

**Second Assessment of Status of Infant and Young Child Feeding (IYCF) in
Mongolia practice, *policy and program* Achievements and Gaps**



2013

Mongolia



МХАН
MONGOLIAN PEDIATRIC SOCIETY



Background information

Mongolia is a landlocked country with an area of 1.565 million km², geographically bounded on the north by Russia and on the southeast and west by China. The population is about 2.475 million of which nearly 60% live in urban areas. Of a total urban population of 1.38 million about 0.8 million live in the capital city of Ulaan Baatar (UB). Socioeconomic changes during the transitional period from a centrally planned to a market economy have been followed by continued rural-to-urban migration. Nutritional status of children and women worldwide Adequate nutrition is essential for maternal and child health. The Millennium Development Goals (MDGs) call to halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day and who suffer from hunger, to reduce by two thirds, between 1990 and 2015, the under-five mortality rate, and to improve maternal health. Infant and Young child feeding in Mongolia

Young child feeding practices were evaluated using WHO Indicators for Assessing Infant and Young Child Feeding Practices (2008), including early initiation of breastfeeding, exclusive breastfeeding under 6 months, breastfeeding with complementary food (6-23 months), continued breastfeeding at 1 and 2 years, children ever breastfed and duration of breastfeeding in 0-23 month-old children.

Early initiation of breastfeeding (put to the breast within one hour of the birth) Of surveyed children aged 0-23 months, 85.5% (95%CI 80.5-89.4) were put to the breast within one hour of the birth.

Breastfeeding is the most appropriate feeding strategy in 0-23 month-old children.

Breastfeeding frequency and amount differ depending on the child's age. WHO recommends "to exclusively breastfeed children under 6 months, beyond which to combine breastfeeding with required complementary feeding".

Exclusive breastfeeding: One of the indicators of age-appropriate breastfeeding practices is exclusive breastfeeding under 6 months.

Breastfeeding of 6-23 month-old children. Another indicator of age-appropriate breastfeeding practices is continued breastfeeding of 6-23 month-old children. Although complementary feeding of infants should start at the age of 6 months, breast milk should remain an important source of nutrition in 6-23 month-olds.

The continued breastfeeding of 6-23 month-old children is 73,5 .

Feeding of 0-5 month-old children

Of the surveyed children aged 0-5 months, 28.7% were receiving solid, semi-solid or liquid foods (e.g. water, juice) other than breast milk. Percent of 0-5 month-old children receiving solid, semi-solid or liquid foods was 25.6%. In other words, complementary feeding is introduced too early for every fourth child.

A study in 2010 found that 0.6% of all Mongolian children aged 6-59 months were suffering from acute malnutrition, 16% from chronic malnutrition or stunting (low height for age) and 4.1% were underweight. The malnutrition prevalence among children under five had decreased since previous surveys, especially the severe form of malnutrition. The progress made in improving the nutritional status of Mongolian children will be sustained provided that the efficiency of internal resource allocation is improved and efforts are made to achieve the relevant MDGs.

Rates of introduction of complementary feeding are also below standards, with only 57 percent of children ages 6-9 months receiving breast milk as well as soft foods. According to the UNICEF/MoH 2010 Nutrition Survey, the first complementary foods introduced tend to be semolina and meat broths with flour (zutan and bantan). However, the frequency of meals provided and the serving size per meal are far below MoH recommendations. Only 19.2 percent of weaning children consume the recommended amount of complementary food per day. Hence, as complementary feeding is introduced, rates of malnutrition increase.

Compared to the 2005 MICS Survey, breast-feeding rates have increased despite the increased flow of milk substitutes and baby food into Mongolia. The report attributes this to running awareness campaigns in all mass media to raise the awareness of the benefits of breast-feeding and the potential harmful effects of milk substitutes, and partly by introducing the National Code on Breast Milk Substitutes [2005], which seeks to regulate how the products can be marketed.

Despite the positive trends in malnutrition, nationally there is increasing incidence of overweight children under five. Some 9.6 percent of children are overweight, including children from the richest households, children of mothers with university education and children living in Ulaanbaatar.

Objectives of the national assessment of the state of implementation of the Global Strategy for Infant and Young Child Feeding, using World Breastfeeding Trends Initiative (WBTi)

Access and analyze situation of infant and young child feeding and find out achievements and gaps in the existing policy, program and practices in reference to IYCF To build a consensus among all the partners

Methodology

Consensus workshop for second assessment for IYCF was discussed with key institutions in area of child health and child nutrition - MOH, National Pediatric association, National midwifery association, Department of Pediatrics and Department of Family Medicine of Health science University of Mongolia and National Center of Maternal and Child health agreed to attend the proposed IYCF workshop in 12th November 2012. Core groups for assessment were identified.

Team as a core group– Ministry of Health, National midwifery association, Department of Pediatrics, HSU, Mongolian Pediatric society conducted the assessment process. It was decided to organize the assessment introduction workshop.

Indicators were discussed in detail and groups agreed to conduct assessment using web-based toolkit developed by the IBFAN Asia Pacific - World Breastfeeding Trends *initiatives* (WBTi) – Tracking, Assessment and Monitoring

Proceedings

On 12th November, 2012 half day Consensus Workshop on National Assessment of the Status of Global Strategy for Infant and Young Child Feeding (IYCF) practices- was organized at National Center of Maternal and Child Health During the session, Dr. G. Soyolgerel spoke about explained about WBT initiative and existing situation of child nutrition and need to assess the situation and Dr. Radnaakhand noted that the initiative is about listing achievements, gaps and reaching a consensus as a first step.

Dr. D. Davaasuern introduced a PowerPoint Presentation on assessment process of national strategy for IYCF and some constraints for procedures within different departments.

As a facilitator Dr. G. Soyolgerel explained the nature of WBTi toolkit.

INDICATORS:

1. *National Policy, Programme and Coordination*
2. *Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)*
3. *Implementation of the International Code*
4. *Maternity Protection*
5. *Health and Nutrition Care Systems*
6. *Mother Support and Community Outreach - Community-based Support for the pregnant and breastfeeding mother*
7. *Information Support*
8. *Infant Feeding and HIV*
9. *Infant Feeding during Emergencies*
10. *Mechanisms of Monitoring and Evaluation System*
11. *Percentage of babies breastfed within one hour of birth*
12. *Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours*
13. *Babies are breastfed for a median duration of how many months*
14. *Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles*
15. *Percentage of breastfed babies receiving complementary foods at 6-9months of age*

Core group have been worked four weeks to collect documents and data on Infant and Child Feeding and organized half day meeting to discuss issues related with data collection and documents. Main sources were reports of National Nutritional Survey -4 conducted in 2010 , MICS (Multi Indicator Cluster Survey) conducted by UNICEF and national statistical Office Mongolia in the year 2010. Those surveys have a few indicators, such as rate of early initiation of breastfeeding, proportion of exclusive breastfeeding and complementary feeding rate.

Once information about the indicators is gathered and analysed, it is then entered into the web-based toolkit through the 'WBT Questionnaire'.

Regarding the language problem core group have hired a person who can translate toolkit into Mongolian language.

Workshop in 10 December 2012 was designed to address the assessment of implementation of Global Infant and Young Child Feeding.

Participants explored lessons learned from IYCF programme experience, including identification of successes, challenges and gaps and consideration of cross-cutting issues such as emergencies and HIV/AIDS. The workshop concentrated mainly on the issue of monitoring for IYCF and breastfeeding,

List of the partners for the assessment process

1. Ministry of Health (Child health, Nutrition, maternal health, MIS)
2. Public health Institute
3. WHO, Mongolia
4. National Center of Maternal and Child Health
5. Mongolian Paediatric association
6. Health Science University of Mongolia (Dep-t of pediatrics, Der-t of family medicine)
7. Ministry of social welfare and labor (ILO project)
8. Child and adolescent support center NGO

Conclusion: Despite a generally high level of cultural acceptability of breast-feeding, statistics indicate that rates of exclusive breast-feeding over the first six months increased comparing with previous assessment .

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients and is economical and safe. An ideally breastfed child is one who is breastfed within an hour of birth, is then exclusively breastfed for the first six months of life, has appropriate food introduced into it's diet at the age of six months

In Mongolia nine out of ten women start breastfeeding within a day of birth, 81% within the first hour as recommended in order for the child to get maximum benefit of the colostrums in the early breast milk. Although there is good practice in breast-feeding and its promotion until one to two years after birth, the exclusive breast-feeding rate (only breast-milk until six months) has been declining year by year.

Children under the age of six months who are exclusively breastfed is increased from 51.7% to 71.3% , more so in rural areas (60%) than in urban areas (55%). There is an inverse correlation between exclusive breastfeeding and complementary feeding

with the former decreasing and the latter increasing with child's age.

Complementary feeding of 6-23 month-old children and its frequency: The indicator was measured based on the number of times and type of food received during the previous day.

Minimum number of times a child should be fed during the day is defined as follows:

☒ For breastfed children:

o aged 6-8.9 months – at least twice a day

o aged 9-23.9 months – at least 3 times a day

☒ For non-breastfed children:

o aged 6-23.9 months – at least 4 times a day.

Exclusive breastfeeding is more common during the first four months of life but then drops among children aged 4-5 months. The drop is partly due to an increased use of milk formula for that age group (26%) and partly due to an early introduction of solid food (19%)

The assessment results should be used in forward planning of national programmes, interventions and undertaking local actions.

Government of Mongolia acknowledges the support of IBFAN Asia for second WBTi assessment.

We deeply appreciate and acknowledge with gratitude the contribution of professional societies such Mongolian pediatric association, Mongolian midwifery association.

Report written by *Dr. G.Soyolgerel*

Dr. R.Galbadrakh

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 Coordinator?

Criteria of Indicator 1	Scoring	Results ✓ Check any one
1.1) A national Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2	
1.2) The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	2	✓
1.3) A National Plan of Action has been developed with the policy	2	✓
1.4) The plan is adequately funded	1	
1.5) There is a National Breastfeeding Committee	1	✓
1.6) The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	✓
1.7) The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5	✓
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	
Total Score	6.5-/ 10	

Information and Sources Used:

In 2008, A national infant and young child feeding strategy has been developed and discussed by ministerial council however it is going to be revised and updated in 2013.

IYCF is included government plan of action. . Funding for implementation is not adequate. National breastfeeding task force is working as a committee, and quarterly meets. MOH's and PHI's source

Gaps:

Regarding the breastfeeding committee, the group felt that it should be made more representative, the coordinator's terms of reference should be made clearer and the meetings schedule should be regularized.

Recommendations:

More work needs to be done to strengthen and make these powerful.

Indicator 2: Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)

Key Question:

2A) What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?

2B) What is the skilled training inputs and sustainability of BFHI?

2C) What is the quality of BFHI program implementation?

2A) Quantitative

2.1) What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?

Criteria	Score	Results ✓ Check any one
0 - 7%	1	
8 – 49%	2	
50 – 89%	3	75
90 - 100%	4	
Rating on BFHI quantitative achievements:	3--/4	

2B) Qualitative

2.2) What is the skilled training inputs and sustainability of BFHI?

BFHI designated hospitals that have been certified after a minimum recommended training of 18 hours for all its staff working in maternity services

Criteria	Score	Results Check any one
0-25%	1	
26-50%	1.5	
51 –75%	2.5	75 ✓
75% and more	3.5	
Total Score	2.5----/3.5	

Qualitative

2C) What is the quality of BFHI program implementation?

Criteria	Score	Results <input checked="" type="checkbox"/> <i>Check that apply</i>
2.3) BFHI programme relies on training of health workers	.5	✓
2.4) A standard monitoring system is in place	.5	✓
2.5) An assessment system relies on interviews of mothers	.5	✓
2.6) Reassessment systems have been incorporated in national plans	.5	
2.7) There is a time-bound program to increase the number of BFHI institutions in the country	.5	
Total Score	1.5 /2.5	
Total Score 2A, 2B and 2C	7.0--/10	

Information and Sources Used:

1. Interview with HCW-s
2. Interview with mothers
3. health facility accreditation
4. Assessment report of BFHI
5. IMCI health facility survey report

185 health facilities which have birth delivery service , have earned baby-friendly hospital certificate. Despite the implementation of code/law procedures, much more needs to be done to promote breastfeeding as the normal lifestyle for every woman and to designate all maternity hospitals as baby friendly, thus ensuring full realization of the law¹.

Gaps:

More than 75% of health facilities were converted to baby-friendly hospitals, but the programme lacks a monitoring system from the Government. No sustained regulation to revive BFHI. Certification rule for BFHI to be changed . Latest BFHI assessment has been done in 2011,

¹ Report for monitoring of Breastmilk Substitute Code Marketing in Mongolia 2011

Recommendations:

BFHI programme should be revived immediately linking it to health system and relevant programmes such as community IMCI and essential newborn care.

The *Global Strategy for Infant and Young Child Feeding* indicates that revitalization of BFHI is necessary and its assessment is also carried out periodically to sustain this programme and contribute to an increase in exclusive breastfeeding. The indicator focuses on both quantitative and qualitative aspects.

Indicator 3: *Implementation of the International Code*

Key Question: *Are the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolution given effect and implemented? Has any new action been taken to give effect to the provisions of the Code?*

The “*Innocenti Declaration*” calls for all governments to take action to implement all the articles of the *International Code of Marketing of Breastmilk Substitutes* and the subsequent World Health Assembly resolutions. The aim of the Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

Criteria	Scoring	Results ✓ <i>Check those 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 studied	1	
3.3) National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable	2	
3.4) National measures (to take into account measures other than law), awaiting final approval	3	
3.5) Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions	4	
3.6) Some articles of the Code as a voluntary measure	5	
3.7) Code as a voluntary measure	6	
3.8) Some articles of the Code as law	7	✓
3.9) All articles of the Code as law	8	
3.10) All articles of the Code as law, monitored and enforced	10	
Total Score:	7-/10	

Information and Sources Used:

National law on BMS was approved by Mongolian parliament in July 2005. According to the “State of the Codes by Country 2011” it is defined as a “Many provisions law” as well.

Ministry of Health has developed approved regulation of BMS law implementation in 2008.

Latest update of decree for BMS law implementation was in 2010. In 2012 there was conducted training among inspection institutions on BMS code monitoring and covered 40 persons.

Gaps:

There is no regular monitoring due to lack of appropriate funding. Consumer organizations to be involved more.

Recommendations:

Regular monitoring mechanism for national BMS law at central and district level should be in place.

Indicator 4: Maternity Protection

Key Question: *Is there 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?*

Criteria	Score	Results Check <input checked="" type="checkbox"/> that apply
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 b. 18 to 25 weeks c. 26 weeks or more		
	0.5	
	1	
	1.5	✓
	2	
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	1	
	0.5	
	1	✓
4.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	✓
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.	1	
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	1	
	0.5	
	1	✓
4.6) a. Information about maternity protection laws, regulations, or policies is made available to workers b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.'	0.5	✓
	0.5	

4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	✓
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	✓
4.9) There is legislation providing health protection for pregnant and breastfeeding workers and the legislation provides that 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	✓
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5	✓
4.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5	✓
4.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5	✓
Total Score:	8/10	

Information and Sources Used:

Mongolia has been ratified by ILO C183 Legislations are available for maternity protection as per the International Labour Organization standard.

In 2012, a new Government changed the duration of paid maternity leave up to 24 month however according to the WABA “Status of the maternity protection by countries” report it was reported paid maternity leave 17 week.

Gaps:

Many of private organizations don't follow ILO standard.

Recommendations:

To strength the implementation of maternity protection area of private sector

Indicator 5: Health and Nutrition Care System

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?

Criteria	Results		
	Adequate	Inadequate	No Reference
5.1) A review of health provider schools and pre-service education programmes in the country ² indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
		✓	▲
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.	2	1	0
	✓		
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. ³	2	1	0
	✓		
5.4) Health workers are trained with responsibility towards Code implementation as a key input.	1	0.5	0
			✓
5.5) Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrhoeal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1	0.5	0
	✓		
5.6) These in-service training programmes are being provided throughout the country. ⁴	1	0.5	0
	✓		

² 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.

³ 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.

⁴ 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.

5.7) Child health policies provide for mothers and babies to stay together when one of them is sick	1	0.5	0
	✓		
Total Score:	8--/10		

Information and Sources Used:

It includes review of schools and pre-service education programmes of medical and nursing schools.

Gaps

No practical training of doctors and nurses specified on Code implementation. Training coverage is low.

Recommendations

Improved implementation of standards and guidelines for mother-friendly childbirth procedures and support, In-service training programmes providing knowledge and skills related to infant and young child feeding etc.

Indicator 6: *Mother Support and Community Outreach*

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

Criteria	Results		
	✓ Check that apply		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	2	1	0
		✓	
6.2) All women have access to support for infant and young child feeding after birth.	2	1	0
	✓		
6.3) Infant and young child feeding support services have national coverage.	2	1	0
	✓		
6.4) Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectoral and intra-sectoral).	2	1	0
		✓	
6.5) Community-based volunteers and health workers possess correct information and are trained in counselling and listening skills for infant and young child feeding.	2	1	0
		✓	
Total Score:	7--/10		

Information and Sources Used:

National Nutrition Survey 2010.

This section includes issues like access to counseling services on infant and young child feeding in the community during pregnancy and after birth. It also deals with status of skilled training to the counselors.

Gaps:

No regular training programme on counselling lack of human and financial resources.

Recommendations:

Support mother's group and allocate some fund for volunteer training

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?

Criteria	Results		
	Yes	To some degree	No
7.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.	2	1	0
		✓	
7.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2	1	0
	✓		
7.3) Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.	2	1	0
		✓	
7.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2	1	0
	✓		
7.5) A national IEC campaign or programme ⁵ using electronic and print media and activities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months.	2	1	0
	✓		
Total Score:	8--/10		

Information and Sources Used:

Annual WBW report, World Breastfeeding forum report and IEC programmes for improving infant and young child feeding. It also looks in to the quality of IEC material being implemented. There are sporadic campaigns on the subject.

Gaps:

The group organized a discussion on the subject, IEC materials are printed on the occasion of WBW only.

⁵ An IEC campaign or programme is considered “national” if its messages can be received by the target audience in all major geographic or political units in the country (e.g., regions or districts).

The group felt that there is no separate IEC policy on infant and young child feeding available in Mongolia at present.

Recommendations:

IEC strategy for IYCF should be in the context of national health promotion strategy and funds to be allocated in Health Promotion fund.

Indicator 8: *Infant Feeding and HIV*

Key Question: *Are policies and programmes in place to ensure that HIV - positive mothers are informed about the risks and benefits of different infant feeding options and supported in carrying out their infant feeding decisions?*

Criteria	Results		
	Yes	To some degree	No
8.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2	1	0
	✓		
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0
		✓	
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
	✓		
8.4) 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
	✓		
8.5) Infant feeding counselling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.	1	0.5	0
	✓		
8.6) Mothers are supported in making their infant feeding decisions with further counselling and follow-up to make implementation of these decisions as safe as possible.	1	0.5	0
		✓	
8.7) 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
			✓
8.8) 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	0.5	0
		✓	
8.9) The Baby-friendly Hospital Initiative incorporates provision of guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers.	1	0.5	0
		✓	
Total Score:	7--/10		

Information and Sources Used:

http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/mongolia_2010,

<http://aids.mn/files/docs/2.National%20Strategic%20plan%20on%20HIVAIDS%20and%20STIs,%202010-2015.pdf>

No pediatric HIV cases have thus far been registered. Because there is a high risk of pregnant women becoming infected with HIV, risk reduction for mother-to-child transmission is a major focus for planned expansion in the sector.¹

Global fund is dealing most of HIV policy and strategy in country. Global fund annual report , National RH survey report 2008.

Gaps:

For babies of HIV positive mothers there is no state budget for baby formula.

Due to a low prevalence for HIV, there can be risk on inadequate counselling to HIV positive women regarding infant feeding options.

Recommendations:

Approve state budget for infants of HIV-positive mothers in state budgetary system.

To be improved Counselling training to prevent HIV transmission through breastfeeding on infant feeding practices.

Indicator 9: Infant Feeding during Emergencies

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

Criteria	Results		
	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	2	1	0
		✓	
9.2) Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
		✓	
9.3) An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed	2	1	0
	✓		
9.4) Resources identified for implementation of the plan during emergencies	2	1	0
		✓	
9.5) Appropriate teaching material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	2	1	0
		✓	
Total Score:	6--/10		

Information and Sources Used:

National Emergency Preparedness plan is reviewed.

Group discussion was being organized on disaster and emergency.

IYCF is mentioned in the National Emergency Preparedness Plan only.

Gaps:

There is no clear guideline for child feeding at disaster except IYCF strategy and no data available. The group analyzed that this remains a neglected area and needs wholesome attention.

Recommendations:

All relevant policies and guidelines such as policies and guidelines on Disaster management must be integrated with child feeding.

Indicator 10: *Monitoring and Evaluation*

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

Criteria	Results		
	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
	✓		
10.2) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.	2	1	0
		✓	
10.3) Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	2	1	0
	✓		
10.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers	2	1	0
	✓		
10.5) Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys.	2	1	0
		✓	
Total Score:	8--/10		

Information and Sources Used:

It analyzed whether or not monitoring and evaluation components are built into major infant and young child feeding programme activities. Low birth weight and underweight, and stunting rate are collected routinely. National Nutrition survey (NNS) conducted every 5 years.

Gaps:

In national HMIS there is no routine data on breastfeeding. All IYCF data are collected through the surveys (MICS, NNS)

Recommendations:

Utilization of Monitoring and Management Information System (MIS) data by programme managers as part of the planning and management process.

Indicator 11: Early Initiation of Breastfeeding

Key question: *Percentage of babies breastfed within one hour of birth*

Guideline:

Indicator 11	WHO's Key to rating %	Existing Status %
Initiation of Breastfeeding (within 1 hour)		Check appropriate box
	0-29	
	30-49	
	50-89	✓ 85.5
	90-100	

Source of data:

According to the national Nutritional survey 2010, conducted by MOH together with UNICEF Mongolia nine out of ten women start breastfeeding within a day of birth, 85,5% within the first hour as recommended in order for the child to get maximum benefit of the colostrums in the early breast milk.

Summary Comments

15.5 % of newborns in maternity hospitals are not initiated breastfeeding due to mother's health mostly caused by caesarean section.

Indicator 12: Exclusive breastfeeding for the first six months

Key question: 71.3% (95%CI 55.8-81.2) of the surveyed children aged 0-5 months were exclusively breastfedⁱⁱ

Guideline:

Indicator 12	WHO's Key to rating %	Existing Situation %
Exclusive Breastfeeding (for first 6 months)		<i>Check appropriate box</i>
	0-11	
	12-49	
	50-89	✓ 71.3%
	90-100	

Source of data:

Latest data for exclusive breastfeeding is in national Nutritional Survey 2010 where overall 71,3% of children under the age of six months are exclusively breastfed, more so in rural areas (74.2% %) than in urban areas (69.1%).

Summary Comments:

Comparatively with previous assessment, exclusive breastfeeding rate is increased because of breastfeeding intervention is improved at the primary health care facilities and communities increased awareness of mothers and families.

Indicator 13: Median duration of breastfeeding

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

Guideline:

Indicator 13	WHO's Key to rating	Existing Situation %
Median Duration of Breastfeeding		Check appropriate box
	0-17 Months	
	18-20 "	20.2 month in 0-23 month old children.
	21-22 "	
	23-24 "	

Source of data:

"National nutrition survey report 2010" shows median duration of 0-23 month breastfed child is 20,2 month .

Summary Comments

Continued breastfeeding at 2 years was 52.0% (95%CI 31.0-72.3) in urban and 57.3%

(95%CI 36.9-75.5) in rural settings. More than eight out of ten children continue to be breastfed at the age of 12-15 months and 65% at the age of 20-23 months.

Indicator 14: Bottle feeding

Key question: What percentage of breastfed babies less than 6 months old receives other foods or drinks from bottles?

Guideline:

Indicator 4	WHO's Key to rating	Existing Situation %
Bottle Feeding (<6 months)		✓ <i>Check appropriate box</i>
	30-100%	
	5-29%	25.6%
	3-4%	
	0-2%	

Source of data:

Of the surveyed children aged 0-5 months, 28.7% were receiving solid, semi-solid or liquid foods (e.g. water, juice) other than breast milk. Percent of 0-5 month-old children receiving solid, semi-solid or liquid foods was 25.6% (95%CI 16.0- 38.2).

Indicator 15: Complementary feeding

Key question: Percentage of breastfed babies receiving complementary foods at 6-9 months of age?

Guideline:

Indicator 5	WHO's Key to rating %	Existing Situation %
Complementary Feeding (6-9 months)		✓ <i>Check appropriate box</i>
	0-59	
	60-79	78.5%
	80-94	
	95-100	

Source of data:

78.5% of children aged 6-9 month are receiving complementary food. but appropriate feeding is still problem.

Summary Comments

Appropriate complementary feeding rate is increased comparing with 2008 but still there is problem regarding the composition of daily food.

COMPARISON WITH 2009 ASSESSMENT

Table: Indicators 1-5: Trends in Infant feeding practices

Indicator	Status in the last assessment in 2009	Current status
1. Percentage of babies breastfed within one hour of birth	78%	85.5%
2. Percentage of babies of 0<6 months of age exclusively breastfed in the last 24 hours	57%	71.3%
3. Babies are breastfed for a median duration of how many months	21	20.2 month in 0-23 month old children
4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles	26%	25.6%
5. Percentage of breastfed babies receiving complementary foods at 6-9 months of age	52%	78.5%

Summary of Indicator Results

Infant and Young Child Feeding Policies and Programmes		
Targets		Score (out of 10)
Indicator 1	National Policy, Programme and Coordination	6.5/10
Indicator 2	Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)	7.0/10
Indicator 3	Implementation of the International Code	7.0/10
Indicator 4	Maternity Protection	8.0/10
Indicator 5	Health and Nutrition Care System	8.0/10
Indicator 6	Mother Support and Community Outreach (Community-based Support for the pregnant and breastfeeding mother)	7.0/10
Indicator 7	Information support	8.0/10
Indicator 8	Infant Feeding and HIV	7.0/10
Indicator 9	Infant Feeding during Emergency	6.0/10
Indicator 10	Mechanisms of Monitoring and Evaluation System	8.0/10
Total Score IYCF Policies and Programmes		72.5/100

Infant and Young Child Feeding Practices			
IYCF Practices		Result	Score
Indicator 11	Early initiation of breastfeeding	85.5%	9/10
Indicator 12	Exclusive breastfeeding for the first six months	71.3%	9/10
Indicator 13	Median duration of breastfeeding	20.2 months	6/10
Indicator 14	Bottle-feeding among children 0-6 months	25.6%	6/10
Indicator 15	Complementary feeding among children 6-8 months	78%	6/10
Total Score IYCF Practice			36/50

Total of IYCF Policies and Programmes, and Practices

Total score of infant and young child feeding practices, policies and programmes (indicators 1-15) are calculated out of total score of 150.

Guidelines

Score	Color-rating	Grading	Existing Situation
0 – 45	RED	D	
46 – 90	YELLOW	C	
91 – 135	BLUE	B	108.5/150
136 – 150	GREEN	A	

ⁱ Situation analysis of children and women in Mongolia 2010 UNICEF

ⁱⁱ National Nutrition Survey (2010)