region within it) being assessed meets the various criteria for each programme component fully (“yes”), partially, (“to some degree”), or not at all (“no”).

Potential users

The *Tool* can be used by a team composed of key national policy-makers, programme managers or staff, and leaders of local nongovernmental organizations (NGOs) who wish to undertake an assessment of their country's progress in the area of infant and young child feeding. Such an assessment could be a first step in formulating a plan of action for strengthening policies and programmes.

Countries developing plans to implement the *Global Strategy for Infant and Young Child Feeding* can use the *Tool* as a companion document for needs assessment and planning purposes. It has often been shown that if key decision-makers are engaged in assessing their own policies and programmes, they are much more likely to accept the results and take the actions needed to remedy any deficiencies identified.

The *Tool* can be used separately by donor agencies to assist in assessing the situation related to infant and young child feeding, in order to determine where their support might best be targeted. It

can also be used by advocacy groups for assessing progress, in order to identify areas for improvement which their members can advocate or support. However, if key representatives of government, NGOs, donor agencies and advocacy groups are all involved in a joint assessment process, it is much more likely that all those who can potentially provide programme and financial support will reach a consensus as regards an understanding of the situation, the actions needed, and how to work together to achieve them.

The *Tool* can also be used at the regional/local levels to help in assessing the need for improvements at those levels. Consideration should be given to designing a process that engages local and regional teams in assessment, analysis, and planning for action at the local/regional level – while feeding the results into a larger national planning process. The importance of a process that provides an opportunity for input from the community and gains the commitment of those who must eventually implement the recommendations at various levels cannot be over-emphasized.

Using the assessment tool

The process for conducting an assessment may vary from country to country. The choice of strategy that will both yield the most accurate results and best motivate decision-makers to make improvements will depend on who is using the *Tool* and for what purpose, as well as the particular national context. As mentioned above, although the potential users may vary, it is recommended that representatives from the national government, NGOs, donor agencies and advocacy groups be involved in a joint assessment, whenever possible.

The *Tool* was field tested in nine countries. The experience of the teams who participated in the field tests was helpful in providing guidance on the key steps involved, alternative strategies for collecting data, and methods of scoring and rating. That experience was also useful in developing recommendations for action in a joint assessment involving key decision-makers. The suggestions which emerged are summarized below.

Step 1. Identify a key coordinator and any support needed. The person responsible for initiating the assessment process should identify the organization and key individual within it who will be the primary coordinator of the assessment team. This could be a staff member of an organization that is central to planning and implementation of the country's national infant and young child feeding programme. For example, it could be the national breastfeeding (or infant and young child feeding) coordinator within the Ministry of Health. If the key coordinator has only a limited amount of time available, a senior consultant might be identified to coordinate the work of the assessment team.

The initiator of the process and the key coordinator should review the *Tool*, and decide generally how the assessment should be conducted. They should at the same time determine whether any financial support is needed; if so, they should identify the amount that can be made available and by whom. For example, funding may be needed for transportation and other expenses involved in the arrangement of meetings, photocopying, and other costs, depending on the country.

Step 2. Identify the assessment team. The composition and size of the team may vary, depending on which organizations are represented in the assessment. The team could include representatives of:

- the department or unit within the Ministry of Health responsible for infant and young child feeding,
- NGOs and advocacy groups working in the field of infant and young child feeding;
- key professional organizations;
- international agencies such as WHO and UNICEF, and donor and bilateral aid agencies that may provide financial or technical support for programme activities.

It is useful to have a core team of between four and seven members who have primary responsibilities for data collection and who are active throughout the entire process. If it is necessary to involve a wider group of representatives, consideration could be given to their participation in key meetings where data is reviewed, results are agreed upon, and recommendations for action are developed.¹

Step 3. Plan and undertake the assessment. When deciding on the assessment process, the assessment team should establish a timetable for completing the assessment, as well as operating rules for the team. Operating rules should define what individual team members will do to contribute to the overall effort, how they will work together, how they will communicate with one another, and how they will consolidate feedback and make recommendations. Any support that will be provided for expenses involved in data collection or team meetings should be clearly specified.

The assessment will probably involve both a series of working meetings and periods of data collection. For example:

- An initial orientation and assessment planning meeting could be held with the members of the core team. During this meeting the *Tool* and the assessment process would be reviewed, roles and responsibilities for data gathering would be agreed upon, and a schedule would be established for data collection and meetings for data review and development of recommendations.
- Following this initial meeting, individual team members could gather information agreed upon at the meeting, to be fed into the various parts of the *Tool*.
- A second meeting or series of meetings could then be held to review data, agree on the scoring and rating of indicators and components, and propose recommendations. How this part of the assessment process would be organized would depend on the resources available and preferred style of working in the particular country

In some countries the process of reviewing data, agreeing on scoring and rating and proposing recommendations, may be completed during one meeting or workshop, lasting several hours to a day.

In other countries several meetings may be needed for this process. For example, a separate meeting could be held to consider each of the three parts of the *Tool*, consecutively (with data collected on each part in the interim), followed by a final meeting which would focus on the development of recommendations and consideration of the next steps in the planning process. (*Note.* Since the data for Part three usually takes the most time to gather, it may be preferable to schedule any meeting for review of this data after the reviews of Parts one and two have been completed).

- If both a core team and larger team have been identified, the members of the core team could be assigned to collect data, and the larger team invited to participate in one or more meetings to review the data, make final decisions on scoring and rating, and develop recommendations.

Experience thus far indicates that it is preferable, if possible, to complete all parts of the *Tool* during one assessment process. This approach not only allows the team to gain a full picture of the infant and young child feeding situation in the country, but also is more cost-effective. It is recommended that all the indicators in the various parts of the *Tool* be used – even if there is currently little activity in some programme areas – in order to obtain the most comprehensive view of achievements and areas where improvements are needed.

¹ Team members may vary from country to country, as mentioned. Individuals who might attend the larger group meetings could include, for example, officials from government ministries and departments that could be involved in supporting infant and young child feeding programmes; representatives of advocacy groups and professional organizations; heads of health-related schools and research institutes; representatives of international organizations and donor agencies.

The assessment process should be organized in such a way that it:

- increases awareness of the range of issues to consider when strengthening infant and young child feeding policies and programmes;
- promotes ownership of the results; and
- increases commitment to making the changes needed.

It is critical that, from the outset, the use of the *Tool* never be viewed as an end in itself, but rather as a means to obtain the data needed for actively planning and implementing policies and programmes that will lead to improved infant and young child feeding practices.

Reviewing and using the results

As mentioned above, the use of the *Tool* is only the first step in a longer process of improving national infant and young child feeding practices, policies and programmes. The process allows the assessment team to:

- obtain an overview of progress made;
- analyse determinants of successes and failures;
- identify areas that should be strengthened; and
- draft key recommendations concerning next steps.

Since the possible depth of the investigation during a first assessment is likely to be limited, the next step may often be a more thorough needs assessment and analysis of selected areas. Documents that may be very helpful in this process include the set of tools produced in the following publications:

- WABA's Global Participatory Action Research (GLOPAR) Project, including Chetley & Amin, *Investigating breastfeeding* (9);
- MotherCare, USAID. *Guide for country assessment of breastfeeding practices and promotion* (10); and
- UNICEF. *The Care Initiative: assessment, analysis and action to improve care for nutrition* (11).

The approach involving assessment, analysis and action can be undertaken at the community, regional and national levels. The assessment phase, which includes the initial data gathering can be completed using the *Tool* as a guide. The analysis phase usually involves further investigation of the determinants of the problems (or areas needing improvement) identified during the assessment. A clear understanding of why certain deficiencies exist is essential to determining how to address them. The analysis may focus on how current beliefs and practices are affected by the economic, political, social and cultural context, what resources are needed and available, and what strategies are most likely to help achieve progress towards meeting the targets identified in the *Global Strategy*.

When the assessment and analysis phases are complete, the results, including recommendations for action, should be presented to key decision-makers and, if desired, to potential donor agencies. Once the results are reviewed and analysed, decision-makers should decide which areas for improvement are of highest priority and most feasible to address, given the available human and financial resources, thus setting in motion a process of short-term, mid-term and long-term planning and implementation.

Periodic reassessments

As mentioned earlier, consideration should be given to using the *Tool* for periodic reassessments, every few years, in order to:

- track trends on the various indicators;
- assess progress on implementing the *Global Strategy for Infant and Young Child Feeding* and related local, regional and national strategies and plans;
- collect the data needed for country reports required for the World Health Assembly and/or the *WHO Global Data Bank on Breastfeeding and Complementary Feeding*;
- identify areas still needing improvement, to help guide the planning process at all levels and the development of periodic action plans.

The timing of periodic reassessments will depend on the needs for data at various levels. For example:

- If national health plans are prepared every five years, assessments could be scheduled several months prior to the initiation of each planning process.
- If the data are used primarily for reporting to the World Health Assembly every four years, data collection and review could be scheduled to feed into that process. The data could also be sent to the *WHO Global Data Bank on Breastfeeding and Complementary Feeding* at that time.
- If the *Demographic and Health Survey* or a national health and nutrition survey takes place every few years, the assessment might be scheduled soon after the results of those surveys are available, in order to take advantage of the new data.

Each country should determine what reassessment schedule provides the best and most timely data for its various needs.

