

The purpose of this Planning Guide for national implementation is to help translate the aim, objectives and operational targets of the Global Strategy for Infant and Young Child Feeding into concrete, focused national strategy, policy and action plans. The guide is written for programme managers in governments and their partners, primarily those working in maternal and child health and nutrition. It proposes a step-wise process to develop a country-specific strategy, with plans to be implemented in support of appropriate infant and young child feeding, especially in the first two years of life.

This Guide has two parts. Part I is intended to help a responsible individual or group through the steps proposed, and focuses on the process involved in developing a national infant and young child feeding strategy. Part II provides details and references related to the content of the various components of a plan of action that are related to the operational targets of the Global Strategy for Infant and Young Child Feeding.

Planning Guide

for national implementation of the Global Strategy for Infant and Young Child Feeding



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for national implementation of the Global Strategy for Infant and Young Child Feeding

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Infant and Young Child Feeding as a Public Health Issue

Appropriate infant and young child feeding is essential for survival, growth and development. The Convention on the Rights of the Child states that access to adequate nutrition, including family support for optimal feeding practices, is a right that should be supported for every child (see Box 1 for a description of optimal practices). Children who are not well nourished suffer from ill-health, and undernutrition is associated with over 50% of deaths in children under five years of age. Infants and young children bear the heaviest burden of undernutrition, and suffer the highest risk of disability and death associated with it. At the same time, increasing numbers of young children worldwide are showing signs of obesity because of poor feeding practices, risking a lifetime of negative health consequences.

The consequences of inappropriate feeding practices in early childhood are major obstacles to government efforts towards sustainable socioeconomic development and poverty reduction. In addition, the Millennium Development Goals will not be achieved without action to reduce the rate of malnutrition in infants and young children. Appropriate feeding contributes directly to the achievement of Goal 1 (eradicate extreme poverty and hunger), in particular Target 2 (to halve the proportion of people who suffer from hunger); and to Goal 4 (reduce child mortality), in particular Target 5 (reduce under-five mortality by two-thirds). It also contributes to other Goals in ways such as fostering multi-sectoral collaboration and increased attention to support for the mother's nutritional and social needs.

Nutrition interventions are important at many points in the life course (Figure), and attention to practices in the early period will bring benefits throughout.

From a Global Strategy to National Implementation

The Global Strategy for Infant and Young Child Feeding (see Box 2) is intended as a broad framework for international action. The further step now needed is the development by each country of a comprehensive national strategy and action plan for infant and young child feeding. In this process, there is a need to ensure that all health services protect, promote and support appropriate feeding practices and also to give attention to guidelines for ensuring appropriate feeding in exceptionally difficult circumstances. The approaches in the Global Strategy may already be set out in existing national nutrition and/or child health strategies, policies and programme documents and budgets. National nutrition or child health plans of action or broad

BOX 1

Optimal Infant and Young Child Feeding Practices¹

As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues up to two years or beyond.

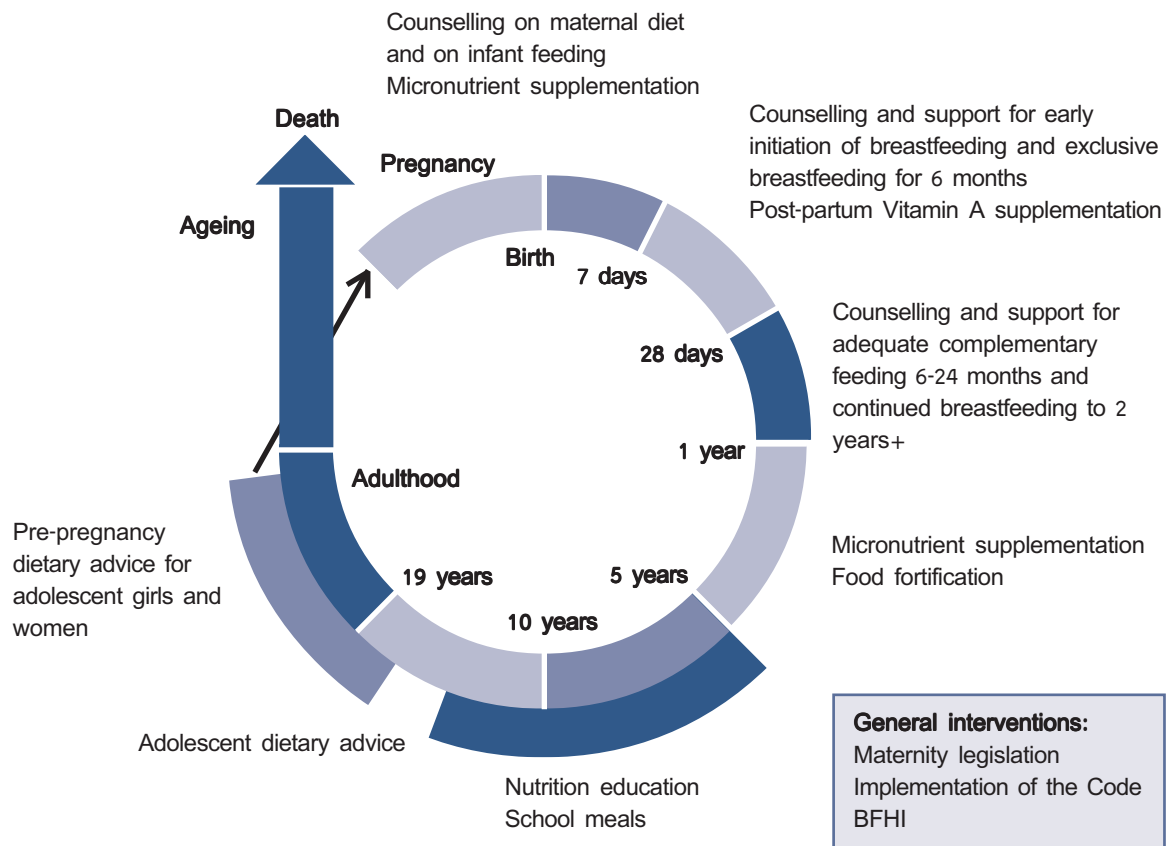
Special attention and practical support is needed for feeding in exceptionally difficult circumstances. The circumstances where specific recommendations apply include: infants less than six months of age who are malnourished, low-birth-weight infants, infants and children in emergencies, infants born to HIV-positive women, and children living in special circumstances, such as orphans and vulnerable children or infants born to adolescent mothers.

Definitions of Strategy and Policy

A **strategy** is defined here as a brief normative document that sets out the basic principles on which actions are based. A strategy may serve as the basis for accelerated action while a broader policy document is being developed or revised. This planning guide focuses mainly on strategy development, but much of it could also apply to policy.

A **policy** is usually a formal document setting out the government's position, and generally is developed over a long time period while it is cleared with relevant bodies.

¹ WHO. Global Strategy for Infant and Young Child Feeding. Geneva, 2003

FIGURE Nutrition interventions around the life course**BOX 2****Global Strategy for Infant and Young Child Feeding**

WHO and UNICEF, with the broad participation of many stakeholders, developed the Global Strategy for Infant and Young Child Feeding to revitalize global commitment to appropriate infant and young child nutrition. The Global Strategy builds on existing achievements, particularly the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding (WHO, 1990), the Baby-friendly Hospital Initiative (WHO, 1992), the International Code of Marketing of Breast-milk Substitutes (WHO, 1981) and subsequent World Health Assembly resolutions, and creative legislation to support breastfeeding after women return to work.

The Global Strategy is intended as a framework for actions to protect, promote and support appropriate infant and young child feeding. The Global Strategy's specific objectives are to:

- raise awareness of the main problems affecting infant and young child feeding, identify approaches to their solution, and provide a framework of essential interventions;
- increase the commitment of governments, international organizations and other concerned parties for optimal feeding practices for infants and young children;
- create an environment that will enable mothers, families and other caregivers in all circumstances to make – and implement – informed choices about optimal feeding practices for infants and young children.

development plans including these issues may also exist. While these policies and plans are valuable for general purposes, a more specific plan of action for infant and young child feeding is usually required, especially for advocacy, resource identification and mobilization, assigning roles and responsibilities and monitoring of implementation.

The obstacles to full adoption of appropriate feeding practices vary considerably from country to country, and while we know that comprehensive multi-sectoral interventions create sustained impact on feeding practices, each country may require different specific interventions, or a varied mix of interventions. The gains achieved by ongoing initiatives, particularly breastfeeding initiatives, also vary substantially between countries. A national strategy should identify how actions meant to benefit particular population groups or vulnerable areas will be defined and strengthened while consolidating gains. It should also identify, and include in efforts, suitable partners, including non-governmental organizations and health professionals. The roles and responsibilities of private and public health care providers in protecting, promoting and supporting infant feeding may differ between settings, resulting in specific needs for training and skills development. Countries need to decide how to integrate infant feeding promotion and support into other family, maternal or child nutrition and health activities in their particular circumstances. Finally, because of the variable social, economic and cultural conditions, countries need to develop their own communication strategies as an integral part of the plan, building on the best channels for delivery.

Purpose of this Guide

This guide is intended to help translate the Global Strategy's aim, objectives and operational targets into concrete, focused national strategy, policy and action plans. The guide is written for programme managers in governments and their partners, primarily those working in maternal and child health and nutrition. It proposes a step-wise process to develop a country-specific strategy, with plans to be implemented in support of appropriate infant and young child feeding, especially in the first two years of life.

This process provides a unique opportunity to build a common understanding among many concerned partners about what needs to be done and why, and to generate their commitment to it. Therefore, attention to the process is essential to ensure a good quality outcome.

This Guide has two parts. Part I is intended to help a responsible individual or group through the steps proposed, and focuses on the process involved in developing a national infant and young child feeding strategy. Part II provides details and references on the content of the various components of a plan of action that are related to the achievement of the operational targets of the Global Strategy for Infant and Young Child Feeding. Part II would be of practical use to individuals with less experience and training in this subject area.

Starting the Process

■ Establish a focal point

A sustainable organizational mechanism with responsibility and accountability for the activities is crucial. To facilitate taking the steps proposed, a focal point should be designated who will provide the leadership and serve as interim national authority to begin the process. This focal point may engage support from a few key interested stakeholders to form a small core group to facilitate the achievement of intersectoral action. Where a national breastfeeding coordinator and committee exist and are active, they may be well placed to assume responsibilities as interim national authority and be central in the formulation and implementation of the strategy, with appropriate modifications to their mandate. Similarly, a national nutrition or primary health authority may be most reasonable to approach on this issue in some countries. However, in many circumstances, there may be a need for strengthening the capacity of the focal point and key stakeholders to take up this new or expanded role. In some countries, a focal point from outside the health ministry, such as in planning, agriculture or education may be better placed to manage the process and give it a higher visibility.

■ Raise awareness and knowledge

Raising awareness and improving the knowledge base and capacity for action programming among decision-makers at all levels is important at every step in order to keep the process moving, and to increase accountability, ensuring that action is taken once a national strategy is developed. The number of those who will act on their conviction, and the scope of their vision will grow as the process develops. At the start, the focal point will need to advocate with colleagues and policy-makers to begin the process, using existing knowledge of the situation. As more stakeholders are involved, partners in advocacy can be defined and mobilized for particular purposes.

Advocacy based on scientific and programmatic evidence should be a continuous process with influential policy-makers, with the press and with the community at large. Circulating the draft strategy widely for comment is one way to ensure that all relevant sectors feel involved.

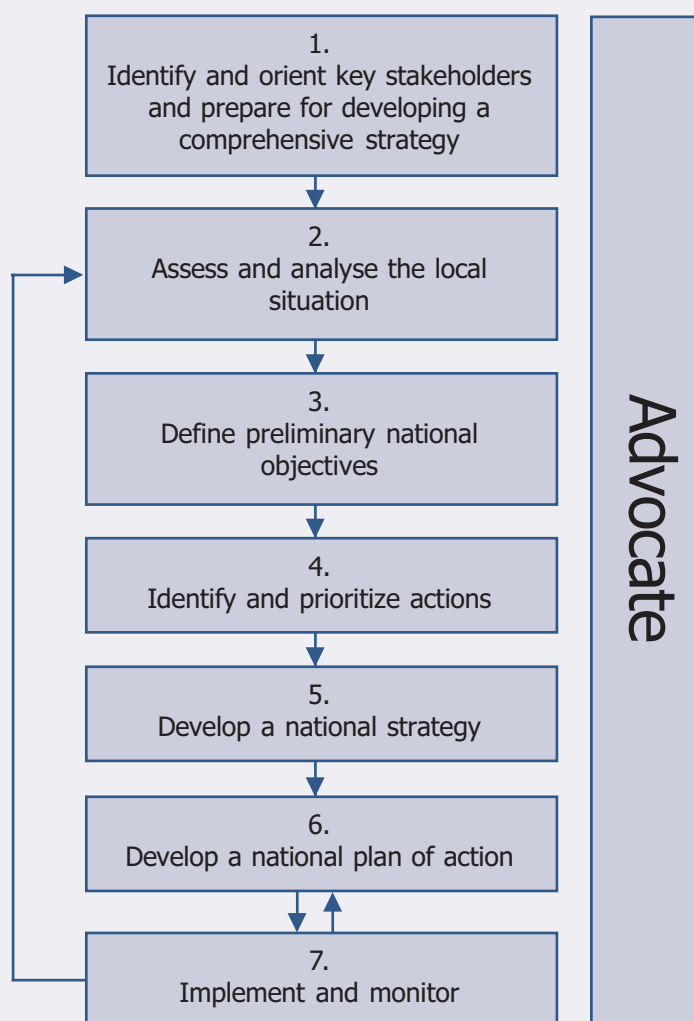
PART I

Proposed Planning Steps in Moving from Global Strategy to National Action

This section is intended to guide a focal point or small group through the steps in the process of developing a national policy, strategy and action plan on infant and young child feeding. In most cases, this focal point will be a government official in the central level Ministry of Health, but could also be from another ministry.

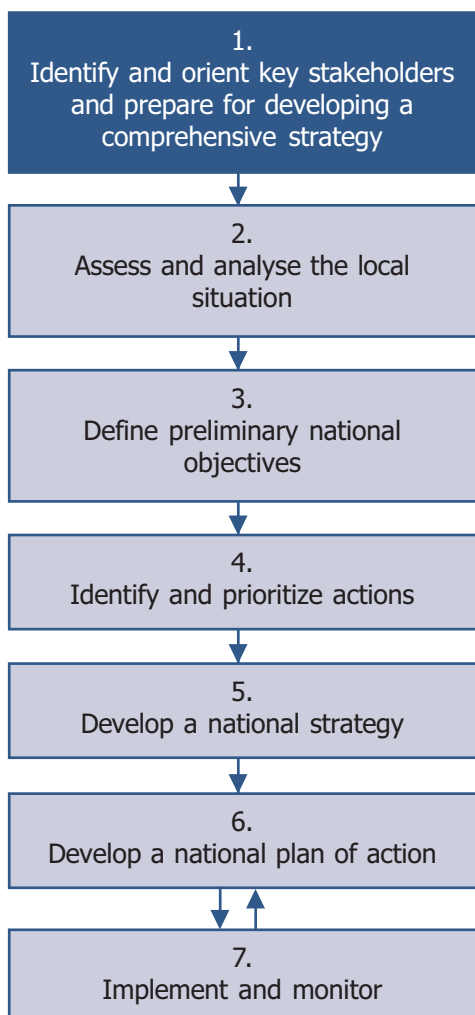
The steps described begin from the most basic actions necessary for the process. Countries that have already started will need to identify at what stage they are, and use the steps as they apply from that point.

Proposed planning steps in moving from Global Strategy to national action



STEP 1

Identify and orient key stakeholders and prepare for developing a comprehensive strategy



The description of this and the next two steps is directed to the individual or group who stimulates interest in adapting the Global Strategy for implementation in a country. The rest of this guide is addressed to the persons responsible for taking the planning further; in many cases, the two groups will be the same.

Most countries implement activities to improve infant and young child feeding. However, activities may be isolated or may focus only on one aspect of infant and young child feeding (e.g., breastfeeding practices in hospitals, replacement feeding for infants born to HIV-positive mothers, micronutrient supplements). This first step involves bringing together a few key government officers responsible for activities related to IYCF and related social issues, as well as close partners. A focal point or a small team should ideally already be designated by senior government officials (including, but not limited to, the Ministry of Health) to provide the leadership for this and subsequent steps. Where this person or group has not been designated, then someone skilled or interested in the issue is appropriate to take the initiative until such designation takes place, taking care that any individual efforts in this direction are coordinated.

The **objective of this step** is to create awareness and increase knowledge of policy-makers and other relevant stakeholders on:

- the relevance of specific infant and young child feeding behaviours and practices for child survival, health, growth and development
- the reason for the Global Strategy, its content, aim, objectives and added value
- how a strategy is relevant for the national situation, and
- the process to be followed to arrive at concrete action.

The **outcome of the first step** should be:

- appointment/confirmation of an interim national coordinator
- establishment (or strengthening) of a working group on behalf of a national coalition
- familiarization with the Global Strategy
- consensus on the need to develop a national infant and young child feeding strategy and plan of action, and
- agreement on the process that will be followed.

Activities for this step could include:

- Focal person(s) and core group review current arrangements for existing programmes related to infant and young child feeding.
- Based on this review, focal person and core group draw up terms of reference and designate an interim, or where feasible, a permanent and sustainably funded national coordinator. In some countries, a few persons may share interim responsibilities.
- Responsible officers gather basic information on relevant indicators, including:
 - Rates of malnutrition and mortality among infants and children underfive
 - Per cent of children seen at health facilities with severe acute malnutrition
 - Infant and young child feeding: rates of early initiation, exclusive breastfeeding among infants less than 4 months and less than 6 months, percent still breastfeeding at about one year and at about

- 2 years, timely initiation/frequency of complementary feeding according to age
- Prevalence of HIV infection in pregnant women
- Other information on exceptionally difficult circumstances, e.g. number of children in centres for displaced people and/or refugee camps, % low-birth-weight infants.
- Interim national coordinator meets, either individually or collectively, with key potential partners to share basic data, introduce the Global Strategy and agree that action is needed.
- Responsible officers for infant and young child feeding activities in the Ministry of Health and/or National Nutrition Institute and/or Social Services work with coordinator to identify who are the close partners involved and/or most likely to support the planning or implementation of infant and young child feeding activities.
- The interim national coordinator to draw up terms of reference for a national committee or working group. (Some large countries may replicate these groups at provincial level.) The working group should be comprised of no more than about 10-15 members from relevant departments and sectors:
 - child health
 - nutrition
 - maternal health
 - prevention of HIV/AIDS
 - planning
 - stakeholders from:
 - Ministry of Planning
 - Ministry of Finance
 - Ministry of Labour
 - Professional bodies
 - NGOs
 - Research institutions working on child nutrition and/or child care
 - International organizations
 - Institutions that provide education on health sciences, e.g. medical and nursing schools
- Working group to appoint chair, establish secretariat, and schedule meetings.
- Working group holds initial preparatory meeting (see Box 3).
- As appropriate, working group arranges for capacity-building of its members on the International Code, the Convention on the Rights of the Child, and other relevant issues.

BOX 3**Suggested Content of Initial Preparatory Meeting to Discuss the Global Strategy**

Review the aims and objectives of the Global Strategy

Relate local circumstances to the specific objectives set out in the Global Strategy

Review the high-priority actions outlined in the Global Strategy, including protection, promotion and support:

- at the national and legislative levels
- through the health care system
- in the community
- in exceptionally difficult circumstances

Review the obligations and responsibilities of governments as set out in the Global Strategy

STEP 2:

Assess and analyse the local situation

The assessment of the local situation and analysis of findings from it should be a process that brings together stakeholders and helps to develop a common understanding of the gaps and the resources available to deal with them. It should involve a small group of relevant technical people, with additional support from key policy-makers, programme managers, representatives from training and research institutions, multilateral, bilateral and non-governmental organizations and implementing health staff in the field, as needed to facilitate the process and make sure the findings reflect realities.

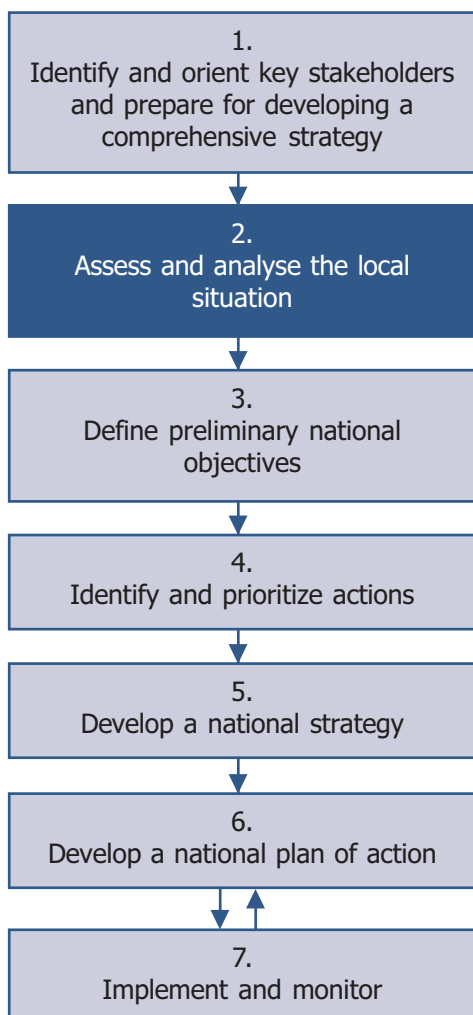
The **objectives of this step** are to:

- identify the gaps between current and desirable infant and young child feeding practices, programmes and policies at national level, and if appropriate, in particular population or geographic sub-groups, and
- recommend what can be done to bridge these gaps.

The **outcome of this step** should be a situation analysis report (see Box 4) arrived at by consensus in the working group, together with conclusions from the analysis.

Activities for this step could include:

- Preparation of a plan for carrying out a national situation assessment¹, with responsible persons and necessary resources allocated
- Drawing up a sampling plan, if required to ensure adequate representation of different districts and/or provinces
- Collection of information through desk reviews, field visits and discussions with key informants
- Analysis of data
- Preparation of draft assessment report
- Review of draft assessment report by working group
- Finalization of assessment report representing group consensus.



¹ Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes (WHO/Linkages, 2003) is designed for this purpose. It proposes specific questions, the types of information and methodology required to answer those questions, and provides guidelines for scoring responses. The Implementation Handbook for the Convention on the Rights of the Child (Hodgkin and Newell, 2002) also contains useful checklists for this purpose.

BOX 4**Suggested Content of Infant and Young Child Feeding Situation Analysis Report**

Introduction

Purpose of the report

Background data

Infant and young child feeding practices:

- Summary of practices
 - Breastfeeding (timing of initiation, exclusivity, duration, use of bottles)
 - Complementary feeding (initiation, frequency, variety, etc.)
 - Feeding children in exceptionally difficult circumstances
- Summary of which practices are adequate, and which practices need improvement and why
- Recommendations for action

National policies, laws, targets and data sources related to infant and young child feeding

- Summary of situation as regards relevant policies and targets for:
 - Nutrition
 - Infant and young child feeding
 - Child health
 - Children's and women's rights, including CRC and its reporting process and CEDAW, where applicable
 - Reproductive health
 - International Code of Marketing of Breast-milk Substitutes
 - Codex Alimentarius food standards
 - Maternity protection in the workplace, including ILO Convention number 183
 - HIV/AIDS
 - Emergencies/emergency preparedness
- Summary of achievements related to national policies and targets, and which areas still need further work
- Recommendations for action

Programme components/activities related to infant and young child feeding

- Summary of situation as regards infant and young child feeding components/activities at central and other levels, including coverage and available resources:
 - Nutrition
 - BFHI
 - Training and education in health and other relevant sectors
 - Pre-service education
 - In-service training
 - Continuous education/training
 - Education at community level
 - Prevention of mother-to-child transmission of HIV
 - Infant feeding in emergencies
 - Management of severe acute malnutrition
 - Integrated Management of Childhood Illness
 - Reproductive health
 - Child survival
 - Child development
 - Health information systems
 - Mapping existing monitoring and evaluation activities related to child nutrition/infant and young child feeding
- Summary of achievements related to programme components/activities, and which areas still need further work
- Recommendations for action

Overall conclusions

- Identification of strengths and weaknesses of programmes and activities
- Identification of gaps and ways to bridge gaps
- Identification of existing resources and other resources required
- Identification of opportunities for integration
- Identification of threats to implementation

Recommendations for next steps

STEP 3

Define preliminary national objectives

The Global Strategy's aim and objectives need to be adapted to the national context before appropriate action can be taken. This involves a process of ensuring that all concerned can work together or in a coordinated way to achieve targets, based on the national assessment.

This step should include, where relevant, technical discussions. An explanation of the technical rationale for feeding recommendations, e.g. the basis for the recommended duration of exclusive breastfeeding, may be required in some settings.

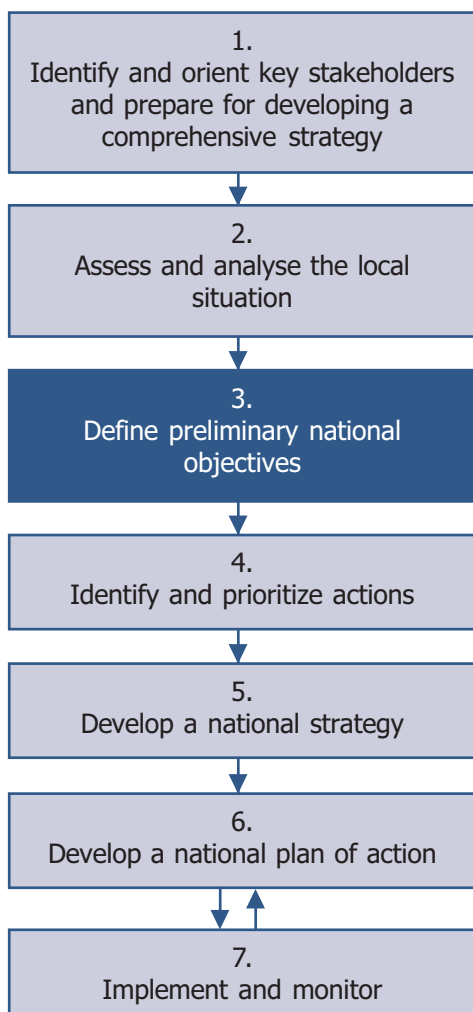
The **objective of this step** is to reach consensus among key decision-makers and managers on the implications of the operational targets called for in the Global Strategy for the country in terms of comprehensive action.

The outcomes of this step will be:

- preliminary objectives for a national strategy, and
- assignment of responsibilities for the next steps.

Activities for this step could include:

- In the light of the review of the Global Strategy (Step 1) and the situation assessment (Step 2), the interim national coordinator and working group hold a formal working group meeting, including a few other key stakeholders (in particular key decision-makers, if appropriate), to:
 - ensure consensus on advocacy for a comprehensive, multi-sectoral national strategy
 - agree on the preliminary objectives for the national strategy
 - assign responsibilities for next steps.



A successful strategy depends on comprehensive national coordination to achieve a common understanding of the issues to be addressed and to reach agreement on a common goal. Its practical implications will need to be assessed, and people with interests, roles and functions in implementing the strategy should take part or be represented in its formulation, and also in its dissemination to ensure awareness and support. Coordination among all these stakeholders will make it easier to allocate responsibilities for specific components and tasks to be performed.

The **objectives of this step** are to:

- familiarize a wider group of stakeholders about the Global Strategy, including its nine operational targets;
- obtain consensus from this group on the findings from the situation analysis;
- identify how to address problems and gaps; and
- prioritize the necessary actions to achieve this.

The **outcome of this step** should be:

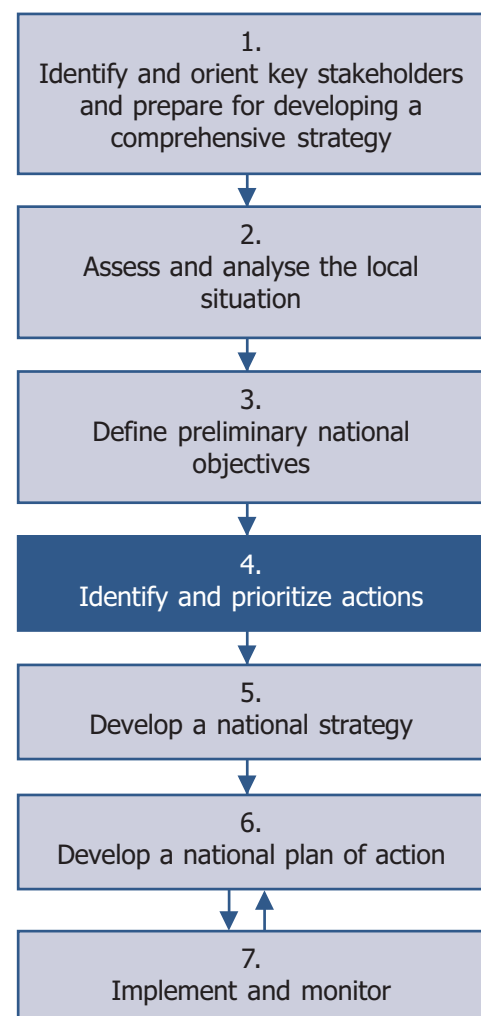
- An endorsement of the situation analysis, and agreement on the main conclusions on future directions.
- A set of priority actions that reflects the government's and other stakeholders' positions on infant and young child feeding. Most countries will document their positions as a policy and/or strategy document, often revising an existing one to be more comprehensive.

Activities could include:

- Convening a national consensus meeting with the participation of the types of stakeholders shown in Box 5. The meeting should aim to achieve the objectives of this step, as outlined above, including the following issues:
 - Clarification of the evidence on breastfeeding and other aspects of infant and young child feeding, including in exceptionally difficult circumstances
 - Development of a common understanding of the concepts and principles of the Global Strategy
 - Acceptance of findings of situation analysis and/or agreement on revisions
 - Prioritization of interventions to be acted upon (see Box 6), from the potential action areas (see Box 7)
 - Deciding on the process for developing a comprehensive national strategy for infant and young child feeding
 - Planning for:
 - relevant legislation and its enforcement
 - development or review of national and local feeding recommendations
 - ensuring quality of care for mothers and infants in health institutions
 - training and supervision to improve health care providers' knowledge, skills and motivation
 - effective ways to promote, protect and support infant and young child feeding at community/family level

STEP 4

Identify and prioritize actions



- improved use of existing information for decision-making and/or improving monitoring of nutrition and infant and young child feeding
- Deciding how to integrate IYCF interventions into existing services such as health and education:
 - What opportunities exist?
 - What are the limiting factors in doing this?
 - What can be done to overcome them?
- Formal designation of a national coordinator and working group for infant and young child feeding
- Assigning responsibilities for next steps
- Agreeing on an effective coordination mechanism.

BOX 5

Prospective Participants in National Consensus Meeting

Ministry of health and other associated ministries (Labour, Agriculture, Commerce/Trade, Education, Law, Social Welfare, Finance, Emergencies, Communication, national human rights institution)

UN agencies, nongovernmental organizations, international donor agencies, universities, research organizations, professional associations

Others concerned with the following areas:

- protection, promotion and support for early, exclusive and continued breastfeeding
- complementary feeding
- replacement feeding
- nutrition
- treatment of severe acute malnutrition
- International Code of Marketing of Breast-milk Substitutes
- Baby-friendly Hospital Initiative
- child health and Integrated Management of Childhood Illness
- prevention of MTCT/HIV infection in infants and young children
- reproductive health/family planning
- Essential Drugs Programme
- communication, social promotion, public relations
- emergencies
- undergraduate and postgraduate education
- health information
- agriculture, food production

BOX 6**Criteria for Prioritization of Activities in Each Action Area**

Proposed actions can be classified according to the criteria shown below. Actions should be considered as priorities if they meet most of the criteria, and can be ranked relative to how they rate against other proposed actions.

- Feasibility: does the action appear technically and logistically possible given likely constraints and existing capacities?
- Proven effectiveness: is the action likely to achieve the desired result?
- Cost-effectiveness: is the cost of taking the action reasonable given the likely result?
- Benefit to most vulnerable groups: will the action reach the populations most needing it?
- Equity: will the action reach across barriers of, e.g., poverty and education?
- Potential impact: is the action likely to have a reasonable effect given the scope of the problem and the expected coverage?
- Preliminary national objectives and targets: is the action included in the list developed in Step 3?
- Findings from situation analysis: does the action address an identified gap or strength to be built upon?

BOX 7**Key Potential Action Areas¹**

Legislation, policy and standards, examples:

- National Code of Marketing of Breast-milk Substitutes
- National food law based on Codex Alimentarius
- Maternity protection at work
- Health regulations

Improving health systems, examples:

- Implement and/or expand BFHI
- Organize care to enable IYCF counselling
- Use opportunities provided through IMCI, IMPAC, EPI
- Incorporate infant and young child feeding into health information system
- Strengthen existing monitoring and evaluation activities and use of information

Improving health worker skills, examples:

- Support for undergraduate curricula on infant and young child feeding for all first-level health workers
- Training and support for expertise at all referral care levels
- Maintain competence among trained health workers (follow-up) after training/supervision

Support for improving family and community practices through community channels, examples:

- Breastfeeding support groups
- Mother-to-mother and women's groups
- Lay and/or peer counselling
- Faith-based community action committees
- Outreach activities

¹ See part II for details

STEP 5

Develop a national strategy

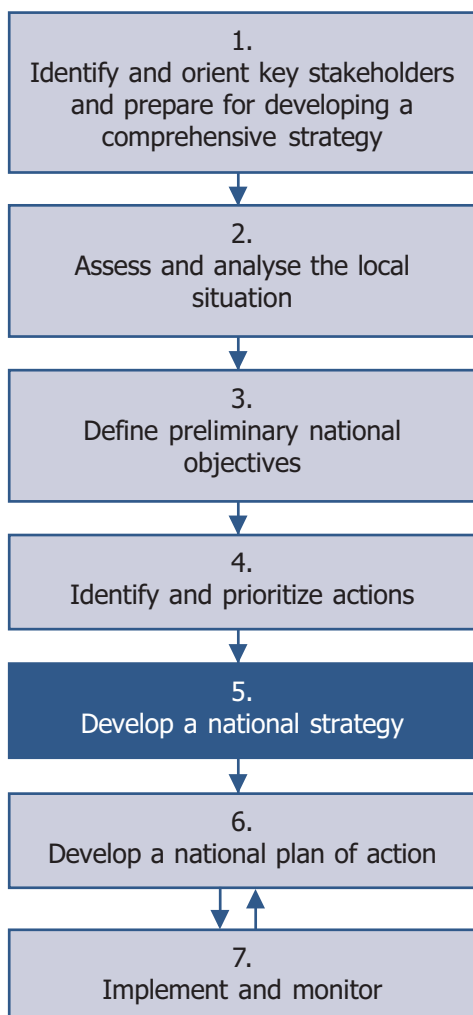
On the basis of the conclusions from the consensus meeting and the related activities in Step 4, the national coordinator and working group should formulate the national strategy.

The **objective of this step** is to document the consensus reached in Step 4.

The **outcome of this step** should be a national strategy document.

Activities for this step could include:

- Produce or revise a document setting out the national strategy. The outline for such a document could include the items shown in Box 8¹, but there is no need to include all areas if they are documented in an accessible way elsewhere. The strategy should be as succinct as possible, to ensure it is widely read and internalized.
- Circulate the draft to relevant stakeholders, especially the participants in the meeting, for comments and inputs.
- Revise the document, holding further informal consultations if needed
- Submit the strategy to those stakeholders involved in the consensus meeting, including relevant decision-makers, for the approval process and to ensure a sense of ownership.
- Launch the strategy with appropriate dissemination to relevant levels of policy-makers, planning and budget authorities, health workers and other interested parties.



¹ See Part II, Section 1, for more details on content issues

BOX 8**Suggested content of national strategy¹**

Background and Rationale

- Contains information on global background, national setting and activities, and reasons for the policy

Goals and Objectives

- Overall goal for the national strategy and/or policy
- Scope of the strategy and/or policy, in terms of what sectors, facilities, staff, commercial products, etc., that the policy applies to
- Strategy and/or policy guiding principles that it upholds and encompasses, in terms of international and national goals, conventions, principles, etc.²
- Objectives of the strategy

Strategy Statement

- General cross-sectoral statement on infant and young child feeding
- Recommended infant and young child feeding practices for the general population in the national context
- Recommended infant and young child feeding practices for children in exceptionally difficult circumstances (could be separate sections for infants of HIV-positive mothers, displaced populations and populations affected by emergencies, severely malnourished children, other groups, depending on country's circumstances)
- Attention to equity and vulnerable groups

Implementation Areas

- Lists specific existing sectors and actors through which the strategy will be implemented
- Lists relevant actions to be taken in each action area (see Box 7)

Implementation and Coordination

- States how the strategy will be implemented, and general responsibilities for implementation and coordination

Integration

- Explains opportunities for integration and how these will be used

Monitoring, evaluation and review

- States generally how the strategy will be monitored and evaluated, and when

Resource implications

- States in general terms the scope of the resources needed and where they will be mobilized

National Response

- Defines specific responsibilities by sector for government agencies, and in general for others

¹ Could also apply to policy document

² including taking into account the principles, guiding policy and framework of the Convention on the Rights of the Child (see Part II, Section 1 for more details)

STEP 6

Develop a national plan of action

This step involves translating broad strategy and/or policy statements and general responsibilities into a concrete action plan for implementing all the relevant activities. Governments should seek, when appropriate, the cooperation of international organizations and other agencies, including global and regional lending institutions. The plan should be compatible with, and form an integral part of, all other activities designed to contribute to optimal infant and young child feeding. To the extent possible, this plan should be structured according to the operational targets of the Global Strategy (see Table 3 in Part II). Details relevant to designing the content of the plan for different operational target areas are given in Part II of this Guide.

The **objective of this step** is to reach consensus among stakeholders on the way forward, based on the documented strategy, and present it as an action plan. Stakeholders for this stage include health professional bodies, nongovernmental organizations including community-based support groups, education authorities, mass media, child-care facilities and international organizations. The food processing industry, commercial enterprises and pharmaceutical companies may be involved in this step, with a view to ensuring they are fully aware of their obligations under the Global Strategy. The risk of conflicts of interest is reduced given that the objectives and interventions will already have been agreed.

The **outcome of this step** should be an agreed national action plan as recommended in the Global Strategy, including defined goals and objectives, a timeline for their achievement, allocation of responsibilities for the plan's implementation, sources of funding and measurable indicators for its monitoring and evaluation.

Activities for this step could include:

- The national working group prepares a draft plan. An action plan can be a simple narrative or table with columns including activities, responsibilities, time frame, resources required and sources, indicators, such as in the example in Table 1.
- The plan is submitted to relevant stakeholders for finalization.
- The plan is approved by relevant decision-makers.

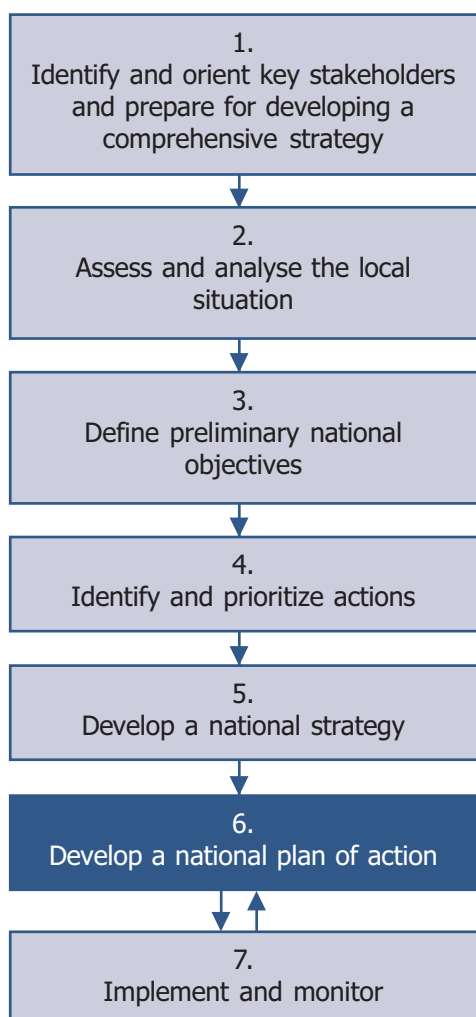


TABLE 1 Example of an activity area in action plan

Relevant Global Strategy operational target: Ensure that the health and other relevant sectors protect, promote and support exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require - in the family, community and workplace - to achieve this goal

General goal: Increase rates of exclusive breastfeeding

Objective	Activity	Responsible	Time Frame	Resources required and sources of funds	Indicator (and definition, as required)
Increase coverage of BFHI to at least 1 hospital in each district	<ul style="list-style-type: none"> - re-activate BFHI sub-committee - identify 1 or more hospitals per district for training and assessment - train or re-train trainers and assessors - carry out support visits and assessments - strengthen Step 10 	BFHI focal point	June-December 2005	<ul style="list-style-type: none"> - personnel time - \$4,000 for training (midwives, trainers, assessors) (Nutrition Department) - \$1,000 for printing training materials (UNICEF) - \$1,000 for travel (Ministry general account) 	No. and distribution of BF hospitals

STEP 7

Implement and monitor

Implementation of the action plan is the logical next step, following the timing and responsibilities laid out in the plan. Based on the action plan, over-all responsibility for coordinated implementation, including ensuring needed resources are in place, should be assigned.

In order to facilitate measuring progress in implementation, strategies for monitoring of the programme should be developed at the planning stage itself. Monitoring is an ongoing process and its purpose is to assess whether programme interventions are on track and whether the desired changes are taking place. It should also assess whether programme inputs are occurring as per plans. This process is most critical during the initial stages, and the results of routine monitoring should be used to revise the national action plan where necessary. In addition to this process, a formal review should be held on a regular basis

There are very few examples of programmes that have successfully and sustainably integrated monitoring into plans and activities. While tools are available, there are routinely large gaps in routine monitoring and supervision that need to be addressed at the planning stage.

The **objective of this step** is to start implementation and begin reporting and monitoring progress towards agreed-upon goals and objectives.

The **outcome of this step** should be a detailed plan for implementation, reporting and monitoring, including time frame and responsibilities.

Activities for this step could include:

- The working group consolidates the information in the action plan, so that resource flows are ensured and any necessary fund-raising and/or re-allocation takes place.
- Responsible officers/agencies proceed according to the agreed plan of action.
- The working group and any relevant sub-groups:
 - Hold periodic meetings to review whether implementation is actually taking place, and provide an opportunity to propose and implement solutions to any hindrances.
 - Define key indicators in the action plan, determine how and by whom the information will be collected, how often, and to whom it will be reported, and ensure that service providers meet with the responsible officer to discuss programme implications. (See Table 2 for an example, and Part II, Section 5, Table 6 for a list of suggested indicators.)
 - Agree on mechanisms for compiling the information periodically, and arrange regular meetings with service providers to ensure discussion of programme implications. The Convention on the Rights of the Child reporting process may be useful as a mechanism for monitoring.
 - Specify responsibilities for preparing periodic reports and their dissemination.
 - Plan regular review meetings with senior policy-makers, to assess what progress has been made in implementation, and to adjust the plan of action as required.

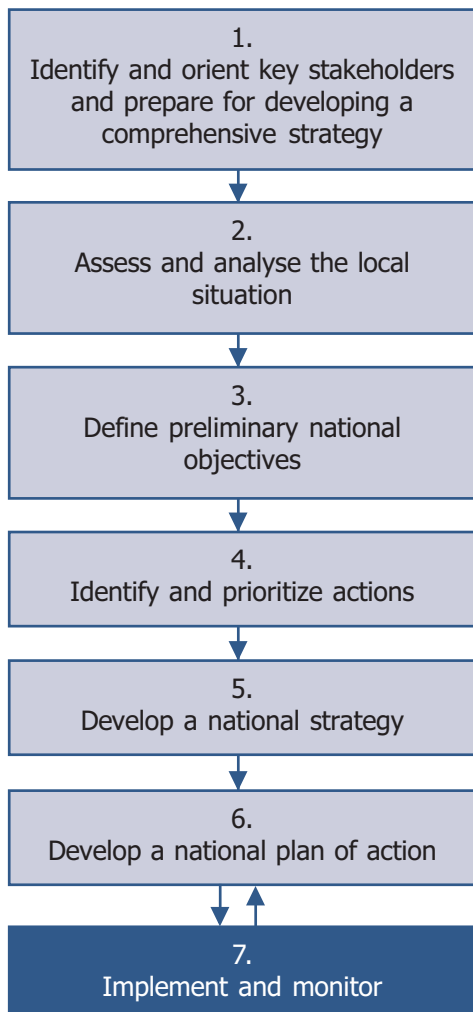


TABLE 2 Example of monitoring plan

Indicator	Definition	How to be collected	By whom to be collected	How often	To Whom
Early initiation of breastfeeding in maternity facilities	% of infants breastfed within one hour of birth	Maternity register in selected district hospitals	Data clerk	Monthly	IYCF national coordinator
Status of Baby-friendly Hospital Initiative	Number of newly-certified baby-friendly hospitals/ number of eligible hospitals	Assessments from hospitals, as reported in minutes of national committee	National committee	Yearly	IYCF national coordinator

Summary

Putting the Global Strategy into practice in countries brings substantial benefits to individuals, families and societies. Countries will be more successful in implementing activities after having gone through the process of carefully planning and documenting what needs to be done to ensure appropriate infant and young child feeding for their populations. With a strategy and action plan in place they will be able to proceed steadily and measure their progress towards established targets.

Proceeding through the steps in this planning guide is a practical way to undertake the development of the necessary strategy and plan. At the same time as working towards improved infant and young child feeding practices, achievement of the targets set in the plans will also help achieve international goals for child mortality reduction. Progress in this area also represents a step in protecting the rights of young children and, ultimately, contributing towards national development.

A large range of tools and other resources to help in each step are available to countries embarking on this process. Some of these tools are listed in Part II, as well as additional information on the operational targets and content areas of the Global Strategy. Although financial resources may be a constraint in many countries, a comprehensive and high quality strategy and plan will aid in mobilizing any additional resources required.

With the aid of this Guide, and the on-going in-country support available from UN agencies and other partners, countries should move confidently into planning, implementing and achieving the targets set out in the Global Strategy.

PART II

Planning for Achieving the Operational Targets

The objective of Part II of this Guide is to provide more specific information on content area needed when deciding how to achieve the nine operational targets of the Global Strategy (see Table 3 and Annex). This information will be useful in all steps of the development and implementation of the country strategy for infant and young child feeding, especially in the situation analysis, prioritization of actions and development of plans.

Operational targets of the Global Strategy

Operational target	Applicable section(s) of Guide
Appoint a national breastfeeding coordinator with appropriate authority, and establish a multisectoral national breastfeeding committee composed of representatives from relevant government departments, nongovernmental organizations, and health professional associations	Part I: Step 1
Ensure that every facility providing maternity services fully practises all the “Ten steps to successful breastfeeding” set out in the WHO/UNICEF statement on breastfeeding and maternity services	Part II: 2.2
Give effect to the principles and aim of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions in their entirety	Part II: 1.2
Enact imaginative legislation protecting the breastfeeding rights of working women and establish means for its enforcement	Part II: 1.3
Develop, implement, monitor and evaluate a comprehensive policy on infant and young child feeding, in the context of national policies and programmes for nutrition, child and reproductive health, and poverty reduction	Part I: all steps Part II: 5
Ensure that the health and other relevant sectors protect, promote and support exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require - in the family, community and workplace - to achieve this goal	Part II: 2.2, 2.3 and 3
Promote timely, adequate, safe and appropriate complementary feeding with continued breastfeeding	Part II: 2.3, 3 and 4
Provide guidance on feeding infants and young children in exceptionally difficult circumstances, including severely malnourished children, and on the related support required by mothers, families and other caregivers	Part II: 2.3, 3 and 4
Consider what new legislation or other suitable measures may be required, as part of a comprehensive policy on infant and young child feeding, to give effect to the principles and aim of the International Code of Marketing of Breast-milk Substitutes and to subsequent relevant Health Assembly resolutions	Part II: 1.2

1. Developing and implementing a comprehensive strategy on infant and young child feeding

1.1 Introduction

A national strategy on infant and young child feeding is essential to express the justification and context for implementation of interventions. A comprehensive strategy should relate with existing policy instruments, including the International Code of Marketing of Breast-milk Substitutes, the ILO Convention on Maternity Protection, and food standards and related texts of the Codex Alimentarius. It also defines in some detail the actions that will be taken to strengthen the capacity of health services and communities to care for the nutritional needs of infants and young children. A strategy should be formulated that supports relevant policies and indicates how existing programmes can be strengthened to incorporate actions in support of infant and young child feeding, and identify specific interventions that require a focused implementation approach.

1.2 Taking measures to adopt and implement a national Code of Marketing of Breast-milk Substitutes as part of a comprehensive national strategy

KEY ACTIONS:

- Organize a Task Force to work on Code issues
- Raise awareness of the Code and the need for effective implementation at the national level among key policy-makers, manufacturers and the public
- Draft national Code regulations, including all provisions of the Code and subsequent Health Assembly resolutions, with effective monitoring, implementation and enforcement provisions
- Circulate draft national Code regulations for comment
- Finalise the national Code regulations through legal processes
- Educate health workers and others on their responsibilities under the Code, including ensuring that government offices have guidance for staff on interactions with infant formula manufacturers
- Monitor implementation, ensuring that this is done in a transparent, independent manner, free from commercial influence
- Promote and enforce Code compliance.

Since the adoption of the International Code of Marketing of Breast-milk Substitutes by the World Health Assembly in 1981, and the subsequent WHA resolutions, many governments have taken action to adopt national measures to implement it. However, much remains to be done to enforce implementation. Lack of awareness about the public health rationale and relevance of the Code is still frequent among policy makers, health professionals and the general public. This situation is of special importance in countries that have chosen to provide breast-milk substitutes to HIV-positive women, since the Code aims to ensure that breast-milk substitutes are used safely when they are necessary, and that they are distributed under strict controls to avoid spillover to the majority of infants who will benefit from breastfeeding. While some countries have implemented the Code or some parts of it, enforcement is rarely sufficient to prohibit unethical marketing practices. Governments do not always have easy access to technical assistance for drafting a national code and establishing the system for its implementation. WHO and UNICEF can often provide the necessary assistance upon request.

The Code states that governments should take action “as appropriate to their social and legislative framework”. Among the approaches used to give effect to the Code and relevant subsequent Health Assembly resolutions have been:

- The adoption and periodic review of new legislation and regulations.
- Preparation and updating of related guidelines, e.g. for health workers, manufacturers and distributors, and retail outlets.
- Negotiation and updating of agreements with health workers and infant-formula manufacturers.
- Establishment of an independent committee responsible for monitoring and evaluating implementation of national measures adopted to give effect to the International Code.

Some Member States have broadened the scope of their legislation to include other products (e.g. follow-up formula and complementary foods) and a wider age range (e.g. all children to age three) and/or have strengthened monitoring and enforcement with appropriate sanctions, and regulations on providing infant formula for precisely-defined social purposes (i.e. orphans).

Governments alone cannot ensure that the Code is fully implemented. Manufacturers and distributors of products within the Code’s scope are responsible for monitoring their marketing practices and for taking steps to ensure that their conduct at every level conforms to the Code. Nongovernmental organizations, professional groups, institutions and individuals have the responsibility of drawing the attention of manufacturers or distributors to activities which are incompatible with the Code and for informing the appropriate governmental authority about violations of the Code. Among the nongovernmental organizations most active in discharging this responsibility are the International Baby Food Action Network (IBFAN), the World Alliance for Breastfeeding Action, the Interagency Group for Breastfeeding Monitoring, International Code Documentation Centre, La Leche League International and the International Lactation Consultants’ Association.

While legislation will be adapted to each country’s needs, there are some common elements. It should include all provisions of the Code and subsequent relevant Health Assembly resolutions. Provisions on implementation and enforcement should identify the independent body responsible for monitoring, the person to whom violations should be reported, a forum for adjudication and effective sanctions that act as a deterrent.

Information on Code violations provides important evidence of the need to take action to implement and enforce the Code. IBFAN organizes training of monitors at regional and national levels and can provide advice and technical assistance. The Network has local groups in a number of countries and they can be called upon to assist with monitoring. A “Guide for Estimating the Prevalence of Code Violations” developed by the UK-based Interagency Group of Breastfeeding Monitoring is also available.

1.3 Enacting legislation to protect the breastfeeding rights of working women

KEY ACTIONS:

- Take steps to ratify the ILO Maternity Protection Convention No. 183
- Assess the situation of working women in regards to facilitating breastfeeding
- Begin development and adoption of legislation in line with the Convention
 - Build consensus on draft legislation
 - Finalize draft
 - Adopt country legislation
- Publicize legislation, especially informing relevant stakeholders and the public
- Monitor situation.

International Labour Organization (ILO) Conventions have been powerful tools to protect the maternity and breastfeeding rights of employed women. At the heart of the Conventions are direct health protection, maternity leave, cash and medical benefits, employment security and non-discrimination. The ILO Convention No. 183, passed in 2001, extended the period of maternity leave and emphasized that all employed women, including those in atypical forms of dependent work (e.g., agricultural workers) were covered.

Fundamentally, these protections mean that while pregnant or breastfeeding a woman is not obliged to perform work prejudicial to her health or that of her child, that she should be entitled to 14 weeks maternity leave, including six weeks of compulsory postnatal leave (more in the case of illness, complications or the risk of complications) and cash benefits (no less than two-thirds of a woman's previous earnings) that ensure that the woman can maintain herself and her child in proper conditions of health and with a suitable standard of living. Most women should be able to meet criteria for cash benefits. Prenatal, childbirth and postnatal medical care should routinely be a part of the medical benefits available to every pregnant and new mother. Where necessary, hospital care should also be included.

Employment security, including protection from dismissal during pregnancy, maternity leave, leave for maternity-related illness or complications and for a period after the woman returns to work is also essential. Breastfeeding breaks or a reduction in working hours to accommodate breastfeeding complete the picture. These breaks are in addition to any other breaks provided to all employees, they are to be counted as working time and should be remunerated accordingly.

Governments should ensure that various measures are in place for maternity protection: ratification of the ILO Convention, national legislation reflecting the terms of the Convention, widespread campaigns to inform employers and the women they employ about these entitlements and the extension of protections into all employment sectors. Some countries already have stronger regulations in place than those in the Convention, and these should be maintained. The Maternity Protection Coalition, which is active in many countries, may be able to assist in advocacy work with employers, trade unions, etc.

1.4 Using the Convention on the Rights of the Child (CRC) as a legal instrument to protect, promote and support infant and young child feeding

KEY ACTIONS:

- Develop and conduct CRC-based assessment of IYCF laws, policies and programmes
- Integrate the General Principles and other relevant provisions of the CRC in policy, law and programme development for IYCF
- Ensure inclusion of IYCF issues in CRC State Party reports, and initiate follow-up to CRC Concluding Observations and Recommendations (as part of broader policy and strategy development processes, where possible).

The CRC spells out the basic human rights that children everywhere have: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. It has been ratified by almost all countries worldwide. As parties to the CRC, governments are legally bound by its provisions, and are required to bring national laws and policies in line with the CRC. Furthermore, they must regularly report to the international monitoring body of the CRC, the United Nations Committee on the Rights of the Child, on progress made in the effective implementation of the CRC. Governments can thus be held accountable for their action or inaction at both national and international levels.

The CRC not only reflects the legal obligations which governments have vis-à-vis all children under their jurisdiction, but also provides legal and normative guidance to governments and other duty bearers on protecting, promoting and supporting infant and young child feeding.

The provision of and access to adequate nutrition for all infants and young children is guaranteed under Article 24 on the child's right to health and health services. Article 24 also recognizes parents' rights to access to basic information on child health and nutrition, including on the advantages of breastfeeding.

Thus, Article 24 requires governments and other duty bearers to take all necessary measures (including the adoption of all relevant legislation, policies and programmes) to ensure that adequate and safe nutritious foods are made available and accessible, as is education and information on the advantages of breastfeeding. Furthermore, it requires governments and other duty bearers to ensure parents can act upon the information provided.

In this context, having recognized that adoption and translation of the International Code of Marketing of Breast-milk Substitutes into national law, and its effective implementation, is one of the core measures governments should take under Article 24, the Committee on the Rights of the Child frequently requests governments to provide information on the status of the Code, and calls upon them to strengthen further implementation where necessary.

1.5 Applying relevant standards of the Codex Alimentarius in national food law to ensure adequate and safe nutrition of infants and young children

KEY ACTIONS:

- Develop national food laws for available products for infants and young children based on relevant Codex Alimentarius standards and international trade obligations
- Promote knowledge of these laws to all relevant players and establish monitoring and enforcement systems to ensure compliance.

The Codex Alimentarius is the international body responsible for the execution of the Joint FAO/WHO Food Standards Programme. Its aims are to protect the health of consumers and to facilitate international trade in food. Volume 4 of the Codex Alimentarius concerns foods for special dietary uses, including foods for infants and children. Development of these standards is the responsibility of the Codex Committee on Nutrition and Foods for Special Dietary Uses.

Codex standards cover infant formula, canned (tinned) baby foods, processed cereal-based foods for infants and children and follow-up formula. There are also Codex guidelines for formulated supplementary foods for older infants and young children with advisory lists of mineral salts and vitamin compounds that may be used in foods for infants and young children, as well as a code of hygienic practice. Codex standards generally define the products and their scope and cover composition, quality factors, food additives, contaminants, hygiene, packaging, labeling and methods of analysis and sampling. Currently, the code of hygienic practice, the advisory lists and the infant formula standards are under revision, and the processed cereal-based food standard has been recently revised.

In framing national food laws, governments should draw on Codex as a tool to support implementation of recommendations for optimal breastfeeding and complementary feeding, ensuring adequate quality and labelling, but with relevant restrictions on nutrition and health claims, of products intended for consumption by infants and young children.

2. Strengthening the capacity of health services to support appropriate infant and young child feeding

2.1 Introduction

Inadequate support for infant and young child feeding in health services is a main contributing factor to poor breastfeeding and complementary feeding rates worldwide. Health workers often do not have updated knowledge and skills to effectively support infant and young child feeding, and hospital practices and routines impede the initiation and continuation of appropriate feeding practices.

The evidence for effective interventions to support infant and young child feeding in health services led to major policy initiatives such as the International Code, the Ten Steps to Successful Breastfeeding, the Innocenti Declaration, and the Baby-friendly Hospital Initiative.

2.2 Revitalizing and expanding the Baby-friendly Hospital Initiative

KEY ACTIONS:

- Assess the status of BFHI in the country:
 - Existence of coordinator and/or working group
 - Existence of targets
 - Proportion of hospitals having achieved baby-friendly status
- Ensure training of health workers and administrators
- Monitor quality in certified hospitals
- Promote the concept to other hospitals and sustain levels in certified hospitals
- Carry out further assessments, reassessments and monitoring
- Ensure that BFHI is a part of all hospital standards.

The Baby-friendly Hospital Initiative (BFHI) has been an important catalyst for breastfeeding action in the past decade. Political will and strong advocacy have led to improved quality of breastfeeding care for mothers and babies in many countries. The challenge now is to increase and extend the BFHI to activities that go beyond the immediate post-partum period while maintaining the gains of the past.

Where hospitals have been certified as Baby-friendly, monitoring of quality is critical to ensure adequate standards of care, and deliberate efforts should be made to strengthen the reassessment component of the Initiative and provide inputs to sustain good practice.

The BFHI started with a limited scope in many countries. However, it is now time to mainstream the activity into the health system as an essential component of quality assurance and improvement of care, as has been done in some places. Mainstreaming is feasible and can be achieved if BFHI is seen as one element in the range of activities that are needed to strengthen the health system ensuring quality of care, appropriate referral and empowerment of communities to provide adequate support to breastfeeding mothers and babies. As an area of particular interest, ways should be found to strengthen the establishment of community-based mother support groups as an important avenue to increase coverage of skilled support.

The basic principles of the BFHI cover all circumstances. However, the associated guidance and materials have been revised to supply additional guidance in settings where HIV is prevalent.

2.3 Improving the skills of health providers in first and referral level health facilities to give adequate feeding support

KEY ACTIONS:

- Assess levels of skills and knowledge, and needs for improvement
- Assess training carried out, such as by type of course:
 - Number and type of staff trained
 - Distribution of trained staff geographically and by health facility
 - Quality of training
- Assess remaining training needs
- Analyse how to meet needs given resource constraints
- Update/upgrade the curricula and materials for pre-service education
- Train staff
- Develop and use quality job aids
- Provide skills-oriented supervision.

Infant and young child feeding is a neglected area in the basic training of health professionals worldwide. It is therefore necessary to invest in improving knowledge and skills, through in-service training and pre-service education. Including essential competencies in the basic curriculum of medical and para-medical professionals is likely to be the most feasible and sustainable way to address the current knowledge gaps. Nevertheless while such efforts progress, there is a need to increase the skills of health workers who are already in service, through action-oriented, skills-focused training.

WHO, UNICEF and other partners have developed a number of tools to increase capacity of health care providers to protect, promote and support infant and young child feeding (see Tables 4 and 5). The BFHI, through an updated 20-hour course targeted at maternity staff, provides basic knowledge and skills to support the timely initiation and establishment of exclusive breastfeeding. The Integrated Management of Childhood Illness (IMCI) strategy provides tools for training first-level health workers which integrate feeding counselling into the case management process for major childhood diseases. The 40-hour breastfeeding counselling course, the 24-hour complementary feeding counselling course and the 24-hour HIV and infant feeding counselling course are available to train a cadre of counsellors to whom mothers can be referred to deal with more complex problems. An integrated course covering these topics in five days is now available, and the capacity of regional and national trainers is being built to facilitate its roll-out. Training materials on the Code and the CRC are also available. Thus a package of tools is available to meet the needs of various target groups and build a system for adequate feeding support.

An often neglected area of infant and young child feeding is the care of severely malnourished children. In countries with a high prevalence of malnutrition, health providers should be trained to provide effective therapeutic feeding of sick and malnourished infants. A course exists for this purpose, including hospital management.

Whether for in-service training or pre-service education, the need to build-up teams of experienced trainers is critical in most countries. There are excellent examples of countries that have been able to implement breastfeeding counselling training nationwide, by systematically building the capacity of district managers and senior clinicians to plan for and conduct the training. It is important to define precise quality criteria for training, including the ratio of classroom versus clinical practice sessions, and continuously monitor it.

Table 5 presents the different cadres of health workers and lay counselors who are likely to be providing services to mothers and infants, and the minimum recommended courses for each.

Newly trained health workers need support to change their working environment and start implementing new knowledge and skills. They may encounter problems they cannot handle and for which they need extra support. Thus, the system should be set so all newly trained health workers seeing mothers and infants have at least one follow-up visit within 4-6 weeks after training by an experienced and skilled supervisor. Refresher training is advised as resources permit.

In addition to traditional in-service training and pre-service education approaches, alternative methods should be explored for communicating essential breastfeeding knowledge and developing skills. For example, distance learning, continuous education during monthly review meetings of facility staff, and peer-supported learning are options that should be considered when designing a training plan.

TABLE 4 Key training courses on infant and young child feeding

Title of Course	Objectives	Designed for	Duration	Comments
Breastfeeding counselling	Provide knowledge and build capacity in breastfeeding counselling skills	Health facility level workers	40 hours (5 days)	Basic course
Complementary feeding counselling	Provide knowledge and skills for counselling on feeding of young children from 6 to 24 months of age	Health workers in primary health care services or attached to hospital health services (community health or paediatric nurses, health care assistants, community workers, supervisors, counsellors and doctors)	24 hours (3 days)	Most useful as a follow-up to training on breastfeeding counselling
HIV and infant feeding counselling	Provide knowledge and skills on counselling women who are HIV-positive about infant feeding decisions	Health workers in MCH and primary care settings	24 hours (3 days)	Breastfeeding counselling training is prerequisite
Strengthening and sustaining BFHI: A course for decision-makers	Sensitize higher level decision-makers on the importance of breast-feeding support in health facilities	Health administrators and policy-makers	10-12 hours	Updated version also addresses HIV and emergency preparedness
Breastfeeding management and promotion in a baby-friendly hospital	Assist hospitals to make maternity facilities baby-friendly and equip them with the knowledge to make lasting policy changes	Maternity staff and health staff providing supporting services	20 hours	Updated version also addresses HIV and emergency preparedness
Infant and young child feeding counselling: An integrated course	Provide knowledge and skills on breastfeeding counselling, complementary feeding, HIV and infant feeding decisions and prevention of 'spillover'	Health staff working with mothers, caregivers and children from 0 to 24 months of age	5 days (plus 1 day follow-up)	HIV component optional, depending on setting
Integrated Management of Childhood Illness	Teach skills for case management of sick children and infants, and counsel on infant feeding	Doctors, nurses and other health workers at first level facilities	11 days	1 day on infant feeding, including 2 practice sessions
Nutrition care and support for people living with HIV/AIDS	Provide background knowledge and skills to counsel HIV-positive people on nutrition	Nutritionists, counsellors	1.5-2 days	2 sessions on infant and young child feeding
PMTCT	Provide appropriate information and a template for national training programme and curriculum	Provincial, district and local health workers	5 days	1 session on HIV and infant feeding
Management of severe malnutrition	Reduce case fatality rate and improve recovery rate of severely malnourished children	Doctors, nurses, and other senior health workers	6 days	Mainly for hospitals

TABLE 5 Recommended training courses on infant and young child feeding for various types of staff

Type of Staff	Recommended courses
Lay counsellors	Integrated infant and young child feeding counselling
Midwives ¹	Breastfeeding counselling HIV and infant feeding counselling (if needed in setting) BFHI 20 hours (in health facilities intending to apply for baby-friendly status)
First level (PHC) nurses and doctors	IMCI Integrated infant and young child feeding counselling Management of severe malnutrition
First level supervisors	IMCI Integrated infant and young child feeding counselling
Referral level clinicians	IMCI - Referral care Integrated infant and young child feeding counselling Management of severe malnutrition
Referral level infant and young child feeding counsellors	Breastfeeding counselling Complementary feeding counselling HIV and infant feeding counselling (if needed in setting)
Referral level nutritionists	Breastfeeding counselling Complementary feeding counselling HIV and infant feeding counselling (if needed in setting) Nutrition care and support for people living with HIV/AIDS
Trainers and supervisors of any type of workers providing infant and young child feeding counselling	Breastfeeding counselling Complementary feeding counselling HIV and infant feeding counselling (if needed in setting) Nutrition care and support for people living with HIV/AIDS
PMTCT Counsellors	Integrated infant and young child feeding counselling Nutrition care and support for people living with HIV/AIDS
Hospital Managers	BFHI Decision-makers Course
District Administrators/ Managers	BFHI Decision-makers Course
Chief Nursing Officers, Programme Managers (and similar cadres)	Integrated infant and young child feeding counselling BFHI Decision-makers Course

Conditions to ensure sustainable implementation and expansion of training in a country include: clear infant and young child feeding guidelines; coordinators at state, provincial, and district levels; teams to lead the activities that include representatives from various disciplines and levels (national and district); strict criteria for selection of trainers and trainees, monitoring of the quality of training and follow-up.

¹ May also be useful for other cadres in health facilities intending to apply for baby-friendly status

3. Strengthening community-based support for infant and young child feeding

KEY ACTIONS:

- Identify community-based decision-makers and groups
- Motivate groups for action
- Conduct assessments and formative research
- Build capacity of groups and peer counsellors
- Plan and implement communication strategy
- Provide on-going support to community action through health and community services, community-based groups and other mechanisms.

Families and communities are not only recipients but also indispensable resources in the support of appropriate infant and young child feeding. Evidence has shown that community-based breastfeeding and complementary feeding promotion and support can be effective in increasing optimal infant and young child feeding and improving infant health. Building capacity for behaviour change should therefore be an essential element of efforts to improve infant and young child feeding.

Information and advice on feeding has been successfully provided through groups specifically created for this purpose, as well as through existing groups, such as mother-to-mother support groups, lay or peer counsellors, and community-based workers. Various approaches have been described in a recent review (WHO, 2003 - see Annex). A manual for designing community-based activities to improve feeding practices, based on experiences in India and Peru, is also being developed (WHO, in press - see Annex).

Individual counselling is a key intervention and can be delivered by a peer, a health visitor, community volunteer or extended family member. The counsellor needs to have accurate knowledge and skills about infant and young child feeding, be equipped to negotiate feasible actions, and be able to inspire the mother with confidence in her abilities. Home visits, group meetings, growth monitoring sessions and cooking sessions are all good opportunities for sharing information and for individual counselling.

Community-based feeding support needs to be embedded in a larger context of communication activities that disseminate consistent and relevant information to primary caregivers and their support structure repeatedly and frequently. Programmes and projects that have been successful in achieving behavioural change work through multiple channels and combine various methods, ranging from individual counselling by health facility and community-based workers, community group sessions and information sharing through mass media.

Essential steps in designing community-based interventions include defining the community and identifying vulnerable groups, conducting formative research to understand barriers and motivators for improved feeding practices, assessing human and material resources for behaviour change, and defining acceptable, feasible and affordable feeding recommendations.

Reviews of community-based interventions have demonstrated that they are most effective when they build upon existing structures, integrate with the health system, and involve partnerships with various sectors and groups. Interventions should extend the care that is

provided within the health system to families in the home and mechanisms should be in place to refer mothers and babies with problems. With this in mind, the BFHI recommends the establishment of mother support groups as a requirement for each baby-friendly hospital.

In countries with a high prevalence of malnutrition, community activities should include searching actively for severely malnourished children so that they can receive appropriate treatment. Community-based interventions may sometimes extend to related areas, such as credit and microcredit initiatives with education on agricultural methods or income-generating activities.

4. Integrating activities

KEY ACTIONS:

- Identify programmes/projects for integration
- Identify opportunities to integrate IYCF issues and activities
- Advocate for integration
- Establish mechanisms for exchanging information and experiences
- Inventory guidelines and tools for all relevant areas
- Develop integrated guidelines and tools
- Document best practices and lessons learned
- Disseminate lessons and promote best practices.

Integration of infant and young child feeding support into existing programmes and initiatives, involving various sectors and ensuring consistency in approaches, is critical. For these purposes, integration is defined as bringing together the delivery of services, in order to lead to their improvement in terms of efficiency and quality. Nutrition programmes should integrate aspects of other interventions to protect and promote child health, such as the prevention and management of childhood illness. Integration of IYCF practices, counselling, supervision and training of health workers should also be sought in programmes such as:

- Immunization
- Early Childhood Development
- IMCI (Integrated Management of Childhood Illness)
- Family planning and
- Integrated Management of Pregnancy and Childbirth (IMPAC)

Governments should seize the opportunity provided by major health initiatives and other projects to incorporate feeding interventions and mobilize resources for infant and young child feeding programmes. Examples include the Poverty Reduction Strategy Paper, the Global Fund for Malaria, Tuberculosis and HIV/AIDS, processes surrounding the achievement of the Millennium Development Goals, the UN Development Assistance Framework and school initiatives.

Integration requires advocacy not only within the health sector but also with those sectors that impact on health and nutrition:

- Education
- Agriculture
- Planning
- Finance
- Law and Justice
- Labour
- Food and Industry
- Gender
- Culture
- Youth
- Good governance

While integration is essential for going to scale, it also carries a risk of dilution of essential programme support. Integration does not mean that there is no need for specific activities and support structures. For example, within a national plan for improving health worker performance, there is a clear need for supporting specialized training such as breastfeeding and complementary feeding counselling.

5. Monitoring and evaluation

KEY ACTIONS:

- Agree on indicators
- Identify existing tools for data collection and analysis
- Identify what new and existing information is actually used by programme managers
- Modify and/or develop new tools as necessary
- Establish data collection methods and responsibilities
- Periodically review data
- Modify plan of action and activities based on data
- Integrate IYCF indicators into Health Information Systems.

The purpose of evaluation is to assess whether the strategies being used are achieving programme objectives and having impact on the population, and will probably be carried out less frequently than monitoring, and after an extended time of implementation. The results should also be used to revise the national strategy and the action plan for improving infant and young child feeding, but the information is only likely to be available after one or more years.

Monitoring and evaluation is a critical area to support programme implementation. However, this is also a difficult area where limited experience is available to guide the development of approaches that can be implemented on scale. There are nevertheless a number of tools already available for monitoring progress within the context of BFHI, IMCI, and routine health reporting systems in some countries, including suggested indicators (see Table 6).

TABLE 6 Indicators for monitoring/evaluation (1 of 2)

Indicator	Definition	Possible data sources
For practices:		
Early initiation of breastfeeding	Percentage of infants breastfed within one hour of birth	National or local surveys, demographic health surveys, MICS ¹ , WHO Global Data Bank ²
Proportion of infants less than 4 months of age who are exclusively breastfed ³	Infants <4 months of age who were exclusively breastfed in the last 24 hours/infants <4 months of age	National or local surveys, demographic health surveys, MICS, WHO Global Data Bank
Proportion of infants less than 6 months of age who are exclusively breastfed	Infants <6 months of age who were exclusively breastfed in the last 24 hours/infants <6 months of age	National or local surveys, demographic health surveys, MICS, WHO Global Data Bank
Proportion of infants 6-9 months of age who are receiving breast milk and complementary foods	Infants 6-9 months of age who received complementary foods in addition to breast milk in the last 24 hours/infants 6-9 months of age	National or local surveys, demographic health surveys, MICS, WHO Global Data Bank
Continued breastfeeding (1 year)	Children 12-15 months of age who were breastfed in the last 24 hours/children 12-15 months of age	National or local surveys, demographic health surveys, MICS, WHO Global Data Bank
Continued breastfeeding (2 years)	Children 20-23 months of age who were breastfed in the last 24 hours/children 20-23 months of age	National or local surveys, demographic health surveys, MICS, WHO Global Data Bank
Bottle-feeding rate	Children <12 months of age who were bottle-fed in the last 24 hours/children <12 months of age	National or local surveys, demographic health surveys, MICS, WHO Global Data Bank
For national actions:		
Appointment of a national breastfeeding and/or infant feeding coordinator	Existence of job description, person in place, suitable funding identified	Interview with national policy-makers
Establishment of multisectoral national breastfeeding and/or infant feeding committee	Existence of terms of reference of committee, Minutes of meetings	Interview with national policy-makers
Status of national comprehensive policy on infant and young child feeding	Stage of development of policy (no action, in process, final draft, in place, in use); includes exclusive breastfeeding, complementary feeding, related maternal nutrition, HIV; emergencies	Interview with national policy-makers
Status of Code	Situation of Code (no action, draft legislation, legislation in place) a) with voluntary criteria, b) that meets some of the criteria, c) that meets most or all of the criteria	Interview with national policy-makers; identification of enforcement agencies
Status of protection for breastfeeding women	Maternity Protection Convention 2000 No. 183 implemented; national legislation drafted or in place	Interviews

TABLE 6 Indicators for monitoring/evaluation (2 of 2)

Indicator	Definition	Possible data sources
Status of BFHI	Number of newly-designated or re-designated baby-friendly hospitals/number of eligible hospitals	National records
Integration of infant and young child feeding	Health information system includes at least one IYCF indicator; existence of community or other non-health activities that actively protect, promote or support IYCF	Routine HMIS reports National committee
Facility-based indicators:		
% of children <2 assessed for feeding problems	Number of children <2 whose caregivers were asked about feeding problems/number of children <2 attending outpatient clinic	Health facility records/surveys Exit interviews
Feeding counselling received by parents of malnourished children under 5	Number of malnourished children under 5 whose caregivers were provided counselling about feeding/number of malnourished children under 5 attending outpatient clinic	Surveys
% pregnant women provided breastfeeding counselling in health facilities	Number of pregnant women provided breastfeeding counselling/number of pregnant women attending ANC	Health facility records/surveys BFHI monitoring tool
% mothers provided breastfeeding counselling immediately postpartum	Number of mothers delivering who received breastfeeding counselling/number of mothers delivering	Health facility records/surveys BFHI monitoring tool
Inputs:		
Adequacy of resources	Budget allocation received/allocation planned	Government budget documents
Process:		
Infant and young child feeding counselling availability	Number of active, trained Infant and young child feeding counsellors/1000 births/year	National IYCF committee
IYCF pre-service education	Proportion of teaching institutions that teach competencies ⁴ related to IYCF	National IYCF committee

Some other ways in which monitoring and evaluation could be built into the system include:

- use of a mother and child health card that can be kept by caregivers and includes essential information on nutritional status and infant and young child feeding practices;
- including a few key indicators for infant and young child feeding into the routine monitoring system;

¹ Multiple indicator cluster surveys

² WHO Global Data Bank on Breastfeeding and Complementary Feeding. www.who.int/research/iycf/bfcb/bfcb.asp.

³ The indicator for six months is preferable, as the global recommendation is for six months exclusive breastfeeding.

⁴ For list of competencies, see *WHO/UNICEF Infant and young child feeding counselling: An integrated course*.

- establishing a monitoring system for implementation of key infant and young child feeding activities in other sectors (i.e. maternity entitlements in the Labour Ministry, adoption and compliance with the Code and reference to Codex standards in food laws regulating trade and industry).

Perhaps the most important step in the use of feeding data is ensuring that the service providers are stakeholders and fully involved in the analysis and/or interpretation. This encourages ongoing system strengthening and serves as a catalyst for improving programmes, skills, and performance.

ANNEX

Key Tools to Help in the Planning Steps, by Operational Area

Policy and strategy development

Codex Standard for Processed Cereal-Based Foods for Infants and Young Children. CODEX STAN 074-1981, REV. 1-2006.

Available at: http://www.codexalimentarius.net/web/index_en.jsp

This is the amended standard as submitted to all Member Nations and Associate Members of FAO and WHO for acceptance in accordance with the General Principles of the Codex Alimentarius.

Convention on the Rights of the Child. 1989.

Available at: <http://www.ohchr.org/english/law/crc.htm>

This convention sets out the duties and responsibilities of parties to the Convention in protecting children's rights.

Guidelines on formulated supplementary foods for older infants and young children. CAC/GL 08-1991.

Available at: <http://www.micronutrient.org/idpas/pdf/1134CodexSupFds.pdf>

The purpose of this document is to provide guidance on nutritional and technical aspects of the production of formulated supplementary foods for older infants and young children, including: formulation of such foods; processing techniques; hygienic requirements; provisions for packaging; provisions for labeling; and instructions for use.

Hodgkin R and Newell P. Implementation Handbook for the Convention on the Rights of the Child (Revised edition). 2002.

Available at: http://www.unicef.org/publications/index_5598.html

Under each article of the Convention, this fully revised edition of the Handbook records and analyses the interpretation by the Committee on the Rights of the Child, the internationally elected body of independent experts established to monitor progress worldwide. The Handbook adds analysis of relevant provisions in other international instruments, comments from other UN bodies and global conferences, as well as illustrative examples. For each article there is an "Implementation Checklist".

Interagency Group on Breastfeeding Monitoring. Monitoring compliance with the International Code of Marketing of Breast-milk Substitutes: Guide for Estimating the Prevalence of Code Violations. 2002.

This document contains the information necessary to carry out a cross-sectional study on the level of Code violations in a specific country. It is particularly useful for a baseline indication of violations.

International Labour Organization. C183 Maternity Protection Convention, 2000.

Available at: <http://www.ilo.org/ilolex/cgi-lex/convde.pl?C183>

This Convention describes the measures that should be in place to protect the health of pregnant and breastfeeding women in the workplace.

Pan American Health Organization/World Health Organization. Guiding principles for complementary feeding of the breastfed child. Washington DC. 2002.

Available at: http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/guiding_principles.pdf

This publication is intended to guide policy and programmatic action on complementary feeding at global, national and community levels. It sets out scientifically based guidelines which can be adapted to local feeding practices and conditions.

Sokol E J. The code handbook: a guide to implementing the International Code of Marketing of Breastmilk Substitutes, 2nd ed. Penang, International Code Documentation Center/IBFAN, 2005.

Available from ICDC, PO Box 19, 10700 Penang, Malaysia, fax 60 4 890-7291, ibfanpg@tm.net.my

This book is intended for drafters of legislation based on the Code and subsequent relevant WHA resolutions.

UNICEF/World Health Organization. Baby-friendly Hospital Initiative, Section 1: Background and implementation. Revised 2005.

Draft available at http://www.unicef.org/nutrition/files/December_2004_B_n_1_1_1_2_.pdf

This document presents a methodology for achieving the purpose of the BFHI - to encourage and facilitate the transformation of hospital facilities in accordance with the 10 steps to successful breastfeeding. It proposes a four-stage approach for implementing BFHI.

World Health Organization. Global Strategy for Infant and Young Child Feeding. Geneva, 2003.

Available at: http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/gs_iycf.pdf

This publication sets out the challenges on improving infant and young child feeding practices, and the types of interventions governments and other stakeholders will need to undertake in order to achieve the objectives, and the obligations and responsibilities of governments and other interested parties.

World Health Organization. Guiding principles for feeding non-breastfed children 6-24 months of age. Geneva, 2005.

Available at: http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/ISBN_92_4_15943_1.pdf

This publication lists nine guiding principles to address the nutritional needs of children who are not breastfed after 6 months of age. It gives the scientific rationale for each principle, with examples of diets from different parts of the world that can meet energy and nutrient needs of infants and young children after 6 months of age who are not breastfed. Annexes include information on developing locally appropriate feeding recommendations based on the principles, and on key issues around early breastfeeding cessation for infants and young children of HIV-positive mothers.

World Health Organization. The International Code of Marketing of Breast-milk Substitutes. Geneva, 1981.

Available at: http://www.who.int/nut/documents/code_english.PDF

This document explains the background to the code, its aim, scope and specific information related to its implementation.

World Health Organization. The International Code of Marketing of Breast-milk Substitutes: Frequently Asked Questions. Geneva, 2006.

Available at: http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/ISBN_92_4_159429_2.pdf

The purpose of this document is to provide easy-to-read detailed information on specific questions related to the Code. It is intended for policy-makers and others concerned with the Code, as well as the general public.

World Health Organization. The International Code of Marketing of Breast-milk Substitutes: A Common Review and Evaluation Framework. 1996.

Available from: WHO Publications, Distribution and Sales, 1211 Geneva 27, Switzerland

This framework describes a process for assessing progress on Code implementation.

World Health Organization. A manual for designing community-based activities to improve breastfeeding and complementary feeding practices in developing countries. In press.

This manual describes a step-by-step process to develop community-based activities to improve feeding practices in young children in a small region, state or district. The processes described are based on an intervention in rural areas in the state of Haryana, India.

World Health Organization. The Optimal Duration of Exclusive Breastfeeding: A systematic review. Geneva, 2002.

Available at: http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/WHO_CAH_01_23.pdf

This review summarizes studies comparing the effects of exclusive breastfeeding for 6 months versus exclusive breastfeeding for 3-4 months on child health, growth and development, and on maternal health. This review documents the search and methods, provides results of the review and discusses these results.

World Health Organization/Linkages. Infant and young child feeding: A tool for assessing national practices, policies and programmes. Geneva, 2003.

Available at: http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/icyf.pdf

This tool is designed to assist countries in summarizing current data with regard to infant and young child feeding practices, in assessing the strengths and weaknesses of their policies and programmes to promote, protect and support optimal feeding practices, and in determining where improvements may be needed to meet the aims and objectives of the Global Strategy for Infant and Young Child Feeding. The tool can be used by a local team to undertake a self-assessment.

WHO/UNICEF/UNFPA/UNAIDS/World Bank/UNHCR/WFP/FAO/IAEA. HIV and infant feeding: Framework for priority action. Geneva, 2003.

Available at: http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/HIV_IF_Framework_pp.pdf

The purpose of the Framework is to recommend to governments key actions, related to infant and young child feeding, that cover the special circumstances associated with HIV/AIDS. The document lists the action areas and specific actions.

WHO, UNICEF, the International Committee of the Red Cross and the International Federation of Red Cross and Red Crescent Societies call for support for appropriate infant and young child feeding in the current Asian emergency, and caution about unnecessary use of milk products. Press release. February, 2005.

Available at: http://www.who.int/child-adolescent-health/Emergencies/IYCF_emergencies.pdf

This joint press release sets out the agencies' positions on appropriate infant and young child feeding in emergencies, especially as it relates to donations of infant formula.

Strengthening the capacity of health services

Emergency Nutrition Network. Infant feeding in emergencies, Module one for emergency and relief staff: Manual for orientation, reading and reference. 2001.

Available at: <http://www.enonline.net/ife/module1/index.html>

This module is intended for all emergency relief staff, both international and locally recruited. It is appropriate for decision-makers, regional managers, logistics officers, camp administrators, and all whose work involves care for mothers and children, including personnel of health and nutrition services.

Emergency Nutrition Network. Infant feeding in emergencies, Module two for health and nutrition workers in emergency situations: Manual for training, practise and reference. 2004.

Available at: <http://www.enonline.net/ife/module2/m2pdf/m2core.pdf>

This module aims to provide health and nutrition workers with the basic knowledge and skills to help both breastfeeding and artificially feeding women in emergencies. It focuses first on supporting breastfeeding women, so that they do not lose confidence and introduce artificial feeds unnecessarily, and then on identifying and helping women who have feeding difficulties. The aim is to restore the feeding that is most appropriate for their infant or young child.

UNICEF/World Health Organization. Baby-friendly Hospital Initiative. Revised 2006.

Available at: <http://www.who.int/nutrition>

The documents available include:

Section 1: Background and implementation

Provides guidance on the revised processes and expansion options at the country, health facility and community level, recognizing that the Initiative has expanded and must be mainstreamed for sustainability.

Section 2: Strengthening and sustaining the Baby-friendly Hospital Initiative: A course for decision-makers.

This course can be used to orient hospital decision-makers (directors, key managers, administrators, etc.) and policy-makers to the Initiative and the positive impacts it can have and to gain their commitment to promoting and sustaining a "Baby-friendly" hospital environment.

Section 3: Breastfeeding Promotion and Support in a Baby-friendly Hospital, a 20-hour course for maternity staff .

This course can be used by facilities to strengthen the knowledge and skills of their staff towards successful implementation of the Ten Steps to Successful Breastfeeding and the International Code of Marketing of Breast-milk Substitutes.

Section 4: Hospital Self-Appraisal and Monitoring.

This document provides tools that can be used by managers and staff to help determine whether their facilities are ready to apply for external assessment, and once their facilities are designated Baby-Friendly, to monitor continued adherence to the Ten Steps.

WHO/UNICEF. Protecting, promoting and supporting breastfeeding – The special role of maternity services. A Joint WHO/UNICEF Statement. 1989.

This statement provides the outline of how health facilities should perform in supporting women to breastfeed.

WHO/UNICEF. Breastfeeding counselling: A training course. Geneva, 1993.

Available at: <http://www.who.int/child-adolescent-health/publications/NUTRITION/BFC.htm>

The course is designed for health workers who care for mothers and young children in maternity facilities, hospitals and health centres and communities. The aim of the course is to enable health workers to develop the clinical and interpersonal skills needed to support optimal breastfeeding practices, and where necessary to help mothers to overcome difficulties.

WHO/UNICEF/UNAIDS. HIV and infant feeding counselling course. Geneva, 2000, WHO/FCH/CAH/00.2-6.

Available at: <http://www.who.int/child-adolescent-health/publications/NUTRITION/HIVC.htm>

This course was developed in response to the need to train health workers to counsel women about infant feeding in the context of HIV. The materials are designed to enable trainers with limited experience of teaching the subject to conduct up-to-date and effective courses.

WHO. Complementary feeding counselling: a training course. Geneva, 2003.

Available from: Department of Nutrition for Health and Development, nutrition@who.int

The purpose of this course is to provide knowledge and skills for health workers who work with caregivers of young children from 6 to 24 months of age. It is designed for health workers in primary health care services in the community or attached to hospital health services (community health nurses, paediatric nurses, health care assistants, community workers, supervisors, counsellors and doctors)

WHO/UNICEF. Infant and young child feeding counselling: An integrated course. Geneva, 2005.

Available from: Department of Nutrition for Health and Development, nutrition@who.int or Department of Child and Adolescent Health and Development, cah@who.int

This integrated infant feeding counselling course is designed to give health workers the competencies required to carry out effective counselling for breastfeeding, HIV and infant feeding and complementary feeding. It is designed for health workers in primary health care services and for lay counsellors.

World Health Organization. Integrated Management of Childhood Illness. Model chapter for textbooks. WHO/FCH/CAH01.01. Geneva, 2001.

Available at: http://www.who.int/child-adolescent-health/New_Publications/IMCI/WHO_FCH_CAH_00.40/WHO_FCH_CAH_00.40.pdf

This model chapter was created to help authors and editors incorporate the content of IMCI into local and international textbooks and reference books. In addition to assisting the revision of textbooks, the model chapter may be used to orient key persons to the IMCI strategy and clinical guidelines.

Community-based support

Daelmans B, J Martines and R Saadeh, guest editors. Food and Nutrition Bulletin Special Issue Based on a World Health Organization Expert Consultation on Complementary Feeding. 2003, Food and Nutrition Bulletin, vol. 24, no. 1.

Available at: http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/FNB_24-1_WHO.pdf

This issue contains an update on technical issues concerning complementary feeding of young children in developing countries and other information related to promoting complementary feeding, improving practices, macrolevel approaches to improving availability, house-hold level technologies, and conclusions of the global consultation.

WHO. Improving family and community practices: a component of the IMCI strategy. 1998.

Available at: http://www.who.int/child-adolescent-health/New_Publications/IMCI/WHO_CHD_98.18.pdf

This brief document aims to initiate, reinforce and sustain family practices that are important for child survival, growth and development. The other components of the IMCI strategy – for the improvement of health systems and health worker skills – also have elements to support the efforts of families to care for their children. The material gives an overview of priority problems and practices that have the greatest impact on child health and survival, lists the key family practices, and describes IMCI interventions to support improved family and community practices. It also includes a list of tasks in planning and implementing activities to improve family and community practices and guidelines on how to build on and strengthen community resources to promote improved nutrition.

WHO. Community-based strategies for breastfeeding promotion and support in developing countries. 2003.

Available at: http://www.who.int/child-adolescent-health/publications/NUTRITION/ISBN_92_4_159121_8.htm

WHO and UNICEF developed the Global Strategy for Infant and Young Child Feeding in 2002 to revitalize world attention to the substantial impact of feeding practices on the growth and development, health, and survival of infants and young children. The present review examines the evidence for the contribution that community-based interventions can make to improve infant and young child feeding, and identifies factors that are important to ensure that interventions are successful and sustainable. The findings show that families and communities are more than simple beneficiaries of interventions; they are also resources to shape the interventions and extend coverage close to where mothers, other caregivers and young children live. It is intended that the experiences presented here will help policy makers, programme planners, and health professionals in the essential and challenging task of translating knowledge into action at all levels: the health system, the community and civil society at large.

WHO. Family and community practices that promote child survival, growth and development: A review of the evidence. 2004, Geneva.

Available at: http://www.who.int/child-adolescent-health/publications/CHILD_HEALTH/ISBN_92_4_159150_1.htm

This document presents the evidence for twelve family and community practices identified by UNICEF and WHO to be of key importance in providing good home-care for the child, and particularly for preventing or treating the common serious conditions included in IMCI. It is a technical review that can be used by health professionals, researchers and policy advisers to inform policy discussions and investment for programme action and research. It can also be used as a basis for advocacy to and by decision-makers in government ministries and partner agencies.

Integration

WHO/UNICEF/BASICS. Essential Nutrition Actions. Geneva, 1999.

Available at: <http://www.basics.org/new/tools/ena/page2.html>

The ENA approach provides a framework or strategy to reach high coverage with a manageable number of key nutrition interventions through integration with health and other sector activities at the health systems and community levels. It involves making use of existing and special delivery strategies to attain high coverage.

Monitoring and evaluation

UNAIDS/WHO/UNICEF/UNFPA/USAID/CDC. National guide to monitoring and evaluating programmes for the prevention of HIV in infants and young children. Geneva, 2004.

Available at: <http://whqlibdoc.who.int/publications/2004/9241591846.pdf>

This guide provides information on indicators, including on infant feeding, that permit the monitoring of key international and national actions, national programme outcomes and impact.

United Nations Committee on the Rights of the Child. General Guidelines for Periodic Reports. Geneva, 1996 (and revisions).

Available at: [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/CRC.C.58.En?Opendocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/CRC.C.58.En?Opendocument)

These guidelines provide information for governments on how to prepare the reports on implementation of the CRC, including health-related provisions.

WHO. Indicators for assessing breastfeeding practices: reprinted report of an informal meeting, 11-12 June 1991, Geneva, Switzerland. 1991, Geneva.

This report summarizes the discussion and consensus reached at an informal meeting on breastfeeding indicators derived from household survey data.

WHO/Linkages. Infant and young child feeding: A tool for assessing national practices, policies and programmes. Geneva, 2003.

(see “Policy development” section).

WHO/UNICEF. Child-survival survey-based indicators: Report of a UNICEF-WHO meeting (summary). New York, June 17-18, 2004.

Available at: http://www.who.int/child-adolescent-health/New_Publications/CHILD_HEALTH/WHO_FCH_CAH_05.02.pdf

This list provides a minimum list of indicators for monitoring progress in child survival, including infant feeding.

