

INFANT AND YOUNG CHILD FEEDING

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

Part three

NATIONAL INFANT AND YOUNG CHILD FEEDING PROGRAMME

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1. National infant and young child feeding programme

Question: *Is there a national infant and young child feeding programme?*

Background

A national programme focused on infant and young child feeding is necessary if mothers and children are to receive adequate support for optimal breastfeeding and complementary feeding practices. The national programme should also ensure that infants and young children receive required micronutrients through foods or supplements, if necessary (see Annex 5 for more information on micronutrient recommendations). The programme should be managed by a national coordinator.⁸ It should also have adequate funding, of which at least part is provided by the government. In some countries all the activities related to this area are organized within one programme. In others, there may be several entities and programmes with responsibilities for its various aspects.

If it is to have maximum impact, it is important that the programme be comprehensive, be an integral part of the health care system, and include strategies for providing support at the regional and local levels. The key aspects of a comprehensive programme are covered in the remaining components or items in this part of the *Tool*.

Possible sources of information

Data can be gathered from the chairperson of the national breastfeeding and/or infant and young child feeding committee; national coordinator(s) of related programmes; officials of the ministry of health; representatives of UNICEF and WHO; and staff of local and international NGOs and/or coordinators of donor agencies.

Information sources used (please list):

Guidelines for scoring			
Criteria	<i>Circle or highlight one score in each row</i>		
	Yes	To some degree	No
▪ There is an official ⁹ national infant and young child feeding programme. (It may be one or several programmes focused on breastfeeding, complementary feeding, and micronutrients.)	2	1	0
▪ The national programme has identified targets or measurable objectives that it is mandated to achieve.	2	1	0
▪ The national programme is making progress towards achieving those targets and objectives.	2	1	0
▪ The national programme has adequate ¹⁰ funds for its implementation, with at least part of its financial support provided through the government.	2	1	0
▪ The national programme is multisectoral and involves regional and local components, with coordination among existing programmes and initiatives.	2	1	0
Total score:	.....	

⁸ This target is specified in the *Innocenti Declaration* and is included in Part two of this tool.

⁹ A national programme can be considered "official" if it is formally mentioned in government documents as a national programme and receives some funding and logistical support from the government. It is "national" if it is officially designated as national in scope, even if 100% of the relevant population is not yet benefiting from it.

¹⁰ Funds can be considered "adequate" if they are sufficient to implement most of the activities in the national programme for infant and young child feeding.

Additional information (not rated) <i>(Use multiple sheets or adapt the form, as necessary)</i>	
List national programme(s), the strategies and activities related to IYCF that are included, and their coverage.	
Document(s) describing the national programme(s) if available.	
Name and title of the national coordinator(s).	
Level and time period of funding available nationally, regionally, and locally for related IYCF activities.	

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

Conclusions and recommendations
Summarize which aspects of the national programme are good and which aspects need improvement and why. Identify areas needing further analysis and make recommendations for action.

2. An active and sustainable Baby-friendly Hospital Initiative

Question: *Is there an active and sustainable Baby-friendly Hospital Initiative?*

Background

The *Innocenti Declaration* (4) calls for all facilities offering maternity care to implement the *Ten steps to successful breastfeeding* (12). Many countries have taken part in the Baby-friendly Hospital Initiative (BFHI) – indicator 3 in Part two of this tool assesses the percentage of hospitals so designated. To have a lasting impact, it is important that the BFHI become integrated within the health care system, and actively continue to train new maternity staff, assess additional health facilities, monitor and/or reassess designated facilities, and provide technical support when improvements are needed. National decision-makers may also consider expanding the Initiative to cover other health facilities, such as private hospitals and health or MCH centres, if they include maternity services.

Possible sources of information

Interviews can be held with the national breastfeeding coordinator, the BFHI coordinator, or equivalent in the ministry of health; BFHI national or regional trainers; UNICEF and WHO officials; breastfeeding management experts; and staff of NGOs that support the BFHI. Review any summary reports on 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 countries.

Information sources used (please list):

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Guidelines for scoring			
Criteria	<i>Circle or highlight one score in each row</i>		
	Yes	To some degree	No
▪ A national BFHI coordinator or equivalent is working within the official health care system structure, on at least a half-time basis, to implement the Initiative.	1	0.5	0
▪ A national BFHI training programme has provided training or refresher training in the past year.	2	1	0
▪ Members of the national training team are replaced, as needed, and receive refresher training.	1	0.5	0
▪ Health facilities are assessed within 12 months of being ready.	2	1	0
▪ When needed, facilities are assisted in making improvements to implement fully the <i>Ten steps</i> .	1	0.5	0
▪ “Baby-friendly” hospitals are currently being monitored or reassessed within five years of designation, or are being reassessed regularly as part of a national quality assurance, quality of care, or hospital accreditation programme.	2	1	0
▪ The BFHI has been integrated within the national health care system and receives adequate resources to sustain it.	1	0.5	0
Total score:	.....	

Additional information (not rated) <i>(Use multiple sheets or adapt the form, as necessary)</i>	
Describe BFHI training, refresher training, and assessment activities during the past year.	
Describe the process for monitoring or reassessing “baby-friendly” facilities.	
Indicate which other health facilities or services are encouraged to follow the BFHI Steps that apply.	<input type="checkbox"/> private hospitals <input type="checkbox"/> health or MCH centres <input type="checkbox"/> prenatal services <input type="checkbox"/> home births <input type="checkbox"/> other (<i>describe</i>):
If there are problems in sustaining BFHI, indicate the key obstacles.	

Guidelines for rating	
Score on criteria for an active and sustainable BFHI: points	
Score	Rating
0 – 4	Poor
5 – 6	Fair
7 – 8	Good
9 – 10	Very good
Rating on an active and sustainable BHFH:	.....

Conclusions and recommendations
Summarize which aspects of the Baby-friendly Hospital Initiative are good, and which aspects need improvement and why. Identify areas needing further analysis and make recommendations for action.

3. Mother-friendly childbirth strategies

Question: *Has a mother-friendly childbirth or safe motherhood strategy (or equivalent) been implemented, which encourages birth procedures that are supportive of breastfeeding?*

Background

A technical meeting convened in Fortaleza, Brazil in 1985 made a number of recommendations for appropriate birth procedures (31). These recommendations address issues of caring and respect for the mother, as well as the use of appropriate birth technology which minimizes invasive procedures in order to preserve the normalcy of birth and support the early initiation of breastfeeding. The 1989 joint WHO/UNICEF statement on *Protecting, promoting and supporting breastfeeding: the special role of maternity services* (12) includes a section on care of the mother during labour, delivery, and immediate postpartum. Also discussed are the routines and procedures (support in labour, minimizing invasive routines and medications) which best support breastfeeding. In 2001, the WABA, through its *Global Initiative on Mother Support*, called for “support to mothers during pregnancy, labour and delivery . . .” and “. . . transformation of birthing practices that affect breastfeeding into those that are more human and gender sensitive . . .” (32).

Possible sources of information

Interviews can be held with ministry of health officials, especially those responsible for safe motherhood or maternal and child health activities; the national IYCF coordinator; administrators and staff of maternity services and birth centres; staff of professional associations and NGOs; and representatives of UNICEF and WHO. Discussions concerning guidelines for home-birth attendants can be held with leaders of traditional birth attendant associations, trained midwives who work with home-birth attendants, and others. If possible, conduct observations and informal interviews with health personnel and home-birth attendants who deliver babies.

Information sources used (please list):

Guidelines for scoring			
Criteria	<i>Circle or highlight one score in each row</i>		
	Yes	To some degree	No
▪ A national mother-friendly childbirth strategy ¹¹ has been developed.	2	1	0
▪ An initiative or programme promotes appropriate mother-friendly birth procedures supportive of breastfeeding. (See Annex 6 for an example of criteria for mother-friendly care.)	2	1	0
▪ A national coordinator or other programme official is responsible for promoting birth procedures supportive of breastfeeding.	2	1	0
▪ Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.	2	1	0
▪ Health personnel involved in health-facility births, and home-birth attendants are trained in “mother-friendly” practices.	2	1	0
Total score:	.....	

¹¹ The strategy for promoting mother-friendly childbirth supportive of breastfeeding may be organized in various ways. For example, it may be included in a country’s safe motherhood programme, a mother-friendly or mother-baby-friendly initiative, or a reproductive health programme. See WHO, *Care in normal birth: a practical guide* (33) for suggestions regarding appropriate care.

Additional information (not rated) <i>(Use multiple sheets or adapt the form, as necessary)</i>	
Name of national coordinator for mother-friendly initiative (or equivalent).	
Describe the key components of the mother-friendly initiative (or equivalent).	
Describe the type of training given on mother-friendly practices; who provides it, and who receives it.	
Indicate any key challenges to developing and implementing an effective mother-friendly childbirth strategy.	

Guidelines for rating	
Score on criteria for mother-friendly childbirth strategies: points	
Score	Rating
0 – 3	Poor
4 – 6	Fair
7 – 8	Good
9 – 10	Very good
Rating on mother-friendly childbirth strategies:	.....

Conclusions and recommendations
Summarize which aspects of mother-friendly childbirth strategies are good, and which aspects need improvement and why. Identify areas needing further analysis and make recommendations for action.

4. Health care provider (pre-service) education

Question: *Do the curricula or session plans of medical, nursing, midwifery, allied/public health, and nutrition education programmes provide students with the attitudes, knowledge and skills necessary to protect, promote, and support optimal breastfeeding and complementary feeding?*

Background

New graduates of health care provider programmes should be able to promote optimal breastfeeding and complementary feeding practices from the outset of their careers. All health care providers who interact with mothers and their young children should attain the basic attitudes, knowledge and skills necessary to integrate into their care breastfeeding, lactation management, and infant and young child feeding principles. Since the topics lend themselves to courses covering the human life cycle in both basic and applied sciences, the overall education programme in these fields should be reviewed.

Possible sources of information

Interviews can be held with officials of the ministries of health and education; human resource personnel; specialists in infant feeding management (such as Wellstart Associates, graduates of the Institute of Child Health, IBFAN trainers); representatives of WHO; staff of other donor-funded projects involved in curriculum review and reform; and school or programme faculty, administrators and graduates. Review curricula or session plans for appropriate departments in each school. Ask for written curricula. (Annex 7, Education checklist, can be used to judge whether infant and young child feeding learning objectives and content are adequate.)

Information sources used (please list):

Guidelines for scoring			
<i>(Please fill out "Additional information" worksheet on next page before scoring)</i>			
Criteria	<i>Circle or highlight one number in each row</i>		
<i>A review of health care provider schools and pre-service education programmes in your country¹² indicates that infant and young child feeding curricula or session plans are adequate (see Annex 7) in "all", "some" or "none" of the:</i>	All	Some	None
▪ medical schools	2	1	0
▪ nursing schools	2	1	0
▪ midwifery education programmes	2	1	0
▪ allied/public health education programmes	2	1	0
▪ nutrition/dietetic education programmes.	2	1	0
Total score:	.....	

¹² Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. The departments responsible for teaching the various topics within the various schools may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

Additional information (not rated) (Adapt the form if reporting on more than one of each type of school, programme or department)						
Type of school or education programme	Name of school	Department or programme (paediatrics, obstetrics, etc.)	Curriculum or session plans are adequate* in			
			Breastfeeding		Complementary feeding	
			Yes	No	Yes	No
Medical						
Nursing						
Midwifery						
Allied/public health						
Nutrition						

* See Annex 7 for a list of key topics that should be covered by the curriculum as a whole.

Guidelines for rating	
Score on criteria for health care provider (pre-service) education: points	
Score	Rating
0 – 3	Poor
4 – 6	Fair
7 – 8	Good
9 – 10	Very good
Rating on health care provider (pre-service) education:	.....

Conclusions and recommendations
Summarize which aspects of health care provider education are good, and which aspects need improvement and why. Identify areas needing further analysis and make recommendations for action.

5. In-service training for health care providers

Question: *Do in-service training or continuing education programmes for health care providers update their knowledge and skills related to infant and young child feeding?*

Background

Scientific and behavioural research is constantly adding new knowledge to the field of infant and young child feeding. In-service training courses will help to ensure that practitioners remain current. In addition, until preparatory programmes strengthen their teaching content (see Section 4, Health care provider (pre-service) education) some 'remedial' courses will be necessary. Governmental programmes and departments, NGOs and donor-funded projects may provide continuing education programmes.

Possible sources of information

Interviews can be held with officials of the ministries of health and education; directors of national training centres; managers and/or trainers of relevant continuing education programmes; and directors and deputy directors of NGOs that include training in their scope of work. If possible, review course and workshop teaching content and the percentage of time allocated to the clinical or practical sessions. (See Annex 7, Education checklist, for points to consider when reviewing whether various curricula cover essential content.)

Information sources used (please list):

Guidelines for scoring			
Criteria	<i>Circle or highlight one score in each row</i>		
	Yes	To some degree	No
▪ In-service training programmes provide knowledge and skills related to infant and young child feeding for relevant health care providers. ¹³	2	1	0
▪ In-service training programmes are provided throughout the country. ¹⁴	2	1	0
▪ Training programmes cover most of the essential topics related to infant and young child feeding (see Annex 7).	2	1	0
▪ Clinical and counselling skills needed on the job are integrated into the content of the training programmes.	1	0.5	0
▪ Clinical and counselling skills are allotted at least 30% of training time.	1	0.5	0
▪ Content and skills related to infant and young child feeding are integrated, as appropriate, into training programmes focusing on relevant topics (including diarrhoeal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the International Code of Marketing of Breast-milk Substitutes, HIV/AIDS).	1	0.5	0
▪ Training programmes cover infant and young child feeding for most relevant community-based health practitioners, including traditional practitioners.	1	0.5	0
Total score:	.....	

¹³ The types of health care providers who should receive training may vary from country to country, but should include those who care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

¹⁴ Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

Additional information (not rated) (Use multiple sheets or adapt the form, as necessary)					
Training programmes and centres* providing training on IYCF	Courses with IYCF content	Content related to IYCF in each course	% content focused on clinical/practical skills	Number and types of staff who would benefit from each course	Number and types of staff who have completed each course during past 12 months

* These can include training programmes and centres organized either by the government or by NGOs.

Guidelines for rating	
Score on criteria for in-service training for health care providers: points	
Score	Rating
0 – 3	Poor
4 – 6	Fair
7 – 8	Good
9 – 10	Very good
Rating on in-service training for health care providers:	.....

Conclusions and recommendations
Summarize which aspects of in-service training are good, and which aspects need improvement and why. Identify areas needing further analysis and make recommendations for action.

6. Community outreach and support

Question: *Are community outreach and support mechanisms in place to protect, promote and support optimal infant and young child feeding?*

Background

Community outreach and support is an essential component of a comprehensive national infant and young child feeding programme. Community outreach and support activities related to breastfeeding and complementary feeding may be health-facility based (as called for in Step 10 of the BFHI) and/or community-based. They can also be integrated into existing non-health activities, where appropriate. These may include individual counselling, group counselling, community health education, cooking demonstrations, provision of mother-to-mother support, activities in women's groups/clubs, trials of new feeding practices, and positive deviance discussion groups.¹⁵ Community support activities should ideally include not only mothers, but also fathers, grandmothers and other family decision-makers. (See Annex 8 for more suggestions regarding possible contact points, channels and community outreach and support activities.)

Possible sources of information

Discussions can be held with officials of the ministries of health, social welfare, and women's affairs, or any government organization involved in social welfare; the national breastfeeding and/or infant and young child feeding coordinator; representatives of mother-support group organizations, such as La Leche League; and representatives of relevant NGOs (health and non-health).

Information sources used (please list):

Guidelines for scoring			
Criteria	<i>Circle or highlight one score in each row</i>		
	Yes	To some degree	No
▪ Health facility based community outreach and support activities related to infant and young child feeding (IYCF) are being implemented (at least two of the activities listed in Annex 8).	2	1	0
▪ Health facility based community outreach and support activities related to IYCF have national (or regional) coverage. ¹⁶	2	1	0
▪ Community-based IYCF outreach and support activities are being implemented (at least two of the activities listed in Annex 8).	2	1	0
▪ Community-based IYCF outreach and support activities have national (or regional) coverage. ¹⁶	2	1	0
▪ Non-health organizations (e.g. agricultural extension, education, credit groups) are conducting IYCF outreach and support activities at the community level.	1	0.5	0
▪ IYCF community outreach and support activities are integrated into an overall infant and child health strategy (intersectoral and intrasectoral).	1	0.5	0
Total score:	.....	

¹⁵ Positive deviants are children who grow and develop adequately in low-income families living in impoverished environments, where a majority of children suffer from growth retardation and malnutrition (34).

¹⁶ Define the minimal geographic or political unit that will be considered for coverage, e.g. district, municipality, etc. National (or regional) coverage would be when at least some community outreach and support activities are conducted in each one of these defined units.

7. Information, education and communication

Question: *Are comprehensive information, education and communication strategies being implemented for improving infant and young child feeding?*

Background

Information, education and communication (IEC) strategies are critical aspects of a comprehensive programme to improve infant and young child feeding practices. These approaches may include the use of electronic media (TV, radio, video), print (posters, counselling cards, flip charts, manuals, newspapers, magazines), interpersonal skills (counselling, group education, support groups) and community activities, to communicate important information and motivational material to mothers, families and the community. Behavioural change is an important interpersonal strategy, often used in counselling sessions, home visits, action-oriented group discussions and dramas focused on problem solving. Comprehensive IEC strategies use a wide variety of media and channels to convey concise, consistent, appropriate, action-oriented and correct messages to targeted audiences at national, facility, community and family levels.

Possible sources of information

Interviews can be held with representatives of national communication or information agencies; national TV and radio stations; officials of the ministry of health, such as the national breastfeeding and/or infant and young child feeding coordinator, the communications officer or coordinator, and health education officers; officials of the ministry of social welfare; and representatives of UNICEF, WHO and NGOs. Consider reviewing samples of electronic media spots and printed material, and observing counselling, education and community media events.

Information sources used (*please list*):

Guidelines for scoring			
Criteria	<i>Circle or highlight one score in each row</i>		
	Yes	To some degree	No
▪ There is a comprehensive national IEC strategy for improving IYCF.	2	1	0
▪ A national IEC campaign or programme ¹⁷ using electronic, print and event media and activities has channelled messages on infant and young child feeding to targeted audiences during the past 12 months.	1	0.5	0
▪ IEC programmes (either governmental or nongovernmental) that include infant and young child feeding issues are being actively implemented at both regional and local levels.	1	0.5	0
▪ Individual counselling and group education services related to IYCF are available within the health care system or through community outreach.	2	1	0
▪ The content of IEC messages is technically and clinically sound, based on national or international guidelines.	2	1	0
▪ The focus and wording of messages is based on formative research and pretested with target audiences before use.	1	0.5	0
▪ A mechanism is in place, involving all major players, to assure that IEC messages provided through electronic, print and event media as well as education and counselling activities, are coordinated and consistent.	1	0.5	0
Total score:	.....	

¹⁷ An IEC campaign or programme is considered "national" if its messages can be received by the target audience in all major geographical or political units in the country (e.g. regions or districts).

8. Contraceptive support for breastfeeding women

Question: *Do relevant policies and programmes provide contraceptive support for breastfeeding women?*

Background

Breastfeeding women have a choice of short-term, long-term or permanent contraceptive methods to fit their needs. The Lactational Amenorrhoea Method (LAM) is a modern contraceptive method that uses a pattern of breastfeeding that can effectively suppress ovulation and prevent pregnancy provided that the following stipulated three criteria are met: (1) the woman's menstrual periods have not resumed; (2) the baby is fully or nearly fully breastfed frequently day and night; and (3) the baby is less than six months old. The choice of LAM as the contraceptive method reinforces optimal breastfeeding practices. It is very important to ask the woman who is seeking contraceptive counselling whether she is breastfeeding at present.

Contraceptive methods are safe to use during breastfeeding. However, estrogen-containing pills or estrogen-containing injections may decrease the quantity or quality of breast milk and are not recommended before six months postpartum. Progestogen-only methods are recommended at six weeks postpartum when lactation is well established. Other barrier methods, such as diaphragms and cervical caps, need to be refitted at six weeks postpartum.

Possible sources of information

Interviews can be held with key officials in relevant government ministries (e.g. population, health); staff of international and local family planning NGOs, agencies and donors; and with staff of maternal and child health (MCH) and breastfeeding programmes. If possible, review protocols or guidelines for contraceptive choice and family planning counselling, and the family planning data collection system, as well as guidelines or curricula for breastfeeding training.

Information sources used (*please list*):

Guidelines for scoring			
Criteria	<i>Circle or highlight one score in each row</i>		
	Yes	To some degree	No
▪ Family planning and MCH policies include standards and guidelines for providing breastfeeding women with adequate advice concerning contraceptive methods, including LAM, and their effects on lactation.	2	1	0
▪ Family planning and MCH counsellors and care providers receive adequate training on these guidelines.	2	1	0
▪ Family planning and MCH programmes provide guidance and support for breastfeeding women concerning contraceptive methods, including LAM. (See Annex 9 for details.)	2	1	0
▪ Contraceptive methods for breastfeeding women are addressed in breastfeeding education and counselling sessions both at the community and health facility levels.	2	1	0
▪ Data on LAM rate (number of clients using LAM as family planning method/number of clients with infants < 6 months) are among the statistics routinely collected and reported by the national family planning programme.	2	1	0
Total score:	.....	

9. HIV and infant feeding

Question: *Do relevant policies and programmes ensure that mothers with HIV are informed about the risks and benefits of different infant feeding options and supported in their infant feeding decisions?*

Background

The risk of HIV transmission through breastfeeding presents a difficult dilemma to policy-makers, infant feeding counsellors and mothers. They must balance the risks of artificial feeding against the risk of HIV transmission through breastfeeding. These risks are dependent on the age of the infant and household conditions. At the same time, other factors must be considered such as the risk of stigmatization (not breastfeeding may signal the mother's HIV status), the financial costs of replacement feeding, and the risk of becoming pregnant again. Policies and programmes to meet this challenge should provide access to HIV testing and counselling (VCT). Counselling on infant feeding options should be available to HIV-positive mothers. The content of counselling programmes should be refined based on local formative research. Safeguards should be in place to protect, promote and support breastfeeding in the rest of the population.

Possible sources of information

Information on the availability and uptake of VCT among pregnant women and on the content and availability of infant feeding counselling should be available from the national AIDS control programme (or equivalent), and the departments of nutrition, maternal and child health, and/or reproductive health within the ministry of health. International recommendations related to HIV and infant feeding are available from UNAIDS, UNICEF and WHO (35–39) and other sources (40–42).

Information sources used (please list):

Guidelines for scoring			
Criteria	<i>Circle or highlight one score in each row</i>		
	Yes	To some degree	No
▪ Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers, and how to provide counselling and support.	1	0.5	0
▪ Antenatal VCT is available and offered routinely to pregnant women and, where possible, to their partners.	2	1	0
▪ Locally appropriate infant feeding counselling in line with current international recommendations is provided to HIV-positive mothers. (See Annex 10, HIV and infant feeding recommendations.)	2	1	0
▪ Mothers are supported in their infant feeding decisions with further counselling and follow-up to make these decisions as safe as possible.	2	1	0
▪ Special efforts are made to counter misinformation on HIV and infant feeding and to protect, promote, and support breastfeeding in the general population.	1	0.5	0
▪ Ongoing monitoring is in place to determine the effects of interventions to prevent HIV transmission upon infant feeding practices and health outcomes for mothers and infants – including those who are HIV-negative or of unknown status (“spillover effect”).	1	0.5	0
▪ In settings with high HIV prevalence, the national Baby-friendly Hospital Initiative provides guidance to hospital administrators and staff on how to assess the needs of, and provide support to HIV-positive mothers.	1	0.5	0
Total score:	.....	

Additional information (not rated) <i>(Use multiple sheets or adapt the form, as necessary)</i>	
Describe existing HIV and infant feeding policies and guidelines, when they were developed, and what they cover.	
If commercial infant formula is distributed to HIV-positive mothers, describe how it is procured.	
Describe who is covered by antenatal activities to prevent mother-to-child transmission (MTCT), what activities are included, and where these take place.	
Describe the training and job aids provided for health workers in support of their counselling of mothers on HIV and infant feeding, and indicate who provides the training.	

Guidelines for rating	
Score on criteria for HIV and infant feeding: points	
Score	Rating
0 – 3	Poor
4 – 6	Fair
7 – 8	Good
9 – 10	Very good
Rating on HIV and infant feeding:	

Conclusions and recommendations
Summarize which aspects of HIV and infant feeding programming are good, and which aspects need improvement and why. Identify areas needing further analysis and make recommendations for action.

10. Infant and young child feeding in emergencies

Question: *Are appropriate policies and programmes in place to ensure that mothers, infants and children will be provided adequate protection and support for appropriate feeding during emergencies?*

Background

Infants and young children are among the most vulnerable groups in emergencies. Interruption of breastfeeding and inappropriate complementary feeding increase the risks of malnutrition, illness and mortality. In emergency and relief situations the responsibility for protecting, promoting and supporting beneficial infant and young child feeding practices and minimizing harmful practices should be shared by the emergency-affected host country and responding agencies. Concise guidance on how to facilitate appropriate feeding in emergency situations and comply with international emergency standards has been developed by interagency expert working groups. Practical details on how to implement the guidance are included in companion training materials, also developed through interagency collaboration. (See Annex 11 for a list of such training materials.)

Possible sources of information

Information on policy and guideline development and the implementation of preparedness activities can be obtained from the designated staff of the national health and nutrition programmes responsible for emergency preparedness and response. (See Annex 11 for a detailed list of the criteria necessary to protect, promote and provide support for appropriate infant and young child feeding practices during emergencies. This list provides useful references and information to assist in scoring the criteria presented below).

Information sources used (*please list*):

Guidelines for scoring			
Criteria	<i>Circle or highlight one score in each row</i>		
	Yes	To some degree	No
▪ A policy that addresses key issues related to infant and young child feeding in emergencies has been endorsed or developed.	3	1.5	0
▪ Person(s) have been appointed who are tasked with responsibility for national coordination with the United Nations, donor agencies, the military and NGOs regarding infant and young child feeding in emergency situations.	2	1	0
▪ A contingency plan has been developed to undertake activities to facilitate exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding, and resources have been identified for implementation of the plan during emergencies.	3	1.5	0
▪ Appropriate material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	2	1	0
Total score:	.....	

11. Research for decision-making

Question: *Are research studies conducted on priority topics and results used to improve infant and young child feeding practices?*

Background

The effectiveness of policy and programme decisions can be greatly enhanced if policy-makers, managers, and staff have access to up-to-date information on the issues and strategies being considered. Well-designed and timely research can provide some of the information needed. The research itself may be conducted by staff of the national programme, a university faculty, research organizations, or by independent researchers. It is important that an inventory be made of research pertinent to the programme, if not already available.

Priority needs for information should be identified at the national level and mechanisms developed for dissemination, review, and utilization of research results and other information to guide policy and programme decisions. If the country has few resources for supporting research, it may decide to rely, whenever feasible, on the use of existing information (either domestic or international) and, when necessary, apply for support from donor agencies for priority studies.

Possible sources of information

Interviews can be held with research managers, key researchers, national breastfeeding and/or infant and young child feeding committee members, those who fund research, and decision-makers and managers responsible for the various infant and young child feeding programmes. Interviews can also be held with staff of NGOs, organizations such as UNICEF, USAID and WHO, and others who may support or conduct research. Review any research inventories and major research reports that are available.

Information sources used (*please list*):

Guidelines for scoring			
Criteria	<i>Circle or highlight one score in each row</i>		
	Yes	To some degree	No
▪ A national research advisory group or body provides guidance on research in the area of infant and young child feeding.	1	0.5	0
▪ A national inventory of applied and basic research on key topics related to IYCF has been developed or updated within the past three years.	1	0.5	0
▪ Priority needs for infant and young child feeding related information are identified by the national breastfeeding and/or infant and young child feeding committee or an appropriate research advisory group.	1	0.5	0
▪ Needed information is gathered, when feasible, from existing studies and other data sources (either domestic or international).	2	1	0
▪ Research on priority topics is financed by the national infant and young child feeding programme and/or by other appropriate donors.	2	1	0
▪ Research results are routinely disseminated to key decision-makers. ¹⁸	1	0.5	0
▪ Research results are used to guide policy and programme decisions as part of the planning and management process.	2	1	0
Total score:	.....	

¹⁸ Decision-makers include policy-makers and programme managers who make decisions about infant and young child feeding policies and/or programmes.

Additional information (not rated) <i>(Use multiple sheets or adapt the form, as necessary)</i>	
Title of inventory of research related to infant and young child feeding (if one exists).	
Organizations or agencies funding infant and young child feeding related research.	
Mechanisms used for disseminating research results to decision-makers.	

Guidelines for rating	
Score on criteria for research for decision-making: points	
Score	Rating
0 – 3	Poor
4 – 6	Fair
7 – 8	Good
9 – 10	Very good
Rating on research for decision-making:	.....

Conclusions and recommendations
Summarize which aspects of research for decision-making are good, and which aspects need improvement and why. Identify areas needing further analysis and make recommendations for action.

12. Monitoring and evaluation

Question: *Are monitoring and evaluation data routinely collected and used to improve infant and young child feeding practices?*

Background

Monitoring and evaluation components should be built into all major infant and young child feeding programme activities. Collection of data concerning feeding practices should be integrated into national nutritional surveillance and health monitoring systems or surveys. Monitoring or management information system (MIS) data should be collected systematically and considered by programme managers as part of the management and planning process.

When appropriate, both baseline and follow-up data should be collected to measure outcomes. In an effort to increase availability of comparable data, use of internationally-agreed indicators and data collection strategies should be considered.¹⁹ It is important that strategies be devised to help ensure that key decision-makers receive significant evaluation results and are encouraged to use them.

Possible sources of information

Interviews can be held with officials, programme managers, and/or evaluation specialists overseeing or conducting monitoring and evaluation activities within the national infant and young child feeding programme. Staff who conduct surveys such as the *Demographic and Health Survey* (or a similar national survey) can also provide information. Review any major evaluation reports that are available. Talk with key decision-makers who should receive and use monitoring and evaluation results.

Information sources used (please list):

Guidelines for scoring			
Criteria	<i>Circle or highlight one score in each row</i>		
	Yes	To some degree	No
▪ Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
▪ Monitoring or MIS data are considered by programme managers as part of the planning and management process.	2	1	0
▪ Adequate baseline and follow-up data are collected to measure outcomes of major infant and young child feeding programme activities.	2	1	0
▪ Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers, both at national and regional/local levels.	2	1	0
▪ Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system, or into periodic national health surveys.	2	1	0
Total score:			.....

¹⁹ See the WHO report on *Indicators for assessing breastfeeding practices (2)* for suggestions concerning breastfeeding indicators and data collection strategies. WHO is in the process of considering appropriate indicators for measuring complementary feeding practices.

Additional information (not rated) (Use multiple sheets or adapt the form, as necessary)	
Major IYCF programmes that have monitoring and evaluation components, and what they include.	
Programmes for which baseline and follow-up data are collected and types of data collected.	
Decision-makers who regularly receive evaluation results related to IYCF, and who provides those results.	

Guidelines for rating	
Score on criteria for monitoring and evaluation: points	
Score	Rating
0 – 3	Poor
4 – 6	Fair
7 – 8	Good
9 – 10	Very good
Rating on monitoring and evaluation:	.....

Conclusions and recommendations
Summarize which aspects of monitoring and evaluation are good, and which aspects need improvement and why. Identify areas needing further analysis and make recommendations for action.

INFANT AND YOUNG CHILD FEEDING

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

Part three

NATIONAL INFANT AND YOUNG CHILD FEEDING PROGRAMME

Alternative checklist version

NATIONAL INFANT AND YOUNG CHILD FEEDING PROGRAMME

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1. National infant and young child feeding programme

Question: *Is there a national infant and young child feeding programme?*

Background

A national programme focused on infant and young child feeding is necessary if mothers and children are to receive adequate support for optimal breastfeeding and complementary feeding practices. The national programme should also ensure that infants and young children receive required micronutrients through foods or supplements, if necessary (see Annex 5 for more information on micronutrient recommendations). The programme should be managed by a national coordinator.²⁰ It should also have adequate funding, of which at least part is provided by the government. In some countries all the activities related to this area are organized within one programme. In others, there may be several entities and programmes with responsibilities for its various aspects.

If it is to have maximum impact, it is important that the programme be comprehensive, be an integral part of the health care system, and include strategies for providing support at the regional and local levels. The key aspects of a comprehensive programme are covered in the remaining components or items in this part of the *Tool*.

Possible sources of information

Data can be gathered from the chairperson of the national breastfeeding and/or the infant and young child feeding committee; national coordinator(s) of related programmes; officials of the ministry of health; representatives of UNICEF and WHO; and staff of local and international NGOs and/or coordinators of donor agencies.

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

Checklist			
Criteria	<i>Check the category that best applies</i>		
	Yes	To some degree	No
<ul style="list-style-type: none"> ▪ There is an official²¹ national infant and young child feeding programme. (It may be one or several programmes focused on breastfeeding, complementary feeding, and micronutrients.) 			
<ul style="list-style-type: none"> ▪ The national programme has identified targets or measurable objectives that it is mandated to achieve. 			
<ul style="list-style-type: none"> ▪ The national programme is making progress towards achieving those targets and objectives. 			
<ul style="list-style-type: none"> ▪ The national programme has adequate²² funds for its implementation, with at least part of its financial support provided through the government. 			
<ul style="list-style-type: none"> ▪ The national programme is multisectoral and involves regional and local components, with coordination among existing programmes and initiatives. 			

²⁰ This target is specified in the *Innocenti Declaration* and is included in Part two of this tool.

²¹ A national programme can be considered "official" if it is formally mentioned in government documents as a national programme and receives some funding and logistical support from the government. It is "national" if it is officially designated as national in scope, even if 100% of the relevant population is not yet benefiting from it.

²² Funds can be considered "adequate" if they are sufficient to implement most of the activities in the national programme for infant and young child feeding.

2. An active and sustainable Baby-friendly Hospital Initiative

Question: *Is there an active and sustainable Baby-friendly Hospital Initiative?*

Background

The *Innocenti Declaration* (4) calls for all facilities offering maternity care to implement the *Ten steps to successful breastfeeding* (12). Many countries have taken part in the Baby-friendly Hospital Initiative (BFHI) – indicator 3 in Part two of this tool assesses the percentage of hospitals so designated. To have a lasting impact, it is important that the BFHI become integrated within the health care system, and actively continue to train new maternity staff, assess additional health facilities, monitor and/or reassess designated facilities and provide technical support when improvements are needed. National decision-makers may also consider expanding the Initiative to cover other health facilities, such as private hospitals and health or MCH centres, if they include maternity services.

Possible sources of information

Interviews can be held with the national breastfeeding coordinator, the BFHI coordinator, or equivalent in the ministry of health; BFHI national or regional trainers; UNICEF and WHO officials; breastfeeding management experts; and staff of NGOs that support the BFHI. Review any summary reports on 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 countries.

Information sources used (please list):

.....

Checklist			
Criteria	<i>Check the category that best applies</i>		
	Yes	To some degree	No
▪ A national BFHI coordinator or equivalent is working within the official health care system structure, on at least a half-time basis, to implement the Initiative.			
▪ A national BFHI training programme has provided training or refresher training in the past year.			
▪ Members of the national training team are replaced, as needed, and receive refresher training.			
▪ Health facilities are assessed within 12 months of being ready.			
▪ When needed, facilities are assisted in making improvements to implement fully the <i>Ten steps</i> .			
▪ “Baby-friendly” hospitals are currently being monitored or reassessed within five years of designation, or are being reassessed regularly as part of a national quality assurance, quality of care, or hospital accreditation programme.			
▪ The BFHI has been integrated within the national health care system and receives adequate resources to sustain it.			

Additional information (not rated) <i>(Use multiple sheets or adapt the form, as necessary)</i>	
Describe BFHI training, refresher training, and assessment activities during the past year.	
Describe the process for monitoring or reassessing “baby-friendly” facilities.	
Indicate which other health facilities or services are encouraged to follow the BFHI Steps that apply.	<input type="checkbox"/> private hospitals <input type="checkbox"/> health or MCH centres <input type="checkbox"/> prenatal services <input type="checkbox"/> home births <input type="checkbox"/> other (<i>describe</i>)
If there are problems in sustaining BFHI, indicate the key obstacles.	

Conclusions and recommendations
<p>Summarize which aspects of the Baby-friendly Hospital Initiative are good, and which aspects need improvement and why. Identify areas needing further analysis and recommendations for action.</p>

3. Mother-friendly childbirth strategies

Question: *Has a mother-friendly childbirth or safe motherhood strategy (or equivalent) been implemented, which encourages birth procedures that are supportive of breastfeeding?*

Background

A technical meeting convened in Fortaleza, Brazil in 1985 made a number of recommendations for appropriate birth procedures (31). These recommendations address issues of caring and respect for the mother, as well as the use of appropriate birth technology which minimizes invasive procedures in order to preserve the normalcy of birth and support the early initiation of breastfeeding. The 1989 joint WHO/UNICEF statement on *Protecting, promoting and supporting breastfeeding: the special role of maternity services* (12) includes a section on care of the mother during labour, delivery, and immediate postpartum. Also discussed are the routines and procedures (support in labour, minimizing invasive routines and medications) which best support breastfeeding. In 2001, the WABA, through its *Global Initiative on Mother Support*, called for “support to mothers during pregnancy, labour and delivery . . .” and “. . . transformation of birthing practices that affect breastfeeding into those that are more human and gender sensitive . . .” (32).

Possible sources of information

Interviews can be held with ministry of health officials, especially those responsible for safe motherhood or maternal and child health activities; the national IYCF coordinator; administrators and staff of maternity services and birth centres; staff of professional associations and NGOs; and representatives of UNICEF and WHO. Discussions concerning guidelines for home-birth attendants can be held with leaders of traditional birth attendant associations, trained midwives who work with home-birth attendants, and others. If possible, conduct observations and informal interviews with health personnel and home-birth attendants who deliver babies.

Information sources used (please list):

.....

Checklist			
Criteria	<i>Check the category that best applies</i>		
	Yes	To some degree	No
▪ A national mother-friendly childbirth strategy ²³ has been developed.			
▪ An initiative or programme promotes appropriate mother-friendly birth procedures supportive of breastfeeding. (See Annex 6 for an example of criteria for mother-friendly care.)			
▪ A national coordinator or other programme official is responsible for promoting birth procedures supportive of breastfeeding.			
▪ Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.			
▪ Health personnel involved in health-facility births and home-birth attendants are trained in “mother-friendly” practices.			

²³ The strategy for promoting mother-friendly childbirth supportive of breastfeeding may be organized in various ways. For example, it may be included in a country’s safe motherhood programme, a mother-friendly or mother-baby-friendly initiative, or a reproductive health programme. See WHO, *Care in normal birth: a practical guide* (33) for suggestions regarding appropriate care.

4. Health care provider (pre-service) education

Question: *Do the curricula or session plans of medical, nursing, midwifery, allied/public health, and nutrition education programmes provide students with the attitudes, knowledge and skills necessary to protect, promote, and support optimal breastfeeding and complementary feeding?*

Background

New graduates of health care provider programmes should be able to promote optimal breastfeeding and complementary feeding practices from the outset of their careers. All health care providers who interact with mothers and their young children should attain the basic attitudes, knowledge and skills necessary to integrate into their care breastfeeding, lactation management, and infant and young child feeding principles. Since the topics lend themselves to courses covering the human life cycle in both basic and applied sciences, the overall education programme in these fields should be reviewed.

Possible sources of information

Interviews can be held with officials of the ministries of health and education; human resource personnel; specialists in infant feeding management (such as Wellstart Associates, graduates of the Institute of Child Health, IBFAN trainers); representatives of WHO; staff of other donor-funded projects involved in curriculum review and reform; and school or programme faculty, administrators and graduates. Review curricula or session plans for appropriate departments in each school. Ask for written curricula. (Annex 7, Education checklist, can be used to judge whether infant and young child feeding learning objectives and content are adequate.)

Information sources used (please list):

Checklist			
Criteria	<i>Check the category that applies</i>		
	All	Some	None
<i>A review of health care provider schools and pre-service education programmes in your country²⁴ indicates that infant and young child feeding curricula or session plans are adequate (see Annex 7) in “all”, “some” or “none” of the:</i>			
▪ medical schools			
▪ nursing schools			
▪ midwifery education programmes			
▪ allied/public health education programmes			
▪ nutrition/dietetic education programmes.			

²⁴ Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. The departments responsible for teaching the various topics within the various schools may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

5. In-service training for health care providers

Question: *Do in-service training or continuing education programmes for health care providers update their knowledge and skills related to infant and young child feeding?*

Background

Scientific and behavioural research is constantly adding new knowledge to the field of infant and young child feeding. In-service training courses will help to ensure that practitioners remain current. In addition, until preparatory programmes strengthen their teaching content (see Section 4, Health care provider (pre-service) education) some 'remedial' courses will be necessary. Governmental programmes and departments, NGOs and donor-funded projects may provide continuing education programmes.

Possible sources of information

Interviews can be held with officials of the ministries of health and education; directors of national training centres; managers and/or trainers of relevant continuing education programmes; and directors and deputy directors of NGOs that include training in their scope of work. If possible, review course and workshop teaching content and the percentage of time allocated to the clinical or practical sessions. (See Annex 7, Education checklist, for points to consider when reviewing whether various curricula cover essential content.)

Information sources used (*please list*):

Checklist			
Criteria	<i>Check the category that best applies</i>		
	Yes	To some degree	No
▪ In-service training programmes provide knowledge and skills related to infant and young child feeding for relevant health care providers. ²⁵			
▪ In-service training programmes are provided throughout the country. ²⁶			
▪ Training programmes cover most of the essential topics related to infant and young child feeding (see Annex 7).			
▪ Clinical and counselling skills needed on the job are integrated into the content of the training programmes.			
▪ Clinical and counselling skills are allotted at least 30% of training time.			
▪ Content and skills related to infant and young child feeding are integrated, as appropriate, into training programmes focusing on relevant topics (including diarrhoeal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the International Code of Marketing of Breast-milk Substitutes, HIV/AIDS).			
▪ Training programmes cover infant and young child feeding for most relevant community-based health practitioners, including traditional practitioners.			

²⁵ The types of health care providers who should receive training may vary from country to country, but should include those who care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

²⁶ Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

Additional information (not rated) <i>(Use multiple sheets or adapt the form, as necessary)</i>					
Training programmes and centres* providing training on IYCF	Courses with IYCF content	Content related to IYCF in each course	% content focused on clinical/practical skills	Number and types of staff who would benefit from each course	Number and types of staff who have completed each course during past 12 months

* These can include training programmes and centres organized either by the government or by NGOs.

Conclusions and recommendations
Summarize which aspects of in-service training are good, and which aspects need improvement and why. Identify areas needing further analysis and make recommendations for action.

6. Community outreach and support

Question: *Are community outreach and support mechanisms in place to protect, promote and support optimal infant and young child feeding?*

Background

Community outreach and support is an essential component of a comprehensive national infant and young child feeding programme. Community outreach and support activities related to breastfeeding and complementary feeding may be health-facility based (as called for in Step 10 of the BFHI) and/or community-based. They can also be integrated into existing non-health activities, where appropriate. These may include individual counselling, group counselling, community health education, cooking demonstrations, provision of mother-to-mother support, activities in women's groups/clubs, trials of new feeding practices, and positive deviance discussion groups.²⁷ Community support activities should ideally include not only mothers, but also fathers, grandmothers and other family decision-makers. (See Annex 8 for more suggestions regarding possible contact points, channels and community outreach and support activities.)

Possible sources of information

Discussions can be held with officials of the ministries of health, social welfare, and women's affairs, or any government organization involved in social welfare; the national breastfeeding and/or infant and young child feeding coordinator; representatives of mother-support group organizations, such as La Leche League; and representatives of relevant NGOs (health and non-health).

Information sources used (please list):

Checklist			
Criteria	<i>Check the category that best applies</i>		
	Yes	To some degree	No
▪ Health facility based community outreach and support activities related to infant and young child feeding (IYCF) are being implemented (at least two of the activities listed in Annex 8).			
▪ Health facility based community outreach and support activities related to IYCF have national (or regional) coverage. ²⁸			
▪ Community-based IYCF outreach and support activities are being implemented (at least two of the activities listed in Annex 8).			
▪ Community-based IYCF outreach and support activities have national (or regional) coverage. ²⁸			
▪ Non-health organizations (e.g. agricultural extension, education, credit groups) are conducting IYCF outreach and support activities at the community level.			
▪ IYCF community outreach and support activities are integrated into an overall infant and child health strategy (intersectoral and intrasectoral).			

²⁷ Positive deviants are children who grow and develop adequately in low-income families living in impoverished environments, where a majority of children suffer from growth retardation and malnutrition (34).

²⁸ Define the minimal geographic or political unit that will be considered for coverage, e.g. district, municipality, etc. National (or regional) coverage would be when at least some community outreach and support activities are conducted in each one of these defined units.

Additional information (not rated) (Use multiple sheets or adapt the form, as necessary)			
Outreach or support activity or programme (health or non-health)	Implementing organization	Activities or content related to infant and young child feeding	Level of coverage achieved (%)

Conclusions and recommendations
<p>Summarize which aspects of community outreach and support are good, and which aspects need improvement and why. Identify areas needing further analysis and make recommendations for action.</p>

7. Information, education and communication

Question: *Are comprehensive information, education and communication strategies being implemented for improving infant and young child feeding?*

Background

Information, education and communication (IEC) strategies are critical aspects of a comprehensive programme to improve infant and young child feeding practices. These approaches may include the use of electronic media (TV, radio, video), print (posters, counselling cards, flip charts, manuals, newspapers, magazines), interpersonal skills (counselling, group education, support groups) and community activities, to communicate important information and motivational material to mothers, families and the community. Behavioural change is an important interpersonal strategy, often used in counselling sessions, home visits, action-oriented group discussions and dramas focused on problem solving. Comprehensive IEC strategies use a wide variety of media and channels to convey concise, consistent, appropriate, action-oriented and correct messages to targeted audiences at national, facility, community and family levels.

Possible sources of information

Interviews can be held with representatives of national communication or information agencies; national TV and radio stations; officials of the ministry of health, such as the national breastfeeding and/or infant and young child feeding coordinator, the communications officer or coordinator, health education officers; officials of the ministry of social welfare; and representatives of UNICEF, WHO and NGOs. Consider reviewing samples of electronic media spots and printed material, and observing counselling, education and community media events.

Information sources used (*please list*):

Checklist			
Criteria	<i>Check the category that best applies</i>		
	Yes	To some degree	No
▪ There is a comprehensive national IEC strategy for improving IYCF.			
▪ A national IEC campaign or programme ²⁹ using electronic, print and event media and activities has channelled messages on infant and young child feeding to targeted audiences during the past 12 months.			
▪ IEC programmes (either governmental or nongovernmental) that include infant and young child feeding issues are being actively implemented at both regional and local levels.			
▪ Individual counselling and group education services related to IYCF are available within the health care system or through community outreach.			
▪ The content of IEC messages is technically and clinically sound, based on national or international guidelines.			
▪ The focus and wording of messages is based on formative research and pretested with target audiences before use.			
▪ A mechanism is in place, involving all major players, to assure that IEC messages provided through electronic, print and event media as well as education and counselling activities, are coordinated and consistent.			

²⁹ An IEC campaign or programme is considered "national" if its messages can be received by the target audience in all major geographical or political units in the country (e.g. regions or districts).

8. Contraceptive support for breastfeeding women

Question: *Do relevant policies and programmes provide contraceptive support for breastfeeding women?*

Background

Breastfeeding women have a choice of short-term, long-term or permanent contraceptive methods to fit their needs. The Lactational Amenorrhoea Method (LAM) is a modern contraceptive method that uses a pattern of breastfeeding that can effectively suppress ovulation and prevent pregnancy provided that the following stipulated three criteria are met: (1) the woman's menstrual periods have not resumed; (2) the baby is fully or nearly fully breastfed frequently day and night; and (3) the baby is less than six months old. The choice of LAM as the contraceptive method reinforces optimal breastfeeding practices. It is very important to ask the woman who is seeking contraceptive counselling whether she is breastfeeding at present.

Contraceptive methods are safe to use during breastfeeding. However, estrogen-containing pills or estrogen-containing injections may decrease the quantity or quality of breast milk and are not recommended before six months postpartum. Progestogen-only methods are recommended at six weeks postpartum when lactation is well established. Other barrier methods, such as diaphragms and cervical caps, need to be refitted at six weeks postpartum.

Possible sources of information

Interviews can be held with key officials in relevant government ministries (e.g. population, health); staff of international and local family planning NGOs, agencies and donors; and with staff of maternal and child health (MCH) and breastfeeding programmes. If possible, review protocols or guidelines for contraceptive choice and family planning counselling, the family planning data collection system, as well as guidelines or curricula for breastfeeding training.

Information sources used (*please list*):

Checklist			
Criteria	<i>Check the category that best applies</i>		
	Yes	To some degree	No
▪ Family planning and MCH policies include standards and guidelines for providing breastfeeding women with adequate advice concerning contraceptive methods, including LAM, and their effects on lactation.			
▪ Family planning and MCH counsellors and care providers receive adequate training on these guidelines.			
▪ Family planning and MCH programmes provide guidance and support for breastfeeding women concerning contraceptive methods, including LAM. (See Annex 9 for details.)			
▪ Contraceptive methods for breastfeeding women are addressed in breastfeeding education and counselling sessions both at the community and health facility levels.			
▪ Data on LAM rate (number of clients using LAM as family planning method/number of clients with infants < 6 months) are among the statistics routinely collected and reported by the national family planning programme.			

9. HIV and infant feeding

Question: *Do relevant policies and programmes ensure that mothers with HIV are informed about the risks and benefits of different infant feeding options and supported in their infant feeding decisions?*

Background

The risk of HIV transmission through breastfeeding presents a difficult dilemma to policy-makers, infant feeding counsellors and mothers. They must balance the risks of artificial feeding against the risk of HIV transmission through breastfeeding. These risks are dependent on the age of the infant and household conditions. At the same time, other factors must be considered such as the risk of stigmatization (not breastfeeding may signal the mother's HIV status), the financial costs of replacement feeding, and the risk of becoming pregnant again. Policies and programmes to meet this challenge should provide access to HIV testing and counselling (VCT). Counselling on infant feeding options should be available to HIV-positive mothers. The content of counselling programmes should be refined based on local formative research. Safeguards should be in place to protect, promote and support breastfeeding in the rest of the population.

Possible sources of information

Information on the availability and uptake of VCT among pregnant women and on the content and availability of infant feeding counselling should be available from the national AIDS control programme (or equivalent), and the departments of nutrition, maternal and child health, and/or reproductive health within the ministry of health. International recommendations related to HIV and infant feeding are available from UNAIDS, UNICEF and WHO (35–39) and other sources (40–42).

Information sources used (please list):

Checklist			
Criteria	<i>Check the category that best applies</i>		
	Yes	To some degree	No
▪ Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers, and how to provide counselling and support.			
▪ Antenatal VCT is available and offered routinely to pregnant women and, where possible, to their partners.			
▪ Locally appropriate infant feeding counselling in line with current international recommendations is provided to HIV-positive mothers. (See Annex 10, HIV and infant feeding recommendations.)			
▪ Mothers are supported in their infant feeding decisions with further counselling and follow-up to make these decisions as safe as possible.			
▪ Special efforts are made to counter misinformation on HIV and infant feeding and to protect, promote, and support breastfeeding in the general population.			
▪ Ongoing monitoring is in place to determine the effects of interventions to prevent HIV transmission upon infant feeding practices and health outcomes for mothers and infants – including those who are HIV-negative or of unknown status (“spillover effect”).			
▪ In settings with high HIV prevalence, the national Baby-friendly Hospital Initiative provides guidance to hospital administrators and staff on how to assess the needs of, and provide support to HIV-positive mothers.			

10. Infant and young child feeding in emergencies

Question: *Are appropriate policies and programmes in place to ensure that mothers, infants and children will be provided adequate protection and support for appropriate feeding during emergencies?*

Background

Infants and young children are among the most vulnerable groups in emergencies. Interruption of breastfeeding and inappropriate complementary feeding increase the risks of malnutrition, illness and mortality. In emergency and relief situations the responsibility for protecting, promoting and supporting beneficial infant and young child feeding practices and minimizing harmful practices should be shared by the emergency-affected host country and responding agencies. Concise guidance on how to facilitate appropriate feeding in emergency situations and comply with international emergency standards has been developed by interagency expert working groups. Practical details on how to implement the guidance are included in companion training materials, also developed through interagency collaboration. (See Annex 11 for a list of such training materials.)

Possible sources of information

Information on policy and guideline development and the implementation of preparedness activities can be obtained from the designated staff of the national health and nutrition programmes responsible for emergency preparedness and response. (See Annex 11 for a detailed list of the criteria necessary to protect, promote and provide support for appropriate infant and young child feeding practices during emergencies. This list provides useful references and information to assist in rating the criteria presented below).

Information sources used (*please list*):

.....

Checklist			
Criteria	<i>Check the category that best applies</i>		
	Yes	To some degree	No
▪ A policy that addresses key issues related to infant and young child feeding in emergencies has been endorsed or developed.			
▪ Person(s) have been appointed who are tasked with responsibility for national coordination with the United Nations, donor agencies, the military and NGOs regarding infant and young child feeding in emergency situations.			
▪ A contingency plan has been developed to undertake activities to facilitate exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding, and resources have been identified for implementation of the plan during emergencies.			
▪ Appropriate material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.			

Conclusions and recommendations

Summarize which aspects of emergency preparedness are good, and which aspects need improvement and why. Identify areas needing further analysis and make recommendations for action.

11. Research for decision-making

Question: *Are research studies conducted on priority topics and results used to improve infant and young child feeding practices?*

Background

The effectiveness of policy and programme decisions can be greatly enhanced if policy-makers, managers, and staff have access to up-to-date information on the issues and strategies being considered. Well-designed and timely research can provide some of the information needed. The research itself may be conducted by staff of the national programme, a university faculty, research organizations, or by independent researchers. It is important that an inventory be made of research pertinent to the programme, if not already available.

Priority needs for information should be identified at the national level and mechanisms developed for dissemination, review, and utilization of research results and other information to guide policy and programme decisions. If the country has few resources for supporting research, it may decide to rely, whenever feasible, on the use of existing information (either domestic or international) and, when necessary, apply for support from donor agencies for priority studies.

Possible sources of information

Interviews can be held with research managers, key researchers, national breastfeeding and/or infant and young child feeding committee members, those who fund research, and decision-makers and managers responsible for the various infant and young child feeding programmes. Interviews can also be held with staff of NGOs and organizations such as UNICEF, USAID and WHO, and others who may support or conduct research. Review any research inventories and major research reports that are available.

Information sources used (*please list*):

Checklist			
Criteria	<i>Check the category that best applies</i>		
	Yes	To some degree	No
▪ A national research advisory group or body provides guidance on research in the area of infant and young child feeding.			
▪ A national inventory of applied and basic research on key topics related to IYCF has been developed or updated within the past three years.			
▪ Priority needs for infant and young child feeding related information are identified by the national breastfeeding and/or infant and young child feeding committee or an appropriate research advisory group.			
▪ Needed information is gathered, when feasible, from existing studies and other data sources (either domestic or international).			
▪ Research on priority topics is financed by the national infant and young child feeding programme and/or by other appropriate donors.			
▪ Research results are routinely disseminated to key decision-makers. ³⁰			
▪ Research results are used to guide policy and programme decisions as part of the planning and management process.			

³⁰ Decision-makers include policy-makers and programme managers who make decisions about infant and young child feeding policies and/or programmes.

Additional information (not rated) <i>(Use multiple sheets or adapt the form, as necessary)</i>	
Title of inventory of research related to infant and young child feeding (if one exists).	
Organizations or agencies funding infant and young child feeding related research.	
Mechanisms used for disseminating research results to decision-makers.	

Conclusions and recommendations
<p>Summarize which aspects of research for decision-making are good, and which aspects need improvement and why. Identify areas needing further analysis and make recommendations for action.</p>

12. Monitoring and evaluation

Question: *Are monitoring and evaluation data routinely collected and used to improve infant and young child feeding practices?*

Background

Monitoring and evaluation components should be built into all major infant and young child feeding programme activities. Collection of data concerning feeding practices should be integrated into national nutritional surveillance and health monitoring systems or surveys. Monitoring or management information system (MIS) data should be collected systematically and considered by programme managers as part of the management and planning process.

When appropriate, both baseline and follow-up data should be collected to measure outcomes. In an effort to increase availability of comparable data, use of internationally-agreed indicators and data collection strategies should be considered.³¹ It is important that strategies be devised to help ensure that key decision-makers receive significant evaluation results and are encouraged to use them.

Possible sources of information

Interviews can be held with officials, programme managers, and/or evaluation specialists overseeing or conducting monitoring and evaluation activities within the national infant and young child feeding programme. Staff who conduct surveys such as the *Demographic and Health Survey* (or a similar national survey) can also provide information. Review any major evaluation reports that are available. Talk with key decision-makers who should receive and use monitoring and evaluation results.

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

Checklist			
Criteria	<i>Check the category that best applies</i>		
	Yes	To some degree	No
▪ Monitoring and evaluation components are built into major infant and young child feeding programme activities.			
▪ Monitoring or MIS data are considered by programme managers as part of the planning and management process.			
▪ Adequate baseline and follow-up data are collected to measure outcomes of major infant and young child feeding programme activities.			
▪ Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers, both at national and regional/local levels.			
▪ Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or into periodic national health surveys.			

³¹ See the WHO report on *Indicators for assessing breastfeeding practices (2)* for suggestions concerning breastfeeding indicators and data collection strategies. WHO is in the process of considering appropriate indicators for measuring complementary feeding practices.

Additional information (not rated) <i>(Use multiple sheets or adapt the form, as necessary)</i>	
Major IYCF programmes that have monitoring and evaluation components, and what they include.	
Programmes for which baseline and follow-up data is collected and types of data collected.	
Decision-makers who regularly receive evaluation results related to IYCF, and who provides those results.	

Conclusions and recommendations
<p>Summarize which aspects of monitoring and evaluation are good, and which aspects need improvement and why. Identify areas needing further analysis and make recommendations for action.</p>

Summary of achievements related to programme components

<i>Programme components</i>	<i>Level of achievement*</i>
1. National infant and young child feeding programme	
2. An active and sustainable Baby-friendly Hospital Initiative	
3. Mother-friendly childbirth strategies	
4. Health care provider (pre-service) education	
5. In-service training for health care providers	
6. Community outreach and support	
7. Information, education and communication	
8. Contraceptive support for breastfeeding women	
9. HIV and infant feeding	
10. Infant and young child feeding in emergencies	
11. Research for decision-making	
12. Monitoring and evaluation	

*Note: Rate achievement on the programme components as “high”, “medium” or “low”, depending on how well each of the components meets the criteria listed.

<i>Summary of conclusions, and recommendations</i>
Summarize the achievements on the various programme components, indicate which areas still need further work, and make recommendations for action.

