



World Breastfeeding Trends Initiative (WBTi)

# Assessment





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# Report



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# The World Breastfeeding Trends Initiative (WBTi)

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Name of the Country: Korea

Year : 2016

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## Introduction

Human breastmilk is nutritionally complete food that contains nutrients and immunity substances that are needed for growth and development of infants. Despite the nutritional superiority, the breastfeeding rate in South Korea hit the lowest record in 2000 and, through various efforts, gradually increased until 2009. However, from 2012, the rate began to decrease again as a result of increasing mixed feeding.

The first World Breastfeeding Trend Initiative (WBTi) was investigated in 2008. That year, South Korea scored 73 out of 150, showing inadequacy in various areas. However, through various efforts including enactment of a law related to powdered infant formula, breastfeeding education, campaign, and 'baby-friendly hospital' certification system, in the 2012 WBTi report, the country scored 95.5 out of 150.

In the 2016 report, South Korea scored 81. This process was assessed by Korea Breastfeeding Network based on data from Korea Institute for Health and Social Affairs (KIHSA) and Ministry of Health & Welfare (MOHW). However, this record is lower than 2012. It is considered that the decrease in these scores seems to be due to the subdivision of the assessment tools, the absence of a policy on feeding infants in emergencies, and the absence of policies for mothers and their children with HIV. Therefore, institutional supplement is needed.

## About WBTi

# 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.

<b>Part-I deals with policy and programmes (indicator 1-10)</b>	<b>Part –II deals with infant feeding practices (indicator 11-15)</b>
<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 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 Innocent 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 analyzed, it is then entered into the web-based toolkit through the ' WBTi Questionnaire'. Further, the toolkit scores and colour- rate each individual indicator as per **IBFAN Asia's Guidelines for WBTi**

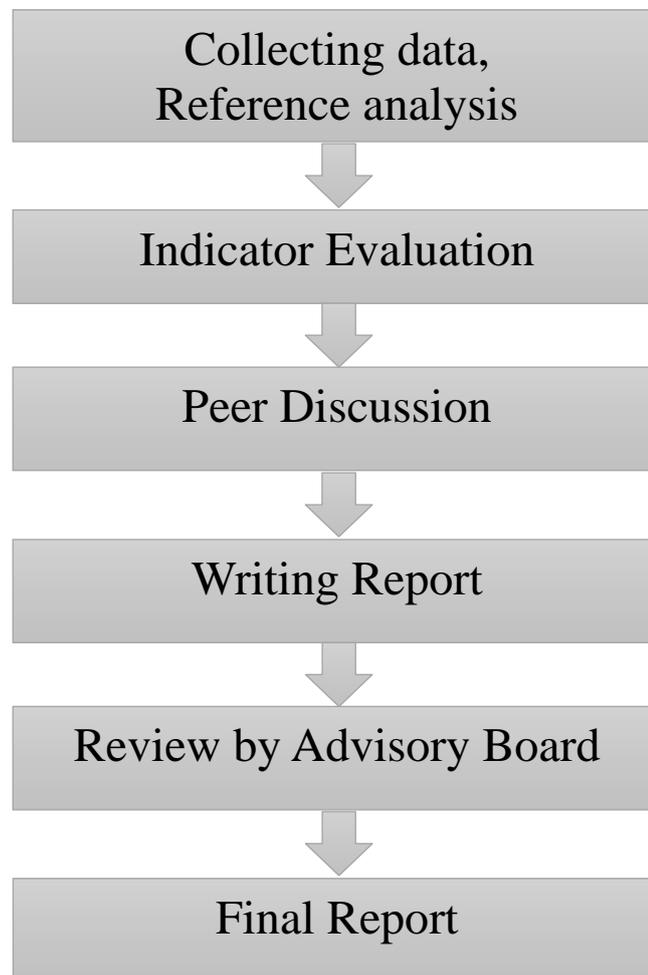
## Background

*(please insert general information about the country regarding child nutrition, child survival, any initiation to improve IYCF practices etc. )*

Currently, the percentage of South Korean women delivering a baby in hospital is around 99.4% (KIHSA, 2015). It implies that, in South Korea, delivering in a hospital has substantial influence on breastfeeding by the mothers. However, as of February 2017, only 16 which is lower than 10% (UNICEF, 2017) of the entire maternity hospitals in the country have been certified by UNICEF as 'Baby-Friendly Hospital'. In Korea, maternal and child health laws recommend breastfeeding to medical institutions, but they are not compulsory (MOLEG, 2016). This separates mother and newborn, not by rooming-in system, making breastfeeding more difficult. (BFHI in Korea was 20 in 2016, but Feb. 2017 UNICEF announced 16 BFHI )

Moreover, only 18.1% of mothers reported that they breastfed their baby within an hour after childbirth (KIHSA, 2015), and 22.3% of mothers only breastfeed while 52.2% use mixed feeding and 25% formula feeding (MOHW, 2013). As for the reason for stopping breastfeeding, the mothers cited: lack of breast milk 40.2%, employment of the mother 11.8%, and health of the baby 4.3% (KIHSA, 2012), suggesting that a large number of mothers are concerned with 'lack of breast milk' and use formula in order to supplement the milk. It seems that they are considering powdered infant formula as a substitute for breast milk and supplementing formula will help the growth and health of the infant. The sources from which the mothers who use formula obtain relevant information were local health center and medical institution, 20.5%; the internet, 39.4%; advertisement of formula manufacturers, 13.6%; and family, acquaintances, and friends, 18.8% (KIHSA, 2012). This suggests that medical institutions, which are responsible for breastfeeding education, provide information related to infant formula and obtain information through the powdered infant formula companies. Educations and campaigns for breastfeeding have led to a high rate of attempted breastfeeding in Korea, but it is urgent to resolve the situation where the rate of breastfeeding drops sharply from three to four months.

## Assessment process followed by the country



## List of the partners for the assessment process

<b>Kim, Sun hee</b>	<b>(Professor, Catholic University of Daegu)</b>
<b>Kim, Jai ok</b>	<b>(President, E Consumer Korea)</b>
<b>Kim, Yoonmi</b>	<b>(Professor, Gachon University)</b>
<b>Kim Youngjoo</b>	<b>( Professor, Ewha Womans University)</b>
<b>Lee, Ja hyung</b>	<b>(Emeritus Professor, Ewha Womans University)</b>
<b>Lee, Kyunghae</b>	<b>(Emeritus Professor, Ewha Womans Unversity)</b>
<b>Song, Vo kyung</b>	<b>(Emeritus Professor, Seoul Womans University)</b>
<b>Shin, Hanmi</b>	<b>(Judge, Inchon District Court)</b>
<b>Kang, So ra</b>	<b>(DNSC. Candidate, Ewha Womans Univeristy)</b>
<b>Lee, Hye rim</b>	<b>(DNSC. Candidate, Ewha Womans University)</b>

### Core Group

Academy of Child Health Nursing,  
E Consumer  
Korean Midwives Association  
Korean Society of Maternal Fetal Medicine  
Korean Society of Women Health Nursing  
Sesalmaul Community Movement & Research Center for Infants  
The Korean Association of Pediatric Practitioners  
The Academy of Breastfeeding Medicine Korea  
The Korean Society of Neonatology  
The Korean Society of Perinatology  
The Academic Society of Parent-Child Health  
Toddlers and Families  
UGA TV (Korea Childcare Broadcasting)  
Ministry of Health & Social Welfare, Korea  
KFDA  
UNICEF, Korea

## Assessment Findings

Significant results and problems in the 2016 WBTi report include:

First, the number of "Baby Friendly Hospital" is currently reported as 16. This is a declining records compared to 40 locations in 2012 and requires an additional designation of "a Baby Friendly Hospital" and the inducement strategies for the hospital to be certified.

Second, there is a lack of strong marketing regulation for the replacement of infant formula, and it is necessary to regularly monitor the advertisement of infant formula with the enactment of "Korea Code of Marketing of Breastmilk Substitutes".

Third, institutional supplement of private sector is needed for the protection of maternity and consideration should be given to female employees who are breastfed with paid maternity leave.

Fourth, since the mother and infant with HIV / AIDS are not included in the policy, it should be include the mother with HIV / AIDS and their infant.

### Indicator 1: National Policy, Programme and Coordination

6/10

A national infant and young child feeding/breastfeeding policy has been officially adopted by the government and the policy recommended exclusive breastfeeding for the first six months. The government promote breastfeeding through community health center. There are no Independent National Breastfeeding Committee organized by Government .

### Indicator 2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding) 3.5/10

2.1) \_\_16\_\_ out of \_\_265\_\_ total hospitals ( both public & private )and maternity facilities offering maternity services have been designated or reassessed as "Baby Friendly" in the

last 5 years -6.03\_%

### **Indicator 3: Implementation of the International code 6/10**

There has been no change on Implementation of the International code, still some articles of the code as law.

### **Indicator 4: Maternity Protection ( by Ministry of Health & Welfare, 2011) 6.5/10**

There are 12 weeks of paid maternity leave and Space for Breastfeeding/Breastmilk expression. There is legislation providing health protection for pregnant and breastfeeding workers.

Maternity Protection legislation, other policies and practices that protect and support breastfeeding is progressive.

- - Maternity leave applied mandatorily at working place, flexible working hours adopted at public institutions
- - Financial support and provision support for breastfeeding room at private businesses(Appr. 600 companies) , Breastfeeding clinics are being run by health centers nationwide(253 health centers) , breastfeeding education programmes are held and breastfeeding support devices are rent.
- - Breastfeeding promotion policies by the government contributes to gradual increase of breastfeeding rate.

### **Indicator 5 : Health and Nutrition' Care System ( by Ministry of Health & Welfare) 8/10**

Health and nutrition care system are appropriate. Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to most mothers.

- Training programs for health professional(pre-service): Mandatory training programs including infants feeding and allocation of health professional in various areas
- Health training curriculum is adopted by national health colleges and universities, including infants feeding during breastfeeding.
- The training programs are being attended by health professionals including local government health professionals, nutritionists, and medical professionals.
- Mandatory health check-up for professional at maternity facilities and after-birth facilities is operated. It's necessary the nutritional professionals and cooking employees should provide optimal nutritious food to infants.
- Health care professional for after-birth mothers should attend training for infant and mother's nutrition for a minimum weeks and should provide appropriate nutrition to babies and mothers.
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**Indicator 6: Mother Support and Community Outreach 10/10**

Health and nutrition care system are adequate. All women receive support for infant and young child feeding at birth for breastfeeding initiation and have access to counseling support for Infant and young child feeding counseling.

**Indicator 7. Information Support 6 /10**

The IEC program are appropriate partially.

**Indicator 8. Infant Feeding and HIV 5/10**

HIV and infant feeding programming are appropriate partially.

**Indicator 9. Infant Feeding during Emergencies 0.5/10**

Emergency preparedness and response aren't appropriate.

**Indicator 10. Mechanisms of Monitoring and Evaluation System 5/10**

Monitoring and evaluation are appropriate partially.

**Indicator 11. Early Initiation of Breastfeeding 18.1%**

Exclusive breastfeeding rate is 18.1% within 1 week after birth. So we need more campaign and activity for improve early initial breastfeeding

**Indicator 12 . Exclusive breastfeeding 35.9 %**

Exclusive Breastfeeding rate maintain around 35% in recent years. In 2015, in Korea, Breastfeeding rate decreased than 2009 and 2012. Within 1-2 month exclusive breastfeeding rates is 52.6%, 2-3 month 47.2% but from 6 month exclusive breastfeeding rates decreased rapidly. We assume that decrease of 6 month exclusive breastfeeding rates are related with a maternity leave(90 days).

**Indicator 13. Median duration of breastfeeding 10month**

Median duration of breastfeeding is 9.59month. We could have not found or calculated median duration figures of breastfeeding. But we have been able to use raw data of Korea Institute for Health and Social Affairs from 2015. We need more educational programs for mothers.

**Indicator 14. Bottle feeding 49.2 %**

We couldn't find all kinds of bottle feeding because national survey didn't include any foods or

drinks from bottles. So this finding indicated only a formular milk from bottles of breastfed babies 0-12 months of age. From the findings, we need to provide breastfeeding mothers with the information that breastfed babies should not be given any food and drinks from bottle before 12 months of age.

**Indicator 15. Complementary feeding 90.7 %**

Most of breastfed babies are supplied with complement food from at 6-8 months of age.

We should investigate why the provision of complement food start after 9 months of age in spite of programs and educational materials of national and private health institutues.

## 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	✓
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	✓
1.3) A national plan of action developed based on the policy	2	✓
1.4) The plan is adequately funded	2	✓
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1	
1.6) The national breastfeeding (infant and young child feeding) committee meets , monitors and reviews on a regular basis	2	
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5	
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	
<b>Total Score</b>	<b>6/10</b>	

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

1. Ministry of Health and Social Affairs, Mother and Child protection Law, 2009, 2012

**Conclusions** *(Summarize which aspects of IYCF policy, program and coordination are appropriate; which need improvement and why; and any further analysis needed ):*

**A national infant and young child feeding/breastfeeding policy has been officially adopted by the government and the policy recommended exclusive breastfeeding for the first six months.**

**Gaps** (*List gaps identified in the implementation of this indicator*) :

1. **Even Korea has ‘Mother and Child protection Law’ Korea Gov’t doesn’t organise National Breastfeeding Committee**

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

1. **Korea Gov’t needs to adopt WHO Code of Marketing and organise National Breastfeeding Committee.**

## Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding<sup>1</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 378 total hospitals ( both public & private )and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly” in the last 5 years 4.2 %

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

<sup>1</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

## Guidelines – Qualitative Criteria

*Quality of BFHI programme implementation:*

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results √ <b>Check that apply</b>
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme <sup>2</sup>	1.0	✓
2.3) A standard monitoring <sup>3</sup> system is in place	0.5	✓
2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5	✓
2.5) An assessment system relies on interviews of mothers.	0.5	✓
2.6) Reassessment <sup>4</sup> systems have been incorporated in national plans with a time bound implementation	1.0	
2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5	
2.8) HIV is integrated to BFHI programme	0.5	
2.9) National criteria are fully implementing Global BFHI criteria (See Annex 2.1)	0.5	
<b>Total Score</b>	<b>2.5/5</b>	
<b>Total Score</b>	<b>3.5/10</b>	

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

1. UNICEF, Korea ([http://www.unicef.or.kr/involve/mommy/withus\\_hospital.asp](http://www.unicef.or.kr/involve/mommy/withus_hospital.asp))

**Conclusions** (*Summarize how the country is doing in achieving Baby Friendly Hospital Initiative targets (implementing ten steps to successful breastfeeding) in quantity and quality both. List any aspects of the initiative needing improvement and why and any further analysis needed*):

<sup>2</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>3</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>4</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.

**BFHI in Korea initiated by the UNICEF, Korea. There are some BFHI in Korea. It was 40 but in 2016 it was 20 hospital but 2017 only 16 hospitals are BFHI. BFHI programs and assessment system in a private facilities. When assessment BFHI, UNICEF Korea asked implementing ten steps to successful breastfeeding etc. Many hospitals withdraw because we think they think no merit be a BFHI.**

**Gaps** (*List gaps identified in the implementation of this indicator*) :

1. **Not many hospitals are BFHI.**

**Recommendations** (*List action recommended to bridge the gaps*):

1. **UNICEF's activities alone are making it difficult to increase the BFHI, but rather it is declining. In order to increase the number of BFHI certified hospitals, it is necessary to provide incentives to these hospitals. To this end, UNICEF has been asking the Gov't for various methods, but it is difficult to implement it due to various obstacles.**
2. **National level activity about BFHI programs and assessment system is need.**

## 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>5</sup>		
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	

<sup>5</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)

<b>3b: Implementation of the Code/National legislation</b>		✓ <i>Check that apply</i>
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	✓
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>7.5/10</b>	

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

1. **Ministry of Health and Social Welfare : Enforcement Rule of the Livestock Products**

**Sanitary Control Act**, Article 51 (Matters to be Observed by Business Operators, etc.)

Matters to be observed by business operators who engage in livestock product processing business, meat packaging business, and livestock product sales business

No business operator shall place advertisements or do sales promotion as follows concerning milk formulas.

Advertisements in newspapers·magazines·television·music·video·printed materials·signboards·the Internet, and etc. Provided, That the foregoing shall not apply to cases where matters to be labeled are posted on the Internet pursuant to the standards for labeling in Article 6 of the Livestock Product Sanitary Control Act.

Display of photos or pictures of infants·women on containers or packages of milk formulas.

Use of expressions such as “same as breast milk”, “like breast milk” or similar phrases likely to mislead consumers into believing that use of milk formulas is same as or better than use of breast milk.

Sales promotion of supplying milk formulas for free or low price to medical institutions for mother and child health·consumers, and etc.

2. **Ministry of Health and Social Welfare : Enforcement Rule of the Food Sanitation Act**, Article 8 (Scope of False, Exaggerated, Slanderous Advertisements and Exaggerated Packaging)

Scope of false labels and exaggerative advertisements pursuant to Article 13 of the Food Sanitation Act includes any of the followings that display information with regard to the names, manufacturing methods, quality, nutrition value raw materials, ingredients or use of food or food additives on containers ·packages and through radio ·television ·newspapers ·magazines ·music ·video ·printed materials ·signboards ·the Internet, and etc.

12. Labels or advertisements on function and effect of particular ingredients likely to mislead consumers into believing that they are functional foods for health

**Conclusions:** *(Summarize which aspects of Code implementation have been achieved, and which aspects need improvement and why. Identify areas needing further analysis )*

**The Code of Marketing of Breastmilk Substitutes have been achieved partially. There are some articles of Code as Law.**

**Gaps:** *(List gaps identified in the implementation of this indicator) :*

1. **There is no National Code of Marketing of Breastmilk Substitutes, some articles of Code as Law.**
2. **There is no regular monitoring by Gov't.**
3. **Consumer organizations to be involved more with appropriate funding**

**Recommendations:** *(List action recommended to bridge the gaps):*

1. **Ministry of Health and Social Welfare must submit Korea Code of Marketing of Breastmilk Substitutes. Consumers Korea submitted to the Parliament “Korea Code of Marketing of Breastmilk Substitutes but still sleeping.**
2. **Regular monitoring mechanism needed.**

## 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?*

Guidelines for scoring		
Criteria	Scoring	Results Check ✓ that apply
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave <ul style="list-style-type: none"> <li>a. Any leave less than 14 weeks</li> <li>b. 14 to 17weeks</li> <li>c. 18 to 25 weeks</li> <li>d. 26 weeks or more</li> </ul>	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. <ul style="list-style-type: none"> <li>a. Unpaid break</li> <li>b. Paid break</li> </ul>	0.5 1	✓
4.3) Legislation obliges private sector employers of women in the country to <i>(more than one may be applicable)</i> <ul style="list-style-type: none"> <li>a. Give at least 14 weeks paid maternity leave</li> <li>b. Paid nursing breaks.</li> </ul>	0.5 0.5	✓ ✓
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> <ul style="list-style-type: none"> <li>a. Space for Breastfeeding/Breastmilk expression</li> <li>b. Crèche</li> </ul>	1 0.5	✓
4.5) Women in informal/unorganized and agriculture sector are: <ul style="list-style-type: none"> <li>a. accorded some protective measures</li> <li>b. accorded the same protection as women working in the formal sector</li> </ul>	0.5 1	

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	✓
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	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: 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.	1	✓
<b>Total Score:</b>	<b>6.5/10</b>	

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

1. **Ministry of Health and Social welfare**
2. **Ministry of Labour & Korea Population and Health Welfare Association**
  - a. **There are legislation on Maternity Protection, other policies and practices for protecting of breastfeeding: For instance, good practice of maternity institution is awarded every year and hold meetings regularly with breastfeeding promotion professionals at health centre throughout the country to collect opinions and build strategy for breastfeeding promotion. A breastfeeding web-site(Agi –Sarang(meaning Baby-love) site) is operated.**
  - b. **Maternity leave applied mandatorily at working place, flexible working hours adopted at public institutions**
  - c. **Financial support and provision support for breastfeeding room at private businesses and the public places (Approx. 874 companies, health center, and public libraries, et al. ), Breastfeeding clinics are being run by health centres nationwide (246 health centers ), breastfeeding education programmes are held and breastfeeding support devices are rent.**

**Conclusions** (Summarize which aspects of the legislation are appropriate, and which aspects need improvement and why. Identify areas needing further analysis) :

**There are 12 weeks of paid maternity leave and Space for Breastfeeding/Breastmilk expression. There is legislation providing health protection for pregnant and breastfeeding workers.**

**Gaps** (*List gaps identified in the implementation of this indicator*) :

1. **Some of private sector don't follow the ILO**

**Recommendations** (*List action recommended to bridge the gaps*):

1. **Strengthen the implementation of maternity protection area in the private sector**

## 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>			
Criteria	Scoring		
	Adequate	Inadequate	No Reference
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country <sup>6</sup> 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. (See Annex 5b Example of criteria for mother-friendly 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. <sup>7</sup>	2	1	0
	✓		
5.4) Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country.	1	0.5	0
		✓	

6 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.

7 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.

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
		✓	
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. <sup>8</sup>	1	0.5	0
	✓		
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick.	1	0.5	0
		✓	
<b>Total Score:</b>	<b>7.5/10</b>		

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

1. **Ministry of Health and Social Welfare,**
  2. **Mother and Babies protection Law**
- **Training programs for health professional(pre-service): Mandatory training programs including infants feeding and allocation of health professional in various areas**
- **Health training curriculum is adopted by national health colleges and universities, including infants feeding during breastfeeding.**
  - **The training programs are being attended by health professionals including local government health professionals, nutritionists, and medical professionals.**
  - **Mandatory health check-up for professional at maternity facilities and after-birth facilities is operated. It’s necessary the nutritional professionals and cooking employees should provide optimal nutritious food to infants.**
  - **Health care professional for after-birth mothers should attend training for infant and mother’s nutrition for minimum weeks and should provide appropriate nutrition to babies and mothers.**

**Conclusions:** (Summarize which aspects of health and nutrition care system are appropriate and which need improvement and why. Identify areas needing further analysis.)

**Health and nutrition care system are appropriate. Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to most mothers.**

**Gaps:** (List gaps identified in the implementation of this indicator) :

1. **Standards and guidelines for mother-friendly childbirth procedures and support have been disseminated some all facilities.**
2. **Infant feeding-related content and skills are not integrated into training programs.**

<sup>8</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.

3. **Mainly topics about the Code and HIV/AIDS aren't integrated.**

**Recommendations:** (*List action recommended to bridge the gaps:*)

1. **Standards and guidelines for mother-friendly childbirth procedures and support are needed.**
2. **Integrated training programs including the Code and HIV/AIDS are needed.**

## 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>			
Criteria	Scoring		
	✓ Check that apply		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based ante-natal and post -natal support systems with counseling services on infant and young child feeding.	2	1	0
	✓		
6.2) All women receive support for infant and young child feeding at birth for breastfeeding initiation.	2	1	0
	✓		
6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage.	2	1	0
	✓		
6.4) Community-based counseling 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
	✓		
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	1	0
	✓		
<b>Total Score:</b>	<b>10/10</b>		

### Information Sources Used (please list):

1. National Nutrition Survey 2014
2. Central support center for childcare(<http://www.korea1391.go.kr>)

**Conclusions** (*Summarize which aspects of a health and nutrition care system are adequate and which need improvement and why. Identify areas needing further analysis*):

**Health and nutrition care system are adequate. All women receive support for infant and young child feeding at birth for breastfeeding initiation and have access to counseling support for Infant and young child feeding counseling.**

**Gaps** (*List gaps identified in the implementation of this indicator*):

1. NO NEED

**Recommendations** (*List action recommended to bridge the gaps*):

1. NO NEED

## 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>			
Criteria	Scoring		
	√	<i>Check that apply</i>	
	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	1	0
	✓		
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1	.5	0
		✓	
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding	1	.5	0
		✓	
7.3) IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding	2	1	0
		✓	
7.4. IEC programmes (eg. 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
		✓	
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>9</sup>	2	0	0
		✓	
<b>Total Score:</b>	<b>5/10</b>		

### Information Sources Used (please list):

1. **Monitoring and survey by Consumers Korea and others.**
2. **Comprehensive portal of Pregnancy and child care of i-SARANG**

<sup>9</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;

**Conclusions** (*Summarize which aspects of the IEC programme are appropriate and which need improvement and why. Identify areas needing further analysis*):

**The IEC program are appropriate partially.**

**Gaps** (*List gaps identified in the implementation of this indicator*):

1. **There are partially national IEC strategies for improving infant and young child feeding.**
2. **A national IEC campaign or programs have applied to some of targeted audiences.**

**Recommendations** (*List action recommended to bridge the gaps*):

1. **Need more systematic information supports**

## 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	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) 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
		✓	
8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.	1	0.5	0
		✓	
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	0.5	0
		✓	
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
	✓		
8.8) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of	1	0.5	0

exclusive breastfeeding and continued breastfeeding in the general population.			✓
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	0.5	0
		✓	
<b>Total Score:</b>	<b>5/10</b>		

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

1. Act of Prevention and Control for Infectious Disease, Act of AIDS prevention Program of national AIDS control of Centers for Disease Control and Prevention (<http://www.cdc.go.kr>),
2. Korean Association for AIDS Prevention (<http://www.aids.or.kr/>).

**Conclusions** (*Summarize which aspects of HIV and infant feeding programming are appropriate, and which aspects need improvement and why. Identify areas needing further analysis*):

**HIV and infant feeding programming are appropriate partially.**

**Gaps** (*List gaps identified in the implementation of this indicator*):

1. Most of peoples are shy or taboo talking about HIV. There is not much policy for HIV Positive mothers.

**Recommendations** (*List action recommended to bridge the gaps*):

1. Gov't needs to develop policy for HIV.

## 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		
	√	Check that apply	
	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
			✓
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
			✓
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
			✓
	1	0.5	0
			✓

9.4) Resources have been allocated for implementation of the emergency preparedness and response plan	2	1	0
			✓
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
		✓	
	1	0.5	0
			✓
<b>Total Score:</b>	<b>0.5/10</b>		

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

1. **Basic law of the Management of Disaster and Safety**
2. **Enforcement Decree OF the Framework Act on the Management of Disaster and Safety**

**Conclusions** (*Summarize which aspects of emergency preparedness and response are appropriate and which need improvement and why. Identify areas needing further analysis*):

**Emergency preparedness and handling aren't appropriate.**

**Gaps** (*List gaps identified in the implementation of this indicator*):

1. **There are not much appropriate policies and programmes for mothers, infants and children that can provide adequate protection and support for appropriate feeding during emergencies.**

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

1. **Gov't needs to develop appropriate law, policies and programmes for appropriate feeding during emergencies.**

## 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
		✓	
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
		✓	
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2	1	0
		✓	
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2	1	0
		✓	
10.5) Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2	1	0
		✓	
<b>Total Score:</b>	<b>5/10</b>		

### Information Sources Used (please list):

1. The 2015 National Survey on Fertility and Family Health and Welfare, Basic research report, 31. Dec, 2015.

**Conclusions** (*Summarize which aspects of monitoring and evaluation are appropriate and which need improvement and why. Identify areas needing further analysis*):

**Monitoring and evaluation are appropriate partially.**

**Gaps** (*List gaps identified in the implementation of this indicator*):

1. **Not much monitoring and evaluation data routinely collected and used to improve infant and young child feeding practices**

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

1. **Gov't needs to develop monitoring and evaluation policy.**

## Indicator 11: Early Initiation of Breastfeeding

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**Key question:** What is the percentage of babies breastfed within one hour of birth? **18.1 %**

### Guideline:

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

### Data Source (including year):

The Korea Institute for Health and Social Affairs (KIHASA). The 2015 National Survey on Fertility and Family Health and Welfare, Basic research report, 2015-31. Dec, 2015.

### Summary Comments :

Exclusive breastfeeding rate is 18.1% within 1 hour after birth. So we need more campaign and activity for improve early initial breastfeeding.

## 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>10</sup> in the last 24 hours? **35.9%**

### 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):

Korea Institute for Health and Social Affairs(2016, April), The Raw data of The National Survey on Health and nutrition in Korea (2013-2014)

### Summary Comments :

Exclusive Breastfeeding rate maintain around 35% in recent years. In 2015, in Korea, Breastfeeding rate decreased than 2009 and 2012. Within 1-2 month exclusive breastfeeding rates is 52.6%, 2-3 month 47.2% but from 6 month exclusive breastfeeding rates decreased rapidly. We assume that decrease of 6 month exclusive breastfeeding rates are related with a maternity leave(90 days).

<sup>10</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?* **10 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 <b>Months</b>	3 ✓	Red
	18.1-20       ”	6	Yellow
	20.1-22       ”	9	Blue
	22.1- 24    or beyond       ”	10	Green

### Data Source (including year):

Korea Institute for Health and Social Affairs(2016, April). The raw data of the National Survey on Health and Nutrition in Korea (2013-2014)

### Summary Comments :

Median duration of breastfeeding is 9.59month. We could have not found or calculated median duration figures of breastfeeding. But we have been able to use raw data of Korea Institute for Health and Social Affairs from 2015. We need more educational programs for mothers.

## 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? **49.2%**

### Guideline:

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

### Data Source (including year):

Korea Institute for Health and Social Affairs(2016, April). The raw data of the National Survey on Health and Nutrition in Korea (2013-2014)

### Summary Comments :

We couldn't find all kinds of bottle feeding because national survey didn't include any foods or drinks from bottles. So this finding indicated only a formula milk from bottles of breastfed babies 0-12 months of age. From the findings, we need to provide breastfeeding mothers with the information that breastfed babies should not be given any food and drinks from bottle before 12 months of age.

## 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?*  
**90.7%**

### 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):

Korea Institute for Health and Social Affairs. The raw data of the National Survey on Health and Nutrition in Korea (2013-2014) .

### Summary Comments :

Most of breastfed babies are supplied with complement food from at 6-8 months of age. We should investigate why the provision of complement food start after 9 months of age in spite of programs and educational materials of national and private health institutes.

## Summary Part I: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Programme and Coordination	6
2. Baby Friendly Hospital Initiative	3.5
3. Implementation of the International Code	7.5
4. Maternity Protection	6.5
5. Health and Nutrition Care Systems	7.5
6. Mother Support and Community Outreach	10
7. Information Support	5
8. Infant Feeding and HIV	5
9. Infant Feeding during Emergencies	0.5
10. Monitoring and Evaluation	5

### IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated **56.5** out of 100.

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

**Conclusions** (Summarize the achievements on the various programme components, what areas still need further work )<sup>11</sup> :

**Korea Gov't doesn't organise National Breastfeeding Committee, doesn't monitor regularly, and doesn't integrate Infant feeding-related content and skills into training programs and mainly topics about the Code and HIV/AIDS. There is no National Code of Marketing of Breastmilk Substitutes. There are partially national IEC strategies for improving infant and young child feeding and policy for HIV Positive mothers. We need more appropriate policies and programmes for mothers, infants and children that can provide adequate protection and support for appropriate feeding during emergencies and monitor and evaluate data about infant and young child feeding practices routinely.**

<sup>11</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.

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

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	18.1 %	3
Indicator 12 Exclusive Breastfeeding for first 6 months	35.9 %	6
Indicator 13 Median duration of Breastfeeding	10 months	3
Indicator 14 Bottle-feeding	49.2 %	3
Indicator 15 Complementary Feeding	90.7 %	9
<b>Score Part II (Total)</b>		<b>24</b>

### IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding Practice (indicators 11-15) are calculated **24** out of 50.

Scores	Colour-rating
0 – 15	Red
16 – 30 ✓	Yellow
31 - 45	Blue
46 – 50	Green

**Conclusions** (Summarize which infant and young child feeding practices are good and which need improvement and why, any further analysis needed) <sup>12</sup> :

Exclusive breastfeeding rate is 18.1% within 1 week after birth. Exclusive Breastfeeding rate for the first 6 months maintain around 35% in recent years. Median duration of breastfeeding is 9.59month. We couldn't find all kinds of bottle feeding because national survey didn't include any foods or drinks from bottles. So we need more campaign and activity for improve early initial breastfeeding, exclusive breastfeeding, optimal period of breastfeeding and need to provide breastfeeding mothers with the information that breastfed babies should not be given any food and drinks from bottle before 12 months of age.

<sup>12</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 **80.5** out of 150. Countries are then rated as:

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

### Key Gaps

No national breastfeeding committee and national monitoring system

Partial national IEC strategies

Partial policy for HIV Positive mothers

No national support and management law and policies in an emergency situation

### Key Recommendations

*We need Korea Gov' t national breastfeeding committee and national monitoring system, more national IEC strategies, policy for HIV Positive mothers and integrate its.*

*We should make a law on national support and management law and policies in an emergency situation.*