



**World Breastfeeding Trends Initiative (WBTi)**





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# Report



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# The World Breastfeeding Trends Initiative (WBTi)

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LITHUANIA

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## **Introduction**

*Assessment was completed and report issued by a core-group:*

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During the investigation and situation analysis period group was interacting with state official institutions, NGOs, and worked on a basis of live and virtual meetings.

Group members made analysis of different criteria and prepared the summary, conclusions and recommendations in the joint group meeting.

While collecting data, description of certain criteria was translated into Lithuanian language and tables with questions were based on translated material. Contacted authorities filled in questionnaires which served as a source of information to fill in criteria assessment tables, adding references.

### *Appreciations to*

Association of Local Authorities of Lithuania for helping collecting data about foreseen measures to assist breastfeeding women, infants and young child during emergency situations in each municipality. The Ministry of Education and Science for mediation with education institutions while collecting information.

Hygiene Institute for providing statistic data and references.

Center for Communicable Disease and AIDS for providing information and references.

## **Abbreviations**

<b>ART</b>	– <i>Antiretroviral therapy</i>
<b>AIDS</b>	– <i>Acquired Immune Deficiency Syndrome</i>
<b>BF</b>	– <i>Breastfeeding</i>
<b>BFHI</b>	– <i>Baby Friendly Hospital Initiative</i>
<b>BFH</b>	– <i>Baby Friendly Hospital</i>
<b>CCDA</b>	– <i>Center for Communicable Diseases and AIDS</i>
<b>Code</b>	– <i>International Code of Marketing of Breastmilk Substitutes...</i>
<b>GLOPAR</b>	– <i>Global Participatory Action Research</i>
<b>HC</b>	– <i>Health Care</i>
<b>HIV</b>	– <i>Human Immunodeficiency Virus</i>
<b>IBFAN</b>	– <i>International Baby Food Action Network</i>
<b>IBCLC</b>	– <i>International Board Certified Lactation Consultant</i>
<b>IH</b>	– <i>Institute of Hygiene</i>
<b>ILO</b>	– <i>International Labor Organization</i>
<b>IYCF</b>	– <i>Infant and Young Child Feeding</i>
<b>MOH</b>	– <i>Ministry of Health of the Republic of Lithuania</i>
<b>MH</b>	– <i>Maternity hospital</i>
<b>MSG</b>	– <i>Mother Support Group</i>
<b>PHC</b>	– <i>Primary Health Care</i>
<b>NBC</b>	– <i>National breastfeeding committee</i>
<b>NPO</b>	– <i>Non-profit Organization</i>
<b>NGO</b>	– <i>Non Governmental Organization</i>
<b>OB/GYN</b>	– <i>Obstetrician-gynecologist</i>
<b>PHC</b>	– <i>Primary Health Care</i>
<b>UNICEF</b>	– <i>United Nation's Children Fund</i>
<b>WHO</b>	– <i>World Health Organization</i>
<b>WHA</b>	– <i>World Health Assembly</i>
<b>WBTi</b>	– <i>World breastfeeding Trends Initiative</i>
<b>WABA</b>	– <i>World Alliance for breastfeeding Action</i>
<b>WBW</b>	– <i>World breastfeeding Week</i>

# World Breastfeeding Trends Initiative (WBTi)

## Background

The World Breastfeeding Trends Initiative (WBTi) is an innovative initiative, developed by IBFAN Asia, to assess the status and benchmark the progress of the implementation of the Global Strategy for Infant and Young Child Feeding at national level. The tool is based on two global initiatives, the first is WABA's (GLOPAR) and the second the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". The WBTi is designed to assist countries in assessing the strengths and weaknesses of their policies and programmes to protect, promote and support optimal infant and young child feeding practices. The WBTi has identified 15 indicators in two parts, each indicator having specific significance.

Part-I deals with policy and programmes (indicator 1-10)	Part –II deals with infant feeding practices (indicator 11-15)
<ol style="list-style-type: none"> <li>1. National Policy, Programme and Coordination</li> <li>2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)</li> <li>3. Implementation of the International Code of Marketing of Breastmilk Substitutes</li> <li>4. Maternity Protection</li> <li>5. Health and Nutrition Care Systems (in support of breastfeeding &amp; IYCF)</li> <li>6. Mother Support and Community Outreach</li> <li>7. Information Support</li> <li>8. Infant Feeding and HIV</li> <li>9. Infant Feeding during Emergencies</li> <li>10. Mechanisms of Monitoring and Evaluation System</li> </ol>	<ol style="list-style-type: none"> <li>11. Early Initiation of Breastfeeding</li> <li>12. Exclusive breastfeeding</li> <li>13. Median duration of breastfeeding</li> <li>14. Bottle feeding</li> <li>15. Complementary feeding</li> </ol>

Once assessment of gaps is carried out, the data on 15 indicators is fed into the questionnaire using the WBTi web based toolkit© which is specifically designed to meet this need. The toolkit objectively quantifies the data to provide a colour- coded rating in Red, Yellow, Blue or Green. The toolkit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

**Each indicator used for assessment has following components;**

- The key question that needs to be investigated.
- Background on why the practice, policy or programme component is important.
- A list of key criteria as a subset of questions to be considered in identifying achievements and areas needing improvement, with guidelines for scoring, colour-rating, and ranking how well the country is doing.

**Part I:** A set of criteria has been developed for each target, based on Global Strategy for Infant and Young Child Feeding (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005). For each indicator, there is a subset of questions. Answers to these can lead to identify achievements and gaps in policies and programmes to implement Global Strategy for Infant and Young Child Feeding. This shows how a country is doing in a particular area of action on Infant and Young Child Feeding.

**Part II:** Infant and Young Child Feeding Practices in Part II ask for specific numerical data on each practice based on data from random household survey that is national in scope.

Once the information about the indicators is gathered and analysed, it is then entered into the web-based toolkit through the “WBT*i* Questionnaire”. Further, the toolkit scores and colour- rates each individual indicator as per **IBFAN Asia's Guidelines for WBT*i***

## Background

The demographic situation in Lithuania is getting worse dramatically due to emigration<sup>1</sup>. In spite of this trend the number of births is slowly increasing ((30 067 live births in 2011 ;31 160 in 2015),<sup>2</sup> general birth rate per 1000 from 10,2 in 2012 to 10,9 in 2016<sup>3</sup>, as well as the number of children in the families.<sup>4</sup>

Currently, there are 28 maternity homes and birthing units in the country. In 2016, the number of OB/GYNs in hospitals and primary health care institutions was 654, the number of midwives – 912, and the pediatricians, including the neonatologists - 19.81/10000 for children 0-17 years old. There are 2062 general practitioners in primary health care institutions.

New mothers most often are facing outdated breastfeeding practice in HC institutions, lack of evidence based information, community based support as well as aggressive breastmilk substitute marketing. Despite those facts breastfeeding keeps establishing itself as the healthiest, most ecological and economical way of feeding a baby and developing closer ties in a family and most of women chose to initiate breastfeeding their newborns.

A National Public Health Care Development Program for 2016-2033, approved by the Government of the Republic of Lithuania, declares that in order for children to obtain a solid health foundation, they should be exclusively breastfed for at least 6 months<sup>5</sup>. Baby-Friendly Hospital Initiative, established by WHO and UNICEF, is one of the best ways to promote breastfeeding as well as to improve mother's and child's health. However, only 9 out of 33 Lithuanian hospitals have a BFHI status,<sup>6</sup> and just one quarter of all newborns born in Lithuania are being born in these BFHI birthing units. Only one third of mothers are exclusively breastfeeding their babies at the age of 6 months<sup>7</sup>.

The Institute of Hygiene (IH) have published data on exclusively breastfed babies until 6 months<sup>1</sup> since 2002 (earlier data have been collected by the National Nutrition Centre when performing sampling studies for nutrition enhancement program for children under 3 years of age). Institute had indicated that up to 30% of private primary health care institutions do not provide an annual statistical report, therefore data is inaccurate. According to observation, the number of babies that have received any breastmilk at 3 and 6 months is gradually increasing. However, despite the positive trend, the number of breastfed babies in all assessed groups have not increased significantly since 2010 (chart bellow).

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<sup>1</sup> [http://sic.hi.lt/php/dm1.php?dat\\_file=dem1.txt](http://sic.hi.lt/php/dm1.php?dat_file=dem1.txt)

<sup>2</sup> <http://sic.hi.lt/html/demografija2.htm>

<sup>3</sup> <https://osp.stat.gov.lt/web/guest/statistiniu-rodikliu-analize?hash=9ae2e698-f7df-4535-9385-ec878852035e#/>

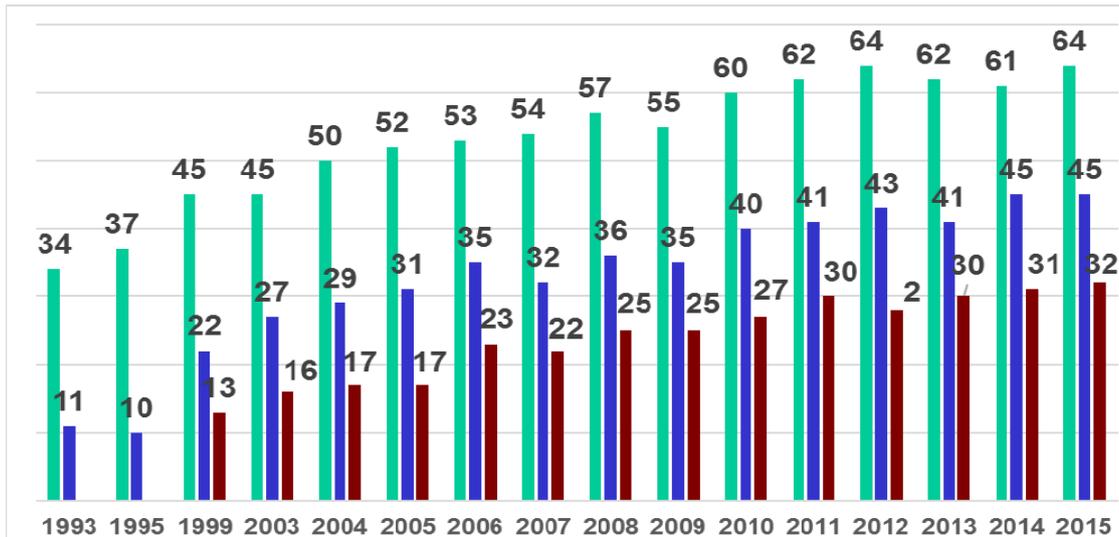
<sup>4</sup> Total fertility rate : <https://osp.stat.gov.lt/statistiniu-rodikliu-analize?indicator=S3R484#/>

<sup>5</sup> <https://www.e-tar.lt/portal/lt/legalAct/4d3dc740a3c411e58fd1fc0b9bba68a7>

<sup>6</sup> <http://sam.lrv.lt/lt/nuorodos/naujagimiams-palankios-ligonines>

<sup>7</sup>

<https://onedrive.live.com/view.aspx?resid=96637663BE5E56BC!1173&ithint=file%2cxlsx&app=Excel&authkey=!AE8kzIKXFjat5uI>



**Green** – exclusively breastfed until 3 months

**Blue** – any breastmilk until 6 months

**Red** – exclusively breastfed until 6 months

In the Lithuanian Health Program 2014-2025, approved by the Seimas of the Republic of Lithuania June 26<sup>th</sup>, 2014 Resolution No. XII-964, there are no determined objectives and measures that should protect, promote and support breastfeeding as well as ensure healthy nutrition for babies and small children<sup>8</sup>.

In accordance with WHO recommendations, healthy babies should not receive any other food or drink, except for mother's milk, until 6 months of age. Regardless of the fact that UNICEF Baby-Friendly Hospital Initiative as well as other breastfeeding support programs are being implemented in Lithuania since 1993, the number of exclusively breastfed babies in Lithuania is still small. One of the reasons for the slow change in situation is slender consideration of health care providers when explaining the significance of breastfeeding on child's and mother's health to the families and the mothers, as well as the lack of support and help in tackling breastfeeding or lactation problems.

To protect health of older children, the Ministry of Health (MOH) have imposed an advanced healthy nutrition management in all child education and child care institutions since 2010, and removed therein foods and soft drinks that are disadvantageous to health. However, such order cannot protect the children from the negative impact of advertising outside these institutions and in the media.

### Conclusion

The number of breastfed children in Lithuania is very slowly increasing and more and more mothers are exclusively breastfeeding their babies until 6 months of age.

Data collected by the IH helps monitor the change in breastfeeding rates only at the third and the sixth month, however, this data is insufficient in exploring the actual infant and young child breastfeeding and nutrition situation as well as the diverse factors that impact breastfeeding.

<sup>8</sup>

<https://www.e-tar.lt/portal/lt/legalAct/85dc93d000df11e4bfca9cc6968de163>

## Assessment process followed by the country

NPO “Pradžių pradžia” has expressed its willingness and received powers to join “World Breastfeeding Trends initiative” (WBTi) and performed analysis of breastfeeding situation in Lithuania.

Representatives from Lithuanian IBFAN group at NPO “Pradžių pradžia” Daiva Šniukaitė and Ieva Gudanašičienė participated at WBTi training in Portugal, 18-21 October, 2016. After the training agreement to perform WBTi assessment was signed in 3 December, 2016.

Information on the initiative in Lithuania and the prospective assessment was published on the websites of NPO “Pradžių pradžia” and the Ministry of Health of the Republic of Lithuania at the end of 2016.

Organization has formed a coordinating group of four persons, who supervised the assessment of different indicators in accordance with WBTi methodology.

To assess the situation as objectively and thoroughly as possible, the coordinating group have contacted responsible institutions that provided data on the measures applied to the protection, promotion and support of breastfeeding babies and small children in their areas of supervision.

Information about the criteria of indicators 1, 2 and 3 was gathered from the sources of the MOH of the Republic of Lithuania.

Information about implementing the criteria of the 4<sup>th</sup> indicator was gathered from the Register of Legal Acts of the Republic of Lithuania.

There are 2 universities in Lithuania, which prepare medical doctors, and 6 colleges, which prepare nurses, midwives, social workers and other healthcare system professionals. Pursuant to the Law on Higher Education of the Republic of Lithuania, universities possess an autonomy and develop their own curricula, which are not publicly available (are confidential). Therefore, when gathering data for the 5<sup>th</sup> indicator, a written request was sent out to the Ministry of Education and Science of the Republic of Lithuania and directly to the educational institutions that prepare various health and child care specialists, asking to complete an Education assessment questionnaire for the 5<sup>th</sup> criterion provided in the measure “Assessment tool” and translated into Lithuanian language (Education checklist Infant and Young Child feeding topics, annex 5.1, p.32).

Community support (6<sup>th</sup> indicator) was evaluated with the help from the Child Health Information Centre, by gathering information from the Internet as well as from the Register of Legal Acts of the Republic of Lithuania.

Information about the 7<sup>th</sup> indicator was gathered from the media, Internet and legal acts that regulate the practice of healthcare professionals.

Information about the 8<sup>th</sup> indicator was provided by Centre for Communicable Diseases and AIDS (CCDA). Information was also gathered from the Register of Legal Acts of the Republic of Lithuania.

Concerning the 9<sup>th</sup> indicator, the request was sent to the Health Emergency Situation Center at the Ministry of Health, the Ministry of Health of the Republic of Lithuania, the Ministry of National Defence of the Republic of Lithuania, the Ministry of the Interior of the Republic of Lithuania, the Ministry of Social Security and Labour of the Republic of Lithuania, providing a short description of the criterion and a link to <http://www.enonline.net/resources/6>. The Ministry of the Interior sent a response specifying that pursuant to the Resolution No. 1503 of the Government of the Republic of

Lithuania on the approval of the State emergency management plan, Paragraph 57 "... necessary service (purveyance of food, drinking water, clean clothes and other) in accordance with the laws shall be for free provided to victims who were evacuated from dangerous territories and accommodated in temporary accommodation in case of state level emergency". In such case, the necessary service shall be provided by the municipality. The group contacted the Association of Local Authorities in Lithuania asking to provide necessary information and complete an assessment table for the 9<sup>th</sup> criterion provided in the measure "Assessment tool" – "Infant and Young Child Feeding during Emergencies". Each municipality have completed the questionnaire and responded separately.

Data for the criteria of indicators 10-15 was provided by the Institute of Hygiene with explanations and references to the available databases.

Coordinating group meetings and online consultations were held throughout the situation assessment period.

The assessment information was analyzed and summaries, conclusions and recommendations have been prepared and published on the websites of NPO "Pradžių pradžia", Lactation and Breastfeeding Consultants Association, Child Health Information Centre, Ministry of Health of the Republic of Lithuania and other institutions.

Assessment data and analysis have been presented to the representatives of the municipalities, state health and social policy institutions as well as the media.

## List of the partners for the assessment process



**Lithuanian Lactation and Breastfeeding Consultants Association** [www.lalak.lt](http://www.lalak.lt)



**Child Health Information center**  
[www.vsic.lt](http://www.vsic.lt)



LIETUVOS SAVIVALDYBIŲ ASOCIACIJA

**Association of Local Authorities in Lithuania**  
[www.lsa.lt](http://www.lsa.lt)

## Assessment Findings

## Indicator 1: National Policy, Programme and Coordination

**Key question:** *Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National infant and young child feeding committee and a coordinator for the committee?*

<i>Guidelines for scoring</i>		
<b>Criteria</b>	<b>Scoring</b>	<b>Results</b> ✓ <i>Check any one</i>
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	1	0
1.2) The policy recommended exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	1	1
1.3) A national plan of action developed based on the policy	2	0
1.4) The plan is adequately funded	2	0
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1	1
1.6) The national breastfeeding (infant and young child feeding) committee meets, monitors and reviews on a regular basis	2	0
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5	0
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level.	0.5	0
<b>Total Score</b>	<b>_2_/10</b>	

### **Information Sources Used (please list):**

1. Order of MOH about establishment of Breastfeeding promotion committee <https://www.e-tar.lt/portal/lt/legalAct/8e46cbd09a3711e3bdd0a9c9ad8ce1bf/COvAmIKJS>
2. The methodological recommendations for health care specialists “Breastfeeding of Infants and Young Children” (approved by the Minister of Health) were prepared and published in 2005.
3. Order of MOH “The recommended daily nutrient and energy standards” (1 chapter, 2 paragraph.)  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.D3B11DAD7AA2/KiZydDdSKF>

4. *Official Healthy Nutrition Recommendations – website of MOH.*  
<https://sam.lrv.lt/lt/veiklos-sritys/visuomenes-sveikatos-prieziura/mityba-ir-fizinis-aktyvumas-2/sveika-mityba/sveikos-mitybos-rekomendacijos>

**Conclusions:** NBC has been established on a representative, rather than expertise basis, basically focusing on implementation of BFHI, although its work is not linked to any strategical plans to improve IYCF, and therefore is not affective.

The national nutrition policy is not approved. Nutrition is integrated as a part of a Public Health Development Program in very general terms. There is a reference to the importance and duration of breastfeeding, but there are no any official and specific strategy or action plans to improve breastfeeding advocacy, protection, support and promotion. There are not established criteria to evaluate infant and young child nutrition, including breastfeeding.

**Gaps:**

1. *No adopted national Nutrition Policy, including National Infant and Young child feeding/breastfeeding policy.*
2. *No action plan for improvement of IYC feeding, including breastfeeding.*
3. *NBC has no obligation and resources to perform monitoring and review of IYC nutrition on regular basis; the appointed chairman has no expertise in the field of breastfeeding.*

**Recommendations:**

1. *Develop and adopt Nutrition Policy, including National Infant and Young child feeding/breastfeeding policy.*
2. *Develop long term and short term IYC feeding, including breastfeeding policy implementation action plan.*
3. *Reform NBC with specific focus on support for implementation of IYC feeding, including breastfeeding policy.*

## Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding<sup>9</sup>)

### Key questions:

- What percentage of hospitals and maternity facilities that provide maternity services have been designated as “Baby Friendly” based on the global or national criteria?
- What is the quality of BFHI program implementation?

### Guidelines – Quantitative Criteria

2.1) 16 out of 28 total hospitals (both public & private) and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly” in the last 5 years 57 %

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results
		√ <b>Check only one which is applicable</b>
<b>0</b>	<b>0</b>	
0.1 - 20%	1	
20.1 - 49%	2	
49.1 - 69%	3	V
69.1-89 %	4	
89.1 - 100%	5	
<b>Total rating</b>	<b>3/ 5</b>	

### Guidelines – Qualitative Criteria

<sup>9</sup> **The Ten Steps To Successful Breastfeeding:** The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The steps for the United States are:

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breastmilk, unless medically indicated.
7. Practice “rooming in”-- allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

*Quality of BFHI programme implementation:*

<i>Guidelines for scoring</i>		
<b>Criteria</b>	<b>Scoring</b>	<b>Results</b> √ <b>Check that apply</b>
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme <sup>10</sup>	1.0	V
2.3) A standard monitoring <sup>11</sup> system is in place	0.5	0
2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5	V
2.5) An assessment system relies on interviews of mothers.	0.5	V
2.6) Reassessment <sup>12</sup> systems have been incorporated in national plans with a time bound implementation	1.0	0
2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5	0
2.8) HIV is integrated to BFHI programme	0.5	0
2.9) National criteria are fully implementing Global BFHI criteria (See Annex 2.1)	0.5	0
<b>Total Score</b>	<b>2/5</b>	
<b>Total Score</b>	<b>5/10</b>	

**Information Sources Used (please list):**

- List of designated and committed BFH  
<https://sam.lrv.lt/lt/nuorodos/naujagimiams-palankios-ligonines>
- BFHI 20-hour training course approved by the MOH (developed and submitted by the Lithuanian Lactation and Breastfeeding Consultants Association).
- Order of MOH “Rules for Assessment of Maternity Hospitals According Baby Friendly Hospital Criteria”.

<sup>10</sup> IYCF training programmes such as IBFAN Asia’s ‘4 in1’ IYCF counseling training programme, WHO’s Breastfeeding counseling course etc. may be used.

<sup>11</sup> **Monitoring** is a dynamic system for data collection and review that can provide information on implementation of the *Ten Steps* to assist with on-going management of the *Initiative*. It can be organized by the hospitals themselves or at a higher level in the system. Data should be collected either on an ongoing basis or periodically, for example on a semi-annual or yearly basis, to measure both breastfeeding support provided by the hospitals and mothers’ feeding practices.

<sup>12</sup> **Reassessment** can be described as a “re-evaluation” of already designated baby-friendly hospitals to determine if they continue to adhere to the *Ten Steps* and other babyfriendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for the purpose of evaluating on-going compliance with the *Global Criteria* and includes a reassessment visit by an outside team. Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.

<https://www.e-tar.lt/portal/lt/legalAct/bcf0a0d077b111e3996afa27049d9d4e/XmPJXaiNHN>

4. Order of MOH “List of quality assurance criteria for Primary and Hospital Health Care”  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.D8AD6CC08C9F/IHZRNmCoil>

### **Conclusions:**

There is no BFHI implementation strategy, therefore the Initiative is implemented inconsistently. Since 1993 BFHI implementation was coordinated by the UNICEF Lithuanian National Committee and in 2003 was overtaken by the Ministry of Health, however, there are many unresolved issues in programme implementation: the quality of the 20-hour training course, selecting independent assessors, assessment, reassessment and monitoring of maternities, financial aspects for assessment and re-assessment, . Therefore, less than one-third of the birthing units comply with the partial global BFHI criteria (Mother friendly care, Breastfeeding and HIV is not included, not HC related staff is being taught). The hospitals themselves are not motivated to broaden their interest in breastfeeding, because protection, promotion and support for breastfeeding is not a priority in the practice at the maternity hospitals.

### **Gaps:**

1. BFHI is not used as a tool for implementing the policies of Infant and young child feeding (IYCF) and breastfeeding in Lithuania.
2. After the Ministry of Health took over implementation of the BFHI, it has greatly formalised the Initiative: BFHI implementation is being carried out only by following the provisions of the MOH legal acts, rather than the philosophy and the methodology of the Initiative itself.
3. BFH criteria do not correspond to the WHO criteria in full: the sections on mother-friendly care and HIV have not been integrated.
4. There is no plan for hospital primary and repeated assessment as well as monitoring in accordance with the WHO BFH criteria.

### **Recommendations:**

1. Include breastfeeding protection, promotion and support to the list of priority measures for improving infant and young child nutrition.
2. BFHI must be acknowledged as the most effective measure for improving breastfeeding situation.
3. The biggest part of BFHI implementation activities (dissemination of information and promotion, hospital assessment procedures, etc.) should be handed over to the non-governmental sector.
4. The national BFH assessment criteria must correspond to the global BFHI criteria and implementation strategy thereof.
5. To ensure systematic and continual assessment and monitoring of MH following BFHI Global criteria.

Indicator 3: Implementation of the International Code of Marketing of Breastmilk Substitutes

**Key question:** *Is the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolution are in effect and implemented? Has any new action been taken to give effect to the provisions of the Code?*

<i>Guidelines for scoring</i>		
<b>Criteria</b> <i>(Legal Measures that are in Place in the Country)</i>	<b>Scoring</b>	<b>Results</b>
<b>3a: Status of the International Code of Marketing</b>		✓ <i>(Check that apply. If more than one is applicable, record the highest score.)</i>
3.1 No action taken	0	
3.2 The best approach is being considered	0.5	
3.3 National Measures awaiting approval (for not more than three years)	1	
3.4 Few Code provisions as voluntary measure	1.5	
3.5 All Code provisions as a voluntary measure	2	
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	3	
3.7 Some articles of the Code as law	4	
3.8 All articles of the Code as law	5	
3.9 Relevant provisions of WHA resolutions subsequent to the Code are included in the national legislation <sup>13</sup>		V
a) Provisions based on at least 2 of the WHA resolutions as listed below are included	5.5	
b) Provisions based on all 4 of the WHA resolutions as listed below are included	6	
<b>3b: Implementation of the Code/National legislation</b>		✓ <i>Check that apply</i>

<sup>13</sup> Following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.

1. Donation of free or subsidized supplies of breastmilk substitutes are not allowed (WHA 47.5)
2. Labeling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
3. Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
4. Labels of covered products have warnings on the risks of intrinsic contamination and reflect the FAO/WHO recommendations for safe preparation of powder infant formula (WHA 58.32, 61.20)

3.10 The measure/law provides for a monitoring system	1	
3.11 The measure provides for penalties and fines to be imposed to violators	1	v
3.12 The compliance with the measure is monitored and violations reported to concerned agencies.	1	
3.13 Violators of the law have been sanctioned during the last three years	1	
<b>Total Score (3a + 3b)</b>	<b>6,5/10</b>	

### Information Sources Used (please list):

- Order of MOH “Approval of Standard No. 107:2013 “**Products for special nutritional purposes**” (26 paragraph)  
<https://www.e-tar.lt/portal/legalAct.html?documentId=5d3e19b0957511e3bdd0a9c9ad8ce1bf>
- Order of MOH „Dėl Informacijos apie motinos pieno pakaitalus ir dirbtiniam maitinimui skirtus gaminius teikimo reikalavimų patvirtinimo“  
Regulations on informing about BM substitutes and products for artificial feeding of babies (based on the Code).  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.C73A420BE643>
- LR Reklamos įstatymas (14 str.2 dalis)  
The Lithuanian Law on Advertising (article 14, paragraph 2)  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.303FC0152D04/fIZduWTrQn>
- LR administracinių nusižengimų kodekso patvirtinimo, įsigaliojimo ir įgyvendinimo tvarkos įstatymas (144 str.)  
The Law on Approval, Entry Into Force and the Procedures for Implementing Code of Administrative Offenses of the Republic of Lithuania.  
<https://www.e-tar.lt/portal/lt/legalAct/4ebe66c0262311e5bf92d6af3f6a2e8b>
- Valstybinės vartotojų teisių apsaugos tarnybos direktoriaus įsakymas „Dėl Lietuvos Respublikos reklamos įstatymo pažeidimų nagrinėjimo taisyklių patvirtinimo“
- Order from the State Consumer Protection Office Director to confirm rules for investigation infringements of the Lithuania Law on Advertising.  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.B5683C547C8D>
- REGULATION (EC) No 1924/2006 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 20 December 2006 on nutrition and health claims made on foods  
<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CONSLEG:2006R1924:20080304:EN:PDF>
- EU Register of nutrition and health claims made on foods

[http://ec.europa.eu/food/safety/labelling\\_nutrition/claims/register/public/?event=register.home&CFID=130163&CFTOKEN=15cf1cd21817f9d8-74428BE1-E6D7-8C43-A45A6480F1C2D094](http://ec.europa.eu/food/safety/labelling_nutrition/claims/register/public/?event=register.home&CFID=130163&CFTOKEN=15cf1cd21817f9d8-74428BE1-E6D7-8C43-A45A6480F1C2D094)

Note\***Lithuania is obliged to follow EU legislation.**

### **Conclusions:**

The main provisions of the Code and WHA Resolutions have been transferred to the national legislation, however, there is no effective control for implementation of these provisions at the municipal, national and educational level . Posters advertising the products of infant formula manufacturers, inventory with company labels (children chairs, calendars, wall clocks, etc.) unfortunately are still found in HC institutions. Public, young children and pregnant women are offered to try baby products made by infant formula manufacturers (puree, tea), free of charge on hospital premises. The University hospital accepts gifts from the infant formula manufacturer Nestlè, organizes joint conferences with Nestlè Research Institute and invites pregnant women to the training sessions. PHILIPS-Avent company holds breastfeeding classes for pregnant women throughout the country in primary care institutions, distributes pacifiers and baby-bottles. HIPP and other companies organize promotional events and sponsor events for children and pregnant women.

### **Gaps:**

1. Provisions of the Code and the supporting WHO Resolutions are not established by the law.
2. National Legal acts are not detailed/specificCode provisions have not been transferred thoroughly.
3. There is no control of the legal acts regulating the products mentioned in the Code at the local- and national-level health care institutions.

### **Recommendations:**

1. To establish the Code by a law.
2. To include the control for following Code provisions into the action plans of State control institutions.
3. To include Code teaching into higher and post-graduate healthcare specialist curricula, based on the primary evidence based sources, and allocate a sufficient amount of time for such subject.

Indicator 4: Maternity Protection

**Key question:** *Is there a legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labor Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?*

<i>Guidelines for scoring</i>		
<b>Criteria</b>	<b>Scoring</b>	<b>Results</b> <b>Check ✓ that apply</b>
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave a. Any leave less than 14 weeks b. 14 to 17weeks c. 18 to 25 weeks d. 26 weeks or more	0.5 1 1.5 2	V
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. a. Unpaid break b. Paid break	0.5 1	V
4.3) Legislation obliges private sector employers of women in the country to <i>(more than one may be applicable)</i> a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	0.5 0.5	V V
4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector. <i>(more than one may be applicable)</i> a. Space for Breastfeeding/Breastmilk expression b. Crèche	1 0.5	V
4.5) Women in informal/unorganized and agriculture sector are: a. accorded some protective measures b. accorded the same protection as women working in the formal sector	0.5 1	V
4.6) <i>(more than one may be applicable)</i>		

a. Information about maternity protection laws, regulations, or policies is made available to workers.	0.5	V
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	0.5	V
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	V
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	V
4.9) There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	V
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	V
<b>Total Score:</b>	<b>__9,5_/10</b>	

**Information Sources Used (please list):**

1. Resolution of the Government of the Republic of Lithuania „Approval of the list of dangerous working conditions and risk factors for pregnant women, mothers of newborn babies and breastfeeding women”<sup>14</sup>
2. Order of MOH „Dėl patalpų kūdikiams žindyti ir pervystyti įrengimo reikalavimus patvirtinimo“<sup>15</sup>  
Approval of installation requirements for rooms to breastfeed and change diapers.
3. Labor Code of Republic of Lithuania<sup>16</sup>:

Article 132. Guarantees to pregnant women and employees who raise children

Article 146. Part-time Work

Article 150. Limitation of Overtime Work

Article 154. Work at night

Article 155. assignment for duty

Article 161. Weekly uninterrupted rest;

Article 162. Public holidays

Article 169. Annual leave

Article 179. Maternity leave

Article 180. Child care leave

Article 184. Unpaid leave

Article 220. Guarantees and compensations in cases of official business trips

<sup>14</sup> <https://www.e-tar.lt/portal/lt/legalAct/abec5f8005e611e588da8908dfa91cac>

<sup>15</sup> <https://www.e-tar.lt/portal/lt/legalAct/104c85b0ebe711e3bb22becb572235f5>

<sup>16</sup> <https://www.e-tar.lt/portal/lt/legalAct/TAR.31185A622C9F/RuCEfVwwfL>

## Article 278. Maternity protection

### **Part 2** Law on Civil Service of the Republic of Lithuania<sup>17</sup>:

Article 22. The public servant performance evaluation

Article 22. paragraph 27 “Pregnant or breastfeeding women are evaluated only at their request.”

Article 35. Civil Servants leave

Article 42. Work Experience

Article 43. Other Guarantees

5. Sickness and Maternity Social Insurance:

Procedure for obtaining pregnancy, maternity, or parental leave and the benefits<sup>18</sup>

### **Conclusions**

There is a strong legal basis, supported by orders and good practices that meet the International Labor Organization standards to protecting and supporting breastfeeding for mothers including those working mothers in the informal sector in Lithuania.

### **Gaps**

Breastfeeding in public is limited by regulations to establish isolated spaces for breastfeeding in public buildings, in additions such requirements are for those public areas which are more than 2000 sq/m, (except from bus and railway stations, airports where space requirements do not apply).

### **Recommendations**

1. Not to weaken existing legal protection for maternity and breastfeeding women.
2. Foresee compulsory breastfeeding spaces in public buildings, which are mostly visited by nursing women, regardless of the building area.
3. Promote and welcome breastfeeding in public for those mothers who are willing to breastfeed in public.

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<sup>17</sup> <https://www.e-tar.lt/portal/lt/legalAct/TAR.D3ED3792F52B/NNPgMEsNHj>

<sup>18</sup> <http://sodra.lt/lt/pasalpos/informacija-gyventojams/noriu-gauti-motinystes-arba-tevystes-pasalpa>  
<http://sodra.lt/lt/duk>  
<http://www.socmin.lt/lt/socialinis-draudimas/socialinio-draudimo-ismokos/vsd-pasalpos/motinystes-pasalpa.html>  
<http://www.socmin.lt/lt/socialinis-draudimas/socialinio-draudimo-ismokos/vsd-pasalpos/motinystes-tevystes-pasalpa.html>  
<http://www.socmin.lt/lt/socialinis-draudimas/socialinio-draudimo-ismokos/vsd-pasalpos/tevystes-pasalpa.html>

Indicator 5: Health and Nutrition Care Systems (in support of breastfeeding & IYCF)

**Key question:** Do care providers in these systems undergo skills training, and do their pre-service education curriculum support optimal infant and young child feeding; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to Code are in place?

<b>Guidelines for scoring</b>			
<b>Criteria</b>	<b>Scoring</b>		
	<b>Adequate</b>	<b>Inadequate</b>	<b>No Reference</b>
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country <sup>19</sup> indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
			V
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care. (See Annex 5b Example of criteria for mother-friendly care)	2	1	0
			V
5.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. <sup>20</sup>	2	1	0
		V	
5.4) Health workers are trained on their responsibility under	1	0.5	0

<sup>19</sup> Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

<sup>20</sup> The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

the Code implementation / national regulation throughout the country.		V	
5.5) Infant feeding and young feeding information and skills are integrated, as appropriate, into training programmes focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women’s health, NCDs etc.)	1	0.5	0
		V	
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. <sup>21</sup>	1	0.5	0
			V
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick.	1	0.5	0
		V	
<b>Total Score:</b>	<b>2,5/10</b>		

#### Information Sources Used (Please list):

1. Survey results from educational institutions.
2. Training programmes and curricula provided by several educational institutions.

#### Conclusions:

According to the findings of the respective assessment, there is a clear need in defining qualification requirements on a governmental level for breastfeeding, infant and child nutrition in order to increase the quality of training in educational institutions and study programs.

#### Gaps:

1. *There is no governmental policy and demand for qualified workforce on breastfeeding, infant and child feeding.*
2. *There are no clearly defined qualification requirements for professionals (e.g. for nurses, physicians, social workers, educators in practice) on breastfeeding, infant and young child feeding. Lack of guidance results in vaguely defined competencies and skills in training curricula with minor amount of hours dedicated for the topic.*
3. *Training curricula are highly saturated with biomedical paradigm and knowledge while nurses who are supposed to work as community health workers are lacking skills for community counseling about BF.*
4. *Breastfeeding topics are taught mainly in non university medical schools and are integrated into biomedical curriculum. However, breastfeeding and nutrition issues are not a part of study programs of social sciences (e.g. social workers, educators).*
5. *Breastfeeding issues are integrated into medical training for physicians, nurses, public health professionals in universities and colleges most often in subjects of Obstetrics and gynecology*

<sup>21</sup> Training programmes can be considered to be provided “throughout the country” if there is at least one training programme in each region or province or similar jurisdiction.

*and Neonatology. Amount of allocated academic hours for breastfeeding topic as well as content are not clearly indicated in Course syllabus what aggravates the assessment.*

- 6. There is no standard for continuous in service training on breastfeeding, infant and child feeding in the country.*

**Recommendations:.**

- 1. Develop national policy guidelines on breastfeeding, infant and child feeding in order to give higher importance on this neglected issue in education of HC providers.*
- 2. Define qualification requirements for professionals to which training programs could be adapted.*
- 3. Develop required/mandatory training courses for professionals in service.*
- 4. Introduce breastfeeding, infant and child feeding into training programmes of related non health professionals.*

Indicator 6: Mother Support and Community Outreach - Community-based support for the pregnant and breastfeeding mother

**Key question:** *Are there mother support and community outreach systems in place to protect, promote and support optimal infant and young child feeding.*

<i>Guidelines for scoring</i>			
<b>Criteria</b>	<b>Scoring</b>		
	√ <i>Check that apply</i>		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based ante-natal and post -natal support systems with counselling services on infant and young child feeding. (1,2)	2	1	0
	v		
6.2) All women receive support for infant and young child feeding at birth for breastfeeding initiation. (3)	2	1	0
		v	
6.3) All women have access to counselling support for Infant and young child feeding counselling and support services have national coverage. (4,5,6)	2	1	0
		v	
6.4) Community-based counselling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/Nutrition Policy.	2	1	0
			v
6.5) Community-based volunteers and health workers are trained in counselling skills for infant and young child feeding.	2	1	0
		v	
<b>Total Score:</b>	<b>5/10</b>		

**Information Sources Used (please list):**

1. Order of MOH „Dėl Nėščiuju, gimdyvių ir naujagimių sveikatos priežiūros tvarkos aprašo patvirtinimo“

The approval of procedure for pregnant women, maternal and neonatal health care

<https://www.e-tar.lt/portal/lt/legalAct/TAR.B29E76C4B765/OmTSEWSjGj>

2. Order of MOH „Dėl profilaktinių sveikatos tikrinimų sveikatos priežiūros įstaigose“  
*The preventive health checks in health care facilities.*  
<https://www.e-tar.lt/portal/legalAct.html?documentId=TAR.FBACCBFCF39B>
3. *Only 9 of 33 maternity hospitals are designated as BFH. Practice of support of breastfeeding initiation is not a common or standard practice in all maternity hospitals.*  
<https://sam.lrv.lt/lt/nuorodos/naujagimiams-palankios-ligonines>
4. Order of MOH „Dėl Lietuvos medicinos normos MN 14:2005 „Šeimos gydytojas. Teisės, pareigos, kompetencija ir atsakomybė“ patvirtinimo“  
*The approval of the Lithuanian Medical Standard MN 14: 2005 "Family doctor. rights, duties, competence and responsibility".*  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.C4E4FA59E3C5/kefxOcwDMY>
5. Order of MOH „Dėl Lietuvos medicinos normos MN 40:2014 „Akušeris. Teisės, pareigos, kompetencija ir atsakomybė patvirtinimo“  
*The approval of the Lithuanian Medical Standard MN 40: 2014 "Midwife: rights, duties, competence and responsibility".*  
<https://www.e-tar.lt/portal/lt/legalAct/1bdf86b076cb11e49710918558376243>
6. Order of MOH „Dėl apsinuodijimų nitritais ir nitratais diagnostikos ir profilaktikos“  
*The diagnostics and prevention for poisoning with nitrites and nitrates .*  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.EF74936F23A1/lbJrmSXTxF>
7. *Some prenatal breastfeeding courses for pregnant women at local Public Health Bureau*  
<http://www.vvsb.lt/kvieciame-mamytes-ir-tevelius-apsilankyti-seimu-mokykleleje-9/>
8. *Some prenatal breastfeeding courses for pregnant women at hospitals or PHC centres*  
<http://www.marijampolesligonine.lt/index.php/busimiems-teveliams>  
<http://www.vvsb.lt/kvieciame-mamytes-ir-tevelius-apsilankyti-seimu-mokykleleje-9/>  
<http://www.ukmergesligonine.lt/index.php?id=90>
8. *Mother-to-Mother support groups, Lactation/breastfeeding counselling:*  
[www.pradzia.org](http://www.pradzia.org)  
[www.lalak.lt](http://www.lalak.lt)  
[www.geramama.lt](http://www.geramama.lt)  
[www.mamospienas.lt](http://www.mamospienas.lt)
9. *Breastfeeding friendly public places in our capital city Vilnius*  
<https://www.google.com/maps/d/viewer?hl=en&authuser=0&mid=1kTQpgp0J1-GI-rb1q8rUqKE-sD0&ll=54.750745525983696%2C25.262618949999933&z=11>
10. *Breastfeeding friendly places*  
<http://pradzia.org/draugiski-zindymui/>

## Conclusions:

Although prenatal and postnatal care for women is established well in the country, mother support and community outreach systems to protect, promote and support optimal infant and young

child feeding ensured to some degree. Only 9 of 33 maternity hospitals are designated as BFH according Global criteria. Practice of support of breastfeeding initiation is not a common or standard practice in all maternity hospitals.

Mother-to-mother voluntary groups mainly located at urban settings not covering rural areas. Description of medical and nursing practice includes some of nutritional counselling not specifying breastfeeding and complementary feeding.

Health care providers are not educated to provide counselling.

### **Gaps:**

1. *Content of breastfeeding and young child feeding counselling is not described in the professional scope of practice.*
2. *Health care providers are not adequately trained in breastfeeding.*
3. *Breastfeeding support is mainly provided by NGOs and is not recognized.*
4. *There is no standard for early initiation of breastfeeding throughout the country.*

### **Recommendations:**

1. *Provide adequate breastfeeding knowledge to all levels of health care workers.*
2. *Train health care providers in counselling skills.*
3. *Involve NGO in breastfeeding protection, promotion and support and implementation of BF programmes at the national level.*
4. *Recognize International Board Certified Lactation Consultant (IBCLC) qualification and allow knowledgeable and skilled in breastfeeding management volunteers to help nursing mothers in the health care system.*
5. *Practice of early initiation of breastfeeding should become standard of care in maternity hospitals.*

Indicator 7: Information Support

**Key question:** *Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?*

<i>Guidelines for scoring</i>			
<b>Criteria</b>	<b>Scoring</b>		
	Yes	To some degree	No
7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts or interest are avoided.	2	0	0
			V
7.2a) National health/nutrition systems include individual counselling on infant and young child feeding	1	0,5	0
		V	
7.2b) National health/nutrition systems include group education and counselling services on infant and young child feeding	1	0,5	0
			V
7.3) IYCF IEC materials are objective, consistent and in line with	2	1	0

national and/or international recommendations and include information on the risks of artificial feeding.		V	
7.4. IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence	2	1	0
			V
7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF). <sup>22</sup>	2	0	0
			V
<b>Total Score:</b>	<b>1,5/10</b>		

### Information Sources Used (please list):

1. *Lithuanian Law on Advertising*  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.303FC0152D04/fIZduWTrQn>
2. Order of MOH ,, *The preventive health checks in health care facilities* “  
<https://www.e-tar.lt/portal/legalAct.html?documentId=TAR.FBACCBFCF39B>
3. Methodological recommendations for health care specialists “Breastfeeding of Infants and young children” (approved by the Minister of Health) were prepared and published in 2005.

### Conclusions:

There are no comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented.

Publicly available books by local authors and translated from other languages are also used in education of HC professionals as a teaching and information source. Primary sources of information are not referenced in the process of specialist education, instead textbooks from other disciplines are used, where breastfeeding, as well as infant and young child feeding topics, are usually discussed in the context of children diseases.

Parental magazines about child care and nourishment are private and sponsored by manufacturers and distributors listed in the Code. Information provided therein is not always evidence/research based, especially, when it concerns breastfeeding, long-term breastfeeding and young child feeding. Controversial ads or articles representing a conflicting opinion are often presented next to the articles on breastfeeding and nutrition.

Some hospitals organize a WBW celebration with support of Nestlé Research Institute.

<sup>22</sup> to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;

There are no data on other public events promoting breastfeeding, or they are not widely advertised and organized locally.

### **Gaps**

1. *There are too few local studies on breastfeeding, therefore, there is no local scientific resources.*
2. *Information provided in the media is inconsistent in educating the public about the importance and benefits of breastfeeding.*
3. *Breastfeeding classes do not normally provide information on the possible dangers of artificial and bottle feeding.*
4. *There is too little information on healthy young children nutrition in education programmes for healthcare specialists.*
5. *No classes are held for parents on supplemental feeding for infants and young children.*
6. *Breastfeeding classes for pregnant women in healthcare institutions are organized by companies (e.g. Philips Avent).*

### **Recommendations:**

1. *Prepare and approve comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding)*
2. *Include more scientific studies on lactation, breastfeeding and young children nutrition in the action plans for science institutions.*
3. *Foresee more research in lactation, breast-feeding and young child nutrition.*
4. *Organize breastfeeding and young child nutrition protection, support, promotion campaigns, including the media.*
5. *Enhance control of training to pregnant women and families about breast-feeding and child nutrition in accordance with the Code.*



## Indicator 8: Infant Feeding and HIV

**Key question:** Are policies and programmes in place to ensure that HIV - positive mothers are supported to carry out the national recommended Infant feeding practice?

<i>Guidelines for scoring</i>			
Criteria	Results		
	✓ <i>Check that apply</i>		
	Yes	To some degree	No
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV (1)	2	1	0
		V	
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0
			V
8.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5	0
		V	
8.4) HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5	0
	V		
8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers. (6.3)	1	0.5	0
		V	
8.6) Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible. (1)	1	0.5	0
	V		
8.7) HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake.	1	0.5	0
			V

8.8) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0
			V
8.9) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status. (1)	1	0.5	0
		V	
<b>Total Score:</b>	<b>4.5/10</b>		

### Information Sources Used (please list):

- Order of MOH „Dėl Žmogaus imunodeficitu viruso ligos diagnostikos bei gydymo, kompensuojamo iš Privalomojo sveikatos draudimo fondo biudžeto lėšų, tvarkos aprašo patvirtinimo“(17.7.2, 17.7.3)  
The approval of the procedure for the human immunodeficiency virus disease diagnosis and treatment which is covered from the Compulsory Health Insurance Fund budget.  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.ABA07177DB7F/MwKxNvdLki>
- Order of MOH „Dėl žmogaus imunodeficitu viruso perdavimo iš motinos vaikui profilaktikos tvarkos aprašo patvirtinimo“(6.3)  
The Approval of procedure for prevention of human immunodeficiency virus transmission from mother to child.  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.0381780FCC19/jOkApMtsTt>
- Order of MOH „Dėl Nėščiųjų, gimdyvių ir naujagimių sveikatos priežiūros tvarkos aprašo patvirtinimo“(1 priedas)  
The approval of procedure for pregnant women, maternal and neonatal health care (annex1)  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.B29E76C4B765/OmTSEWSjGj>
- Recomendations of fullterm and preterm newborn feeding. Approved by Lithuanian Association on Neonatologists (with references to breastmilk substitute producers Nestle and Milupa).*  
[https://sam.lrv.lt/uploads/sam/documents/files/Veiklos\\_sritys/Programos\\_ir\\_projektai/Sveicarijos\\_parama/Neonatologines\\_metodikos/Isnesioto%20ir%20neisnesioto%20naujagimio%20maitinimo%20rekomendacijos.pdf](https://sam.lrv.lt/uploads/sam/documents/files/Veiklos_sritys/Programos_ir_projektai/Sveicarijos_parama/Neonatologines_metodikos/Isnesioto%20ir%20neisnesioto%20naujagimio%20maitinimo%20rekomendacijos.pdf)

### Conclusions :

There is no comprehensive updated policy in line with international guidelines on infant and young child feeding that includes infant feeding and HIV. Lithuania is following WHO recommendations on HIV and Infant feeding, however they are not formally adopted and circulated in the national HC

system. The Code is not considered in recommendations for infant feeding and HIV/AIDS. As the only recommendation *not to breastfeed* is included, for those mothers who have chosen to breastfeed there is no approved feeding and child health monitoring guidance as well as follow up AVT, therefore a very small number of health care providers are trained to advice on breastfeeding and young children feeding with HIV.

HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are not followed up and supported to ensure their adherence to ARVs uptake (from the report of the Center of Communicable Diseases and AIDS).

Recommendations for the infant feeding prepared by Neonatologist professional organization are based on Nestle and Milupa products.

### **Gaps**

1. *There is no approved infant feeding and HIV national policy.*
2. *Existing documents on HIV does not give effect to the International Code. Monitoring of infant feeding with HIV and lactating woman is not in place.*
3. *HC staff does not receive adequate training on infant feeding/lactation and HIV.*
4. *Official country newborn feeding recommendations are not in compliance with the Code.*

### **Recommendations**

1. *Prepare and adopt recommendations for infant and young children feeding and HIV as well as for lactating women.*
2. *Ensure that the documents reflect the provisions of the Code.*
3. *Prepare guidance and recommendations to those mothers who have chosen to breastfeed and establish child health monitoring guidance.*

Indicator 9: Infant and Young Child Feeding during Emergencies

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

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	Yes	To some degree	No
9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance	2	1	0
		V	
9.2) Person(s) tasked with responsibility for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
			V

9.3) An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers: a) basic and technical interventions to create an enabling environment for breastfeeding, including counseling by appropriately trained counselors, support for relactation and wet-nursing, and protected spaces for breastfeeding  b) measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and procurement management and use of any infant formula and BMS, in accordance with strict criteria, the IFE Operational Guidance, and the International Code and subsequent relevant WHA resolutions	1	0.5	0
			V
	1	0.5	0
			V
9.4) Resources have been allocated for implementation of the emergency preparedness and response plan	2	1	0
			V
9.5) a) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.  b) Orientation and training is taking place as per the national emergency preparedness and response plan	1	0.5	0
			V
	1	0.5	0
			V
<b>Total Score:</b>	<b>1/10</b>		

#### Information Sources Used:

- Answers from the municipal responsible officials to circulated questionair.
- Government Resolution „Dėl ekstremaliųjų situacijų prevencijos vykdymo tvarkos aprašo patvirtinimo“  
The verification of inventory procedure for prevention of emergency situations  
<https://www.e-tar.lt/portal/lt/legalAct/TAR.117A05550EB1/pFnsPffBkji>
- Government resolution „Dėl valstybinio ekstremaliųjų situacijų valdymo plano patvirtinimo“ (57 paragraph)The verifications of the Governmental plan for emergency situation management.

<https://www.e-tar.lt/portal/lt/legalAct/TAR.58208DFC8958>

4. Order MOH „Dėl nepaprastosios padėties, mobilizacijos ar karo padėties metu rekomenduojamą maisto produktų asortimentą ir vieno gyventojų paros suvartojimo normos patvirtinimo“

The approval of the recommended range of food products and the daily intake per capita due to the state of emergency, mobilization or war time (3 paragraph).

<https://www.e-tar.lt/portal/lt/legalAct/9b1507c005be11e588da8908dfa91cac>

## Conclusions

There are not appropriate policies and programmes in place to ensure that mothers, infants and young children will be provided adequate protection and support for appropriate feeding during emergencies. MOH has adopted nutritional and foodstuffs norms for mothers and young children (up to 1 year old) in emergencies, mobilization or war but not specifying on breastfeeding women and infants. Municipalities have failed to draw up a specific action plans how to deal or acts during emergencies. Training on infant and young child feeding in emergencies has not been integrated into pre-service and in-service training for emergency management and relevant health care personnel.

## Gaps:

1. *Appropriate policies and programmes are not in place to ensure that mothers, infants and young children will be provided adequate protection and support for appropriate feeding during emergencies.*
2. *Person(s) tasked with responsibility for national coordination with all relevant partners regarding infant and young child feeding in emergency situations have not been appointed.*
3. *An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has not been developed and put into effect.*
4. *Training on infant and young child feeding in emergencies has not been integrated into pre-service and in-service training for emergency management and relevant health care personnel.*

## Recommendations:

1. *To adopt appropriate policies and programmes to ensure that mothers, infants and young children will be provided adequate protection and support for appropriate feeding during emergencies.*
2. *To appoint person(s) tasked with responsibility for national coordination with all relevant partners regarding infant and young child feeding in emergency situations.*
3. *To develop an emergency preparedness and response plan based on the practical steps listed in the Operational Guidance and put into effect.*
4. *To integrate training on infant and young child feeding in emergencies into pre-service and in-service training for emergency management and relevant health care personnel.*

## Indicator 10: Mechanisms of Monitoring and Evaluation System

**Key question:** *Are monitoring and evaluation systems in place that routinely collect, analyse and use data to improve infant and young child feeding practices?*

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	✓ Check that apply		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
			V
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions	2	1	0
			V
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national	2	1	0

and national levels			V
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2	1	0
			V
10.5) Monitoring of key infant and young child feeding practices are integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2	1	0
		V	
<b>Total Score:</b>	<b>1/10</b>		

### Information Sources Used:

1. Lithuanian Higiene institute, [Health Information Centre](https://onedrive.live.com/view.aspx?resid=96637663BE5E56BC!173&ithint=file%2cxlsx&app=Excel&authkey=!AE8kzIKXFjat5uI)  
<https://onedrive.live.com/view.aspx?resid=96637663BE5E56BC!173&ithint=file%2cxlsx&app=Excel&authkey=!AE8kzIKXFjat5uI>
2. Lithuanian Department of Statistics Official Statistics Website  
<http://osp.stat.gov.lt/>  
<https://osp.stat.gov.lt/paieska?q=vaik%C5%B3+mityba>

### Conclusions:

Monitoring and evaluation systems that routinely collect, analyse and use data to improve infant and young child feeding practices are not in place yet.

There is no any data on the official state statistiscs data base about monitoring and evaluation of infant and young child feeding and nutrition.

HC insitutions constantly collects different data about IYCF (for example: monthly status of BF, suplemenatation, complementary feeding), but this data is not reported, summarised and analyzed.

National Health Statistiscs collects only data on exclusive breastfeeding at the ages of 3 and 6 months.

As the country has no stategy for IYCF, such data is not collected, reported and analised. This leads to the need for to develop and adopt National IYCF strategy, including breastfeeding, and ensure monitoring of it's implementation accordng specific criteria.

### Gaps:

1. *Monitoring and data of IYCF is not in place yet.*
2. *Collected data about IYCF at PHC insitutions is not reported and analyzed.*
3. *As there is presently no interest at the political level about IYCF situation, data is not collected.*

### Recommendations (List actions recommended to bridge the gaps):

1. *Prepare and adopt a monitoring strategy and critieria and incorporate it into National IYCF strategy.*

## Indicator 11: Early Initiation of Breastfeeding

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**Key question:** *What is the percentage of babies breastfed within one hour of birth?.....%*

Guideline:

Indicator 11	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Initiation of Breastfeeding (within 1 hour)	0.1-29%	3	Red
	29.1-49%	6	Yellow
	49.1-89%	9	Blue
	89.1-100%	10	Green

**Data Source (including year):**

No data available

**Summary Comments:**

Data should be collected and analyzed.

## Indicator 12: Exclusive Breastfeeding for the First Six Months

**Key question:** *What is the percentage of babies 0<6 months of age exclusively breastfed<sup>23</sup> in the last 24 hours?* 32 %

Guideline:

Indicator 12	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Exclusive Breastfeeding (for first 6 months)	0.1-11%	3	Red
	11.1-49%	6	Yellow
	49.1-89%	9	Blue
	89.1-100%	10	Green

**Data Source (including year):**

2015 year.

<https://onedrive.live.com/view.aspx?resid=96637663BE5E56BC!173&ithint=file%2cxlsx&app=Excel&authkey=!AE8kzIKXFjat5uI>

**Summary Comments:**

There is no guarantee that the data is collected in compliance with accepted definition of exclusive breastfeeding.

<sup>23</sup>

Exclusive breastfeeding means the infant has received only breastmilk (from his/her mother or a wet nurse, or expressed breastmilk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (2)

## Indicator 13: Median Duration of Breastfeeding

**Key question:** *Babies are breastfed for a median duration of how many months? .....%*

Guideline:

Indicator 13	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Median Duration of Breastfeeding	0.1-18 Months	3	Red
	18.1-20 ”	6	Yellow
	20.1-22 ”	9	Blue
	22.1- 24 or beyond ”	10	Green

**Data Source (including year):**

No data available

**Summary Comments:**

Data should be collected and analyzed.

Although PHC insitutions constantly collect data on monthly status of BF, the data is not reported/collected to/by Health Information Center.

Indicator 14: Bottle feeding

**Key question:** *What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles? .....%*

Guideline:

Indicator 14	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Bottle Feeding (0-12 months)	29.1-100%	3	Red
	4.1-29%	6	Yellow
	2.1-4%	9	Blue
	0.1-2%	10	Green

**Data Source (including year):**

No data available

**Summary Comments:**

The data should be collected and analyzed.

Although PHC institutions collect data on supplementation and complementary feeding, there is no data on the feeding method.

Indicator 15: Complementary feeding --- Introduction of solid, semi-solid or soft foods

**Key question:** *Percentage of breastfed babies receiving complementary foods at 6-8 months of age?*  
 .....%

Guideline

Indicator 15	WHO's	IBFAN Asia Guideline for WBTi	
Complementary Feeding (6-8 months)	<i>Key to rating</i>	<i>Scores</i>	<i>Colour-rating</i>
	0.1-59%	3	Red
	59.1-79%	6	Yellow
	79.1-94%	9	Blue
	94.1-100%	10	Green

**Data Source (including year):**

*No data available*

**Summary Comments:**

Although PHC insitutions constantly collect data about the monthly status of complementary feeding, the data is not reported/collected to/by Health Information Center.

# Summary Part I: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Programme and Coordination	2
2. Baby Friendly Hospital Initiative	5
3. Implementation of the International Code	6,5
4. Maternity Protection	9,5
5. Health and Nutrition Care Systems	2,5
6. Mother Support and Community Outreach	5
7. Information Support	1,5
8. Infant Feeding and HIV	4,5
9. Infant Feeding during Emergencies	1
<b>10.</b> Monitoring and Evaluation	<b>1</b>

## IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated **38,5 out of 100**.

Scores	Colour- rating
0 – 30.9	Red
31 – 60.9 V	Yellow
61 – 90.9	Blue
91 – 100	Green

**Conclusions** (Summarize the achievements on the various programme components, what areas still need further work)<sup>24</sup> :

24

In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

# Summary Part II: Infant and young child feeding (IYCF) practices

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	_____ %	Not available
Indicator 12 Exclusive Breastfeeding for first 6 months	_____ %	6
Indicator 13 Median duration of Breastfeeding	_____ %	Not available
Indicator 14 Bottle-feeding	_____ %	Not available
Indicator 15 Complementary Feeding	_____ %	Not available
<b>Score Part II (Total)</b>		<b>6</b>

## IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding Practice (indicators 11-15) are calculated out of 50.

Scores	Colour-rating
0 – 15	Red
16 - 30	Yellow
31 - 45	Blue

**Conclusions** (*Summarize which infant and young child feeding practices are good and which need improvement and why, any further analysis needed*)<sup>25</sup> :

There is no data collected or the data is not reported, so, it is not possible to assess the situation, perform analysis and trends and set goals for a situation improvement.

Therefore it is necessary to start reporting breastfeeding initiation data and complementary feeding data, collect data to calculate the median duration and collect bottle feeding data.

More attention is needed to specify and describe definitions of collected samples (data).

<sup>25</sup>

In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.



Total of Part I and Part II (indicator 1-15): IYCF Practices and Policies and Programmes

Total score of infant and young child feeding **practices, policies and programmes (indicators 1-15)** are calculated out of 150. Countries are then rated as: **44.5**

Scores	Colour- rating
0 – 45.5	Red
46 – 90.5	Yellow
91 – 135.5	Blue
136 – 150	Green

## Key Gaps

Despite the fact that attention has been paid to the promotion and support of breastfeeding, there is no place for breastfeeding protection neither in the policy nor in practice at national level. Therefore, there consistent changes in breastfeeding situation are not observed.

1. There is no adopted National Nutrition Policy, including National Infant and Young Child Feeding/breastfeeding Policy, and there is no structure nor professional leadership to implement and monitor IYCF.
2. There is no Governmental policy and request for qualified workforce on breastfeeding, infant and child feeding:
  - 2.1 Training curricula are highly saturated with biomedical paradigm and knowledge while nurses who are supposed to work as community health workers are lacking the skills necessary for community counseling about BF.
  - 2.2 There is no standard continuous inservice training on breastfeeding, infant and child feeding in the country.
3. There is very limited data about IYCF and breastfeeding collected or such data is not reported by HC institutions, so, it is not possible to assess situation, perform analysis, foresee trends and set goals for situation improvement.
4. BFHI is being implemented not completely following WHO/UNICEF BFHI Global criteria and there is no system for assessment and re-assessment of maternities as well as for monitoring.
5. The Code applies only to the National Health Care system (even with some exceptions). It is not compulsory or subject to its application at the national level (eg. trading system, social field, in the media; breastfeeding classes for pregnant women in many healthcare institutions are organized by companies (e.g. Philips Avent).
6. There is no evidence based professional counselling and support for breastfeeding families at the country level - neither in HC system, nor in community.
7. Research on breastfeeding is not developed. Information provided in the media is inconsistent for educating the public about the importance and benefits of breastfeeding and it does not provide information on the possible dangers of artificial and bottle feeding. Young parents are not taught about complementary feeding.
8. There is no approved infant feeding and HIV national policy. HC staff does not receive adequate training on infant feeding/lactation and HIV, and monitoring of infant feeding with HIV and lactating woman is not in place.
9. There are no appropriate policies nor programmes in place to ensure that mothers, infants and young children are provided adequate protection and support for appropriate feeding during emergencies.

## Key Recommendations

1. Develop and adopt a National Nutrition Policy, including National Infant and Young child feeding/breastfeeding policy, protecting, promoting and supporting measures for improving infant and young child nutrition and monitor its implementation.
2. Collect analyze and report data on IYCF including breastfeeding and complementary feeding.
3. Reform NBC with specific focus on support for implementation of IYC feeding, including breastfeeding policy and including committee members with expertise in nutrition and breastfeeding.
4. Use BFHI as a main measure to achieve improment in breastfeeding situation. The national BFH assessment criteria should completely correspond to the global BFHI criteria and implementation strategy thereof. The biggest part of BFHI implementation activities (dissemination of information and promotion, hospital assessment procedures, etc.) should be handed over to the non-governmental sector specifcly acting in breastfeeding field.
5. The practice of early initiation of breastfeeding should become the standard of care in maternity hospitals. *Prepare and approve* comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding)
6. Establish the Code by a law and ensure the control for its implementation.
7. Not weaken existing legal protection for maternity and breastfeeding women. Promote and welcome breastfeeding in public for those mothers who are willing to breastfeed in public.
8. Define qualification requirements for professionals and develop national policy guidelines on breastfeeding, infant and child feeding and counselling, in order to give higher importance on this neglected issue in the education of HC providers.
9. Apply knowledge and skill of the International Board Certified Lactation Consultants and skilled in breastfeeding management volunteers to help nursing mothers in the HC system and community.
10. Prepare and approve comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding).
11. Include more scientific studies on lactation, breastfeeding and young children nutrition in the action plans for research institutions.
12. Prepare and adopt national recommendations for infant and young children feeding and HIV as well as for HIV infected lactating women and ensure ARV treatment after delivery for who chose to breastfeed.
13. Adopt appropriate policies and programmes to ensure that mothers, infants and young children will be provided adequate protection and support for appropriate feeding during emergencies.