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Introduction

This report presents the first assessment of Turkey’s breastfeeding policies and programmes regarding Infant and Young Child Feeding Practices. This assessment was done under the World Breastfeeding Trends Initiative (WBTi) Assessment Tool developed by the Breastfeeding Protection Network of India (BNPI) and the International Baby Food Action Network (IBFAN) of Asia. This assessment tool aims to reflect the state of implementation of the Global strategy for Infant and Young child Feeding in Turkey. Turkey is one of the hundred countries who has completed the WBTi assessment so far.

La Leche League Türkiye and Temas Emzirme ve Anne Sütü Gönüllüleri Derneği (Temas, Breastfeeding and Breast Milk Volunteers Non Profit Organization) jointly coordinate this assessment in partnership with Türkiye Halk Sağlık Kurumu, Ankara University and Hacettepe University between June and December 2015.

Improving breastfeeding matters in Turkey. Since the launch of the Baby Friendly Hospital Initiative by the World Health Organization (WHO) and UNICEF in Ankara in 1991, The Republic of Turkey committed to carry out programs to implement optimum practices in Infant and Young Child Feeding in the country.

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. As a global public health recommendation infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years and beyond.1 Virtually all mothers can breastfeed, provided they have accurate information, and the support of their family, the health care system and society at large.

Breastfeeding is very common in Turkey, review of the history of Turkish Medicine2 shown that breastfeeding as always been seen as the natural way to feed babies. There is strong belief among the population about breast milk being a sacred miracle. With adequate measures to promote, protect and support breastfeeding the tradition to breastfeed could be encourage and kept vivid.

Despite great efforts to implement the Global Strategy for Infant and Young Child Feeding, statistic analyzes shows that infant feeding Practices are far from optimum in Turkey, bottle feeding and early introduction of other milks are common practices that have a negative impact on child health. The WBTi assessment gave the opportunity to meet and share to find out the gaps in Breastfeeding policies and helps identify action that should be taken to bridge them. This report aims to present a picture of the ongoing activities related to Infant Feeding and express recommendations to improve Infant feeding practices in the whole country.

1 WHO/UNICEF The Global Strategy for Infant and Young Child feeding, 2003
2 Breastfeeding in History of Turkish Medicine, Dr Orkun Tolunay, Lokman Hekim Journal, 2014;4(3):6-10
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.

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<thead>
<tr>
<th>Part-I deals with policy and programmes (indicator 1-10)</th>
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<td>1. National Policy, Programme and Coordination</td>
<td>11. Early Initiation of Breastfeeding</td>
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<td>2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)</td>
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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 Innocenti Declaration on Infant and Young Child Feeding (2005). For each indicator, there is a subset of questions. Answers to these can lead to identify achievements and gaps in policies and programmes to implement Global Strategy for Infant and Young Child Feeding. This shows how a country is doing in a particular area of action on Infant and Young Child Feeding.

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

Once the information about the indicators is gathered and 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 Information about Turkey

The Republic of Turkey

Turkey occupies a surface area of 774,815 square kilometers. Turkey’s population is about 76.7 million at the end of year 2013.

Turkey is bordered by Syria and Iraq to the south; Iran, Armenia, and the Azerbaijani exclave of Nakhchivan to the east; Georgia to the northeast; Bulgaria to the northwest; and Greece to the west. The Black Sea is to the north, the Mediterranean Sea to the south, and the Aegean Sea to the west. The Bosphorus, the Sea of Marmara, and the Dardanelles separate Europe and Asia. Turkey's location at the crossroads of Europe and Asia makes it a country of significant geostrategic importance.

Turkey has been inhabited since the paleolithic age, including various ancient Anatolian civilizations, Aeolian, Dorian and Ionian Greeks, Thracians, Armenians and Persians. After Alexander the Great's conquest, the area was Hellenized, a process which continued under the Roman Empire and its transition into the Byzantine Empire. The Seljuk Turks began migrating into the area in the 11th century, starting the process of Turkification, which was greatly accelerated by the Seljuk victory over the Byzantines at the Battle of Manzikert in 1071. The Seljuk Sultanate of Rûm ruled Anatolia until the Mongol invasion in 1243, upon which it disintegrated into several small Turkish beyliks.

Starting from the late 13th century, the Ottomans united Anatolia and created an empire encompassing much of Southeastern Europe, Western Asia and North Africa, becoming a major power in Eurasia and Africa during the early modern period. The empire reached the peak of its power between the 15th and 17th centuries, especially during the 1520–66 reign of Suleiman the Magnificent. After the second Ottoman siege of Vienna in 1683 and the end of the Great Turkish War in 1699, the Ottoman Empire entered a long period of decline. The Ottoman Empire entered World War I (1914–18) on the side of the Central Powers and was ultimately defeated. Following the war, the huge conglomeration of territories and peoples that formerly comprised the Ottoman Empire was divided into several new states. The Turkish War of Independence (1919–22), initiated by Mustafa Kemal Atatürk, resulted in the establishment of the modern Republic of Turkey in 1923, with Atatürk as its first president.

Turkey is a democratic, secular, unitary, constitutional republic with a diverse cultural heritage. Turkey is a member of the UN, NATO, OECD, OSCE, OIC and the G-20. After becoming one of the first members of the Council of Europe in 1949, Turkey became an associate member of the EEC in 1963, joined the EU Customs Union in 1995 and started full membership negotiations with the European Union in 2005. Turkey's growing economy and diplomatic initiatives have led to its recognition as a regional power.
2.2 General Information about the Turkish Health System

The Ministry of Health is officially responsible for designing and implementing health policies and delivering health-care services nationwide. Besides the Ministry of Health, other public sector institutions and non-governmental and private organizations contribute to providing mostly curative health services.

The responsibility for delivering the services and implementing specific Primary Health Care programs is shared by various Institutes and General Directorates such as the Turkey Public Health Institution, the Turkey Public Hospitals Institution, the Drugs and Medical Devices Institution, the General Directorate of Health Services, the General Directorate of Emergency Health Services, and the General Directorate of Health Development. At the provincial level, the health-care system is the responsibility of Health Directorates, under the supervision of the Governor. The provincial Health Director is responsible for delivering all primary health-care services as well as curative services. In 2003, Turkey has undertaken major reforms to transform and improve the health system and its outcomes. Turkey initiated a series of reforms under the Health Transformation Program that over the past decade have led to the achievement of Universal Health Coverage. The progress of Turkey’s health system has few if any parallels in scope and speed.

Maternal and child health and family planning services have been given a priority status in the policies of the government in recent decades. These services gained importance due to the large proportion of women of reproductive ages and children in the Turkish population; high infant, child, and maternal mortality rates; the demand for family planning services; and limited prenatal and postnatal care. A number of child survival programs to improve services have been implemented since 1985, with special emphasis on provinces which have been designated as priority development areas as well as on squatter housing districts in metropolitan cities, rural areas, and special risk groups. The initiatives includes: programs (GOBIFF) in growth monitoring, healthy and balanced nutrition, early diagnosis and prompt treatment of childhood diarrheal diseases, acute respiratory infections, promotion of breastfeeding (Baby Friendly Hospital Initiative, national Breastfeeding committee), immunization, reproductive health, family planning, antenatal and delivery care, safe motherhood, and female education.

Information, Education, and Communication (IEC) programs to promote the mother and child health and family planning activities are also being widely implemented. Additionally, the General Health Insurance Law was enacted by the Grand National Assembly of Turkey in 2006, and implementation

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3 WHO – World health Organization (2012), Successful Health System Reforms: The case of Turkey, WHO Europe, Copenhagen.
started in October 2007. With this law, all people under 18 were included into the General Health Insurance system, regardless of their parents’ social security status.

2.3 Data on Infant Feeding and Infant Health in Turkey
Turkey has a young population structure, as a result of the high fertility and growth rates of the recent past. One-third of the population is under 15 years of age.

The infant mortality rate in the late 1950s was around 200 per thousand live births. It has been estimated at 53, 43, 29 and 17 per thousand according last four Turkey Demographic and Health Surveys (TDHS) between 1993 and 2008. The latest estimate (2013) shows that this figure is just above 10 per thousand currently and puts the life expectancy at birth in Turkey as 75 years for men and 79 years for women.

Breastfeeding is almost universal in Turkey; 96 percent of all children are breastfed for some period of time, with minimal variation by background characteristics.

Sources: Turkey Demographic Health Survey 2003, 2008, 2013

According to the recommendations of UNICEF and WHO, children should be exclusively breastfed (i.e., without receiving other liquids, solid foods, or plain water) during the first 6 months of life.

Early introduction of infant formula and other liquids is common, and bottle-feeding is a popular feeding practice in Turkey. Twelve percent of babies received complementary foods before the 6th month in the TDHS-2013, compared with 8 percent in the TDHS-2008.
Graphic 2: Percent distribution of youngest children under three years who are living with their mother by breastfeeding status and the percentage currently breastfeeding; and the percentage of all children under three years using a bottle with a nipple, according to age in months, Turkey 2013

Source: TDSH 2013

Breastfeeding status refers to a "24-hour" period (yesterday and last night).

Trends in childhood mortality rates

Results in TDHS 2013 (Graphic 3) show a relatively fast pace of decline in infant and child mortality rates in Turkey. A decrease about 24 percent is observed in infant mortality rate for the five-year between 2003-2008 (TDHS-2008) and 2008-2013 (TDHS-2013). In the same period, there was a 38 percent decrease in overall under-five mortality. The decline in child mortality rate during the last five years is especially noteworthy, considering the stability in child mortality rate at a level of 9-10 per thousand during the period of 10-19 years before the TDHS-2013

Source: TDSH 2013

Nutritional Status of Children

Malnutrition among children has not changed by much since the TDHS-2008 survey. The proportion of stunted children decreased from 12 percent to 10 percent. Stunting is more prevalent in rural areas, in the East, among children of mothers with little or no education, among children who are of higher birth order, and among those born less than 24 months after a prior birth. The percentage of wasted children remains low overall despite increasing from 1 percent to 2 percent. The indicator of both acute and chronic malnutrition, weight-for-age suggests no changes since TDHS-2008: The percentage of underweight children has remained at 2 percent for both surveys. About 11 percent of children under the age of five are overweight for their height.

Sources:
Mother and Child health and Family Planning, State Planning Orgnaization and European Union, Ankara, Turkey

- Turkey, Wikipedia https://en.wikipedia.org/wiki/Turkey

### Process Followed by the Country

A training workshop was organized by BPNI/IBFAN Asia in Geneva at IBFAN GIFA office to introduce the WBTi-WBCi to participants from the European Region (Armenia, Belgium, Bosnia & Herzegovina, Croatia, Georgia, Italia, Portugal, Ukraine, Serbia, Turkey, United kingdom). La Leche League representative Charlotte Codron attended the training to coordinate the assessment in Turkey.

Following the training, a first Meeting with TEMAS “Emzirme ve Anne Sütü Gönülleri Derneği” (Temas, Breastfeeding and Breast Milk Volunteers Non profit Organization) was held in Ankara to introduce the WBTi Assessment tool to the participants and to seek participation in the project.

Once core group members were nominated and tasks shared, the group started to collect data, list relevant sources.

The core group met once a month between July and November to share about the collected datas, draft the scoring and discuss the gaps for each indicators. During this process, discussion took place to build consensus on scoring, gaps and recommendations.

In October 2015, during a one day symposium organized by TEMAS for the World Breastfeeding Week at Ankara University, the WBTi assessment was presented by Prof.Dr. Songül Yalçın to a larger audience composed by Health workers, students and representative from the Ministry of Health, the Ministry of Labor.

A final one day meeting was organized at The Public Health Institute to agreed on a consensus about scoring and finalize recommendation.
List of the partners for the assessment process

- Ankara üniversitesi, Sağlık Bilimleri Fakültesi, Ebelik Bölümü
- Hacettepe Üniversitesi Tıp Fakültesi Çocuk Sağlığı ve Hastalıkları
- Anabilim Dalı Sosyal Pediatri Ürünleri La Leche League Türkiye
- Temas Emzirme ve Anne Sütü Gönülleri Derneği
- Türkiye Halk Sağlığı Kurumu Çocuk ve Ergen Sağlığı Daire Başkanlığı, Sağlığı Bakanlığı

Core Group Members

Ceren ARMUT, Diyetisyen, Türkiye Halk Sağlığı Kurumu Çocuk ve Ergen Sağlığı Daire Başkanlığı, Temas Emzirme ve Anne Sütü Gönüllüleri Derneği Üyesi

Ülkü AKBUDAK KUTÇU, Hemşire, Gazi Üniversitesi Kadın Hastalıkları ve Doğum Anabilim dalı

Charlotte CODRON, La Leche league Turkey, Antalya ; Temas Derneği Üyesi

Nilgün ÇAĞIRIR, Doğum Koçu, Doğuma Hazırlık Eğitmeni, İlkyardım Eğitmeni

Tuğba ÇAKICI, Ebe, Temas Derneği üyesi

Dr. Nazan ÇAKIRER ÇALBAYRAM, öğretim görevlisi, Ankara Üniversitesi Sağlık Bilimleri Fakültesi Ebelik Bölümü, Temas Derneği Yönetim Kurulu Üyesi

Yrd.Doç. Dr. İknur M. GÖNENÇ Ankara Üniversitesi Sağlık Bilimleri Fakültesi Ebelik Bölümü, Temas Derneği üyesi

Dr Seniz ILGAZ, MsS, PhD, Department of Obesity, Diabetes and Metabolic Diseases, Institute of Public Health, Ministry of Health

Ebru KARA, Ebe, Temas Derneği üyesi

Yard. Doç. Dr. Burcu KAYHAN TETİK, İnönü Üniversitesi Tıp Fakültesi Aile Hekimliği Anabilim Dalı, Malatya, Temas Derneği Malatya şube Başkanı

Melon KILIC, Hemşire, Türkiye Halk Sağlığı Kurumu Çocuk ve Ergen Sağlığı Daire Başkanlığı, Temas Emzirme ve Anne Sütü Gönüllülerini Derneği Başkanları

Ebe Serap Çağla KÖKSAL , Temas Derneği üyesi

Ebe Semiha TEMEL, Temas Derneği üyesi

Prof. Dr. S. Songül YALÇIN, Hacettepe University Faculty of Medicine Department of Pediatrics, Unit of Social Pediatrics

İlkay ZENGİN, Hemşire, Türkiye Kamu Hastaneleri Kurumu, Müşterek Sağlık Hizmetleri Daire Başkanlığı, Temas Emzirme ve Anne Sütü Gönüllüleri Derneği Yönetim Kurulu Üyesi
Assessment Findings
**Indicator 1: National Policy, Programme and Coordination**

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

<table>
<thead>
<tr>
<th>Guidelines for scoring</th>
<th>Scoring</th>
<th>Results</th>
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<tbody>
<tr>
<td><strong>Criteria</strong></td>
<td><strong>Scoring</strong></td>
<td><strong>Results</strong></td>
</tr>
<tr>
<td>1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government</td>
<td>1</td>
<td>✓</td>
</tr>
<tr>
<td>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.</td>
<td>1</td>
<td>✓</td>
</tr>
<tr>
<td>1.3) A national plan of action developed based on the policy</td>
<td>2</td>
<td>✓</td>
</tr>
<tr>
<td>1.4) The plan is adequately funded</td>
<td>2</td>
<td>✓</td>
</tr>
<tr>
<td>1.5) There is a National Breastfeeding Committee/ IYCF Committee</td>
<td>1</td>
<td>✓</td>
</tr>
<tr>
<td>1.6) The national breastfeeding (infant and young child feeding) committee meets, monitors and reviews on a regular basis</td>
<td>2</td>
<td>✓</td>
</tr>
<tr>
<td>1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.</td>
<td>0.5</td>
<td>✓</td>
</tr>
<tr>
<td>1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level.</td>
<td>0.5</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Total Score</strong></td>
<td><strong>10/10</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Information Sources Used (please list):*

1- Reports from the National Breastfeeding Committee (internal documents)

2- Turkey National Breastfeeding Policy (in Turkish only)
   [http://cocukergen.thsk.saglik.gov.tr/daire-faaliyetleri/beslenme/751-anne-s%C3%BCt%C3%BCn%C3%BCn-te%C5%9Fviki-ve-bebek-dostu-sa%C4%9Fl%C4%B1-kurulu%C5%9Flar%C4%B1-program%C4%B1.html](http://cocukergen.thsk.saglik.gov.tr/daire-faaliyetleri/beslenme/751-anne-s%C3%BCt%C3%BCn%C3%BCn-te%C5%9Fviki-ve-bebek-dostu-sa%C4%9Fl%C4%B1-kurulu%C5%9Flar%C4%B1-program%C4%B1.html)

3- Ministry of Health, Turkey Public Health Institute, Strategic Plan 2014-2017 (only in Turkish)
Conclusions (Summarize which aspects of IYCF policy, program and coordination are appropriate; which need improvement and why; and any further analysis needed):

Since 1991, The Ministry of Health of Turkey has been running a programme called "Anne Sütünün Teşviki ve Bebek Dostu Sağlık Kuruluşları Programı" (Programme for Breast milk Promotion and Baby Friendly Hospital Initiative) within the scope of mother and child health care services to protect children's health, reduce diseases and prevent mortality. This programme is currently being coordinated by The Turkish Public Health Institute, Department of Child and Adolescent Health. The National Breastfeeding Policy is found in The Turkish Public Health Institute's (THSK) Strategic Plan (2014-2017, Goal 2, Objective 2.5). The policy includes the national plan to decrease acute and chronic nutritional disorders. The breastfeeding policy is not mentioned under other titles such as obesity and prevention of breast cancer.

Turkish Breastfeeding Policy Goals:
- Implementing and maintaining Ten Steps to Successful Breastfeeding practices in every facility providing maternity services
- Protecting, promoting and supporting breastfeeding
- Reducing morbidity and mortality rates by preventing eating disorders
- Enabling all babies to have a healthy life beginning following the WHO recommendations: Early initiation of breastfeeding after birth, exclusive breastfeeding for 6 months, thereafter appropriate complementary foods with continued breastfeeding up to 2 years of age or beyond.
**Action Plan**

- Carrying out assessments of baby friend hospitals with the national assessment team
- Assessing applications for "Baby Friendly Hospital", "Baby Friendly Province", "Golden Baby Friendly Province" and finalising with the national committee
- Raising public awareness by organising activities on World Breastfeeding Week
- Training Baby Friendly Hospital Initiative assessors and health care professionals within the Baby Friendly Hospital programmes
- In this programme, teams from maternity care services are trained and therefore expected to improve hospital practices. Later on, hospital practices are assessed by the National Assessment Team and successful ones become "Baby Friendly Hospitals", Provinces which extend their practices to meet several criteria become "Baby Friendly Provinces" and are given a plaque by the Breastfeeding Committee.

**Responsibilities of Province Public Health Directorate**

- to provide training at a province level
- to provide support to train baby friendly general practitioners
- to monitor baby friendly health facilities periodically
- to carry out the initial assessment of health care facilities which apply to become baby friendly and write their reports
- to organise activities on World Breastfeeding Week
- to carry on "Baby Friendly Province" studies

**The Ministry of Health mentioned breastfeeding in its Strategic Plan:**

- OBJECTIVE 2.2” To protect and improve maternal, child and adolescent health

**Objective-Oriented Strategies:**

- To organise training events and campaigns to increase the awareness of the importance of exclusive breastfeeding in the first 6 months of life and of supplemental breastfeeding between 6 months–2 years of age.”⁴
- To sustain the programmes supporting healthy nutrition for children aged 6-24 month in addition to breastfeeding in order to prevent chronic nutrition disorders⁵

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⁴ Turkey Ministry of Health, Strategic Plan 2013-2017, page 86
⁵ Turkey Ministry of Health, Strategic Plan 2013-2017, page 87
Public Health Institute mentioned breastfeeding in its strategic plan:

- **OBJECTIVE 2.5**: To decrease acute and chronic nutritional disorders in infants and babies.

**Objective-Oriented Strategies 6:**

2.5.1. To carry out studies for providing a healthy diet for infants and young children

- work on how to encourage, support and sustain breastfeeding
- develop guidelines for feeding 6-24 month old children
- ensure that the guidelines are followed by all the public health professionals who work in infant and young child health care services

2.5.2. To strengthen the role of health institutions in reaching the target audience on appropriate feeding practices for infants and young children

- keep "Baby Friendly Hospital Initiative" practices and ensure that all institutions with maternity care become "Baby Friendly Hospitals"
- ensure that general practitioners in primary care health services become "Baby Friendly General Practitioners"

**Budget**

The plan is adequately funded (1 390 000 TL)\(^7\)

**National Breastfeeding Committee**

Since the beginning of the programme, The National Breastfeeding Committee meets at least once a year to evaluate the work done during the term and plan for the coming term. The appointed coordinator is the Director of The Turkish Public Health Institute, Department of Child and Adolescent Health and the committee is composed of UNICEF, physicians and academic members from related departments such as Social Pediatrics, Nutrition and Dietetics, Women's Health and Illness, Pediatrics, Public Health and Metabolism and representatives of related Ministry of Health units and non-governmental organisations such as Social Pediatrics Association, TEMAS Emzirme ve Anne Sütü Gönüllüleri Derneği.

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\(^6\) Ministry of Health, Turkey Public Health Institute, Strategic Plan 2014-2017

\(^7\) Turkish Institute of Public Health Performance Programme for 2015 (only in Turkish) TSHK 2015 Yılı performans Programı
Breastfeeding Scientific Committee

In order to improve studies, The Breastfeeding Scientific Committee was founded in 2015 and started operating on March 15, 2015. Meetings are held at least once a year. Its mission is to assess, monitor and review national data on breastfeeding and infant feeding and issue an annual report. Based on the report, activities are carried out for improvement and progress. The appointed coordinator is the director of The Turkish Public Health Institute, Department of Child and Adolescent Health and the committee is composed of UNICEF, physicians and academic members from related departments such as Social Pediatrics, Nutrition and Dietetics, Women's Health and Illness, Pediatrics, Public Health and Metabolism and representatives of related Ministry of Health units and non-governmental organisations such as Social Pediatrics Association, TEMAS Emzirme ve Anne Sütü Gönüllüleri Derneği. In accordance with the programme, the committee discussed several topics to strengthen cooperation between sectors and determine future action plans on breastfeeding at a national level.

The topics discussed are:
- review and translation of books on breastfeeding and lactation counselling
- sustainability and improvement of Baby Friendly Health Care Facilities
- Baby Friendly Family Doctors practices
- questioning the necessity of doing research on breastfeeding and finding out what can be done
- reviewing "Breastfeeding and Lactation Counselling Distance Training Module" and providing its usage

After the discussion, a 30-item internal report was written. Some of the decisions were as follows:
1- Transforming the "Breastfeeding and Lactation Counselling Training" into a certification programme
2- Revising the "Breastfeeding and Lactation Counselling Training" according to latest developments and publications
3- Integrating "Breastfeeding and Lactation Counselling Training" into specialization programmes such as Maternity and Women's Health Care, Pediatrics and Family Practice.
4- Adding "Breastfeeding and Lactation Counselling Training" to Midwifery, Nursing and Nutrition and Dietetics undergraduate programs
5- Including "Baby Friendly" qualification in general practitioner classification system
6- Intensifying the control and supervision systems of existing Baby Friendly Hospitals and withdrawing the title "Baby Friendly" from those which have problems in their practices
7- Creating a group to work on the legislation of current "Infant Formula Code" in the country, providing their advocacy and visit to the Grand National Assembly of Turkey
8- Providing the expansion of "Baby Friendly Workplace" practices into all public and private enterprises
9- Involving the municipalities and other local authorities in "Baby Friendly" practices
10- Providing the adoption of ISSOP Bulletin and Infant Formula Code practices in paediatrics congresses organized by related associations
11- Contacting officials from the toy industries about infant and child toys involving pacifiers or bottles
12- Preventing the broadcast of TV series involving the use of pacifiers, feeding bottles and formula through RTÜK (The Radio and Television Supreme Council)
13- Monitoring media coverage of breastfeeding and providing supervision to eliminate information pollution
14- The appointed coordinator, the director of The Turkish Public Health Institute, Department of Child and Adolescent Health actuates actions to carry out these decisions.

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

1. Some outdated materials about the National Breastfeeding Policy can be found on official websites

Recommendations (List actions recommended to bridge the gaps):

1. A web page could be developed to have all the documents related to the National Breastfeeding Policy in the same place, easily accessible and up to date. The Institute for Public Health Directorates could put a link to direct the public to the official national website

2. Outdated materials should be removed from websites.

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8 İl Halk sağlığı Müdürlüğü
Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative
(Ten Steps to Successful Breastfeeding)

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) 905 out of 973 total hospitals (both public & private) and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly” in the last 5 years 93 %

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<thead>
<tr>
<th>Criteria</th>
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<tbody>
<tr>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>0.1 - 20%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>20.1 - 49%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>49.1 - 69%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>69.1 - 89%</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>89.1 - 100%</td>
<td>5</td>
<td>✔️</td>
</tr>
<tr>
<td>Total rating</td>
<td>5/5</td>
<td></td>
</tr>
</tbody>
</table>

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 breast milk, 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:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Scoring</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2) BFHI programme relies on training of health workers using at least 20 hours training programme</td>
<td>1.0</td>
<td>✓</td>
</tr>
<tr>
<td>2.3) A standard monitoring system is in place</td>
<td>0.5</td>
<td>✓</td>
</tr>
<tr>
<td>2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities</td>
<td>0.5</td>
<td>✓</td>
</tr>
<tr>
<td>2.5) An assessment system relies on interviews of mothers.</td>
<td>0.5</td>
<td>✓</td>
</tr>
<tr>
<td>2.6) Reassessment systems have been incorporated in national plans with a time bound implementation</td>
<td>1.0</td>
<td>✓</td>
</tr>
<tr>
<td>2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country</td>
<td>0.5</td>
<td>✓</td>
</tr>
<tr>
<td>2.8) HIV is integrated to BFHI programme</td>
<td>0.5</td>
<td>✓</td>
</tr>
<tr>
<td>2.9) National criteria are fully implementing Global BFHI criteria</td>
<td>0.5</td>
<td>✓</td>
</tr>
</tbody>
</table>

Total Score

5/5

Total Score

10/10

Information Sources Used (please list):

1. BFHI Training Course

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

11 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.

12 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.
2. BFHI Training for the Trainers

3. Bebek Dostu Aile sağlığı Birimi değerendirme Formu
www.ghs.gov.tr/birimdosya/asb_degerlendirme_formu.doc

4. Hospital Self Assessment Form for BFHI
www.kirklareli.hsm.saglik.gov.tr/images/.../Hastanelerin-kkd-formu.doc

5. Turkey Demographic Health Survey, 2013

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):

The Baby Friendly Health Institutions Programme, coordinated by The Turkish Public Health Institute, is based on the global strategies, "Ten Steps to Successful Breastfeeding". In order to implement the second step, the 18-hour training course prepared by UNICEF and WHO will be given to all health care staff regularly. The course has also been made online to make it available to all health care staff.

The Turkish Public Health Institute provides the implementation and sustainability of the programme in 81 Provincial Health Directorates and is given a report every 6 months.

Within the programme, the assessment for Baby Friendly Health Care Facilities is done by using the Global National Criteria. This criteria is used to interview both the health care staff and mothers to provide an objective evaluation system.

The appointed coordinator, the director of The Turkish Public Health Institute, Department of Child and Adolescent Health writes an official letter to Baby Friendly Health Care Facilities throughout Turkey, asking them to conduct a self evaluation.

In order to increase the number of Baby Friendly Hospitals and for them to keep their titles, the following points are addressed:

- Increasing the number of Baby Friendly Hospitals and Baby Friendly Family Health Care Units should be indicated as an objective in the hospital's strategic plan
- Providing cooperation between several institutions (The Associations of Public Hospitals and Directorate General for Private Health Services) by exchanging correspondence
• Every year, the affiliated rural institutions should be sent official letters requiring them to increase the number or their Baby Friendly Health Care Facilities
• The Provincial Health Directorates' having all the Baby Friendly Hospitals evaluate themselves by using the International Self-evaluation Criteria and reporting the results to the coordinating institution at least once every two years

The documents prepared and presented in the reference section by The Turkish Public Health Institute include the information on the diet of an HIV positive mother.\textsuperscript{13}

The programme conducted by The Turkish Public Health Institute, Department of Child and Adolescent Health conforms to the standards set by the Baby Friendly Hospitals Initiative totally.

\textbf{Gaps (List gaps identified in the implementation of this indicator) :}

1. Breastfeeding optimum rates are not sufficient (percentage of babies breastfed within one hour of birth is 50%, Percentage of babies receiving prelacteal feeds : 25%)

\textbf{Recommendations (List action recommended to bridge the gaps):}

1. Continue and strengthen the efforts to promote the Ten Steps for Successful Breastfeeding. Mothers should be encouraged to make a complaint by using the SABIM\textsuperscript{14} system's online link they are provided with. Complains related to BFHI should be reported by SABIM to the National Breastfeeding Committee.
2. The National Breastfeeding Committee and the Breastfeeding Scientific Committee should publish an analytical report depending on the Baby Friendly Hospitals data and examine the strengths and the weaknesses of the BFHI criteria. The results of this analysis should be used to take appropriate actions.
3. All the provinces which get the "Baby Friendly Province" title should provide the public with educational materials issued by the Ministry of Health on their websites.
4. The Secretary General should share the list of only the Baby Friendly Public Hospitals and the Public Health Institute should do the same for all the ones (including the last reassessment date).

\textsuperscript{13} BFHI Training Course

\textsuperscript{14} SABIM is the Patients’ Rights Chapter of the Ministry of Health, established in 1998, it includes hotlines (SABIM 184) to collect patient complaints.

**Key question:** Is the International Code of Marketing of Breast milk 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?

<table>
<thead>
<tr>
<th>Guidelines for scoring</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criteria</strong> (Legal Measures that are in Place in the Country)</td>
<td>Scoring</td>
</tr>
<tr>
<td><strong>3a: Status of the International Code of Marketing</strong></td>
<td>✓ (Check that apply. If more than one is applicable, record the highest score.)</td>
</tr>
<tr>
<td>3.1 No action taken</td>
<td>0</td>
</tr>
<tr>
<td>3.2 The best approach is being considered</td>
<td>0.5</td>
</tr>
<tr>
<td>3.3 National Measures awaiting approval (for not more than three years)</td>
<td>1</td>
</tr>
<tr>
<td>3.4 Few Code provisions as voluntary measure</td>
<td>1.5</td>
</tr>
<tr>
<td>3.5 All Code provisions as a voluntary measure</td>
<td>2</td>
</tr>
<tr>
<td>3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions</td>
<td>3</td>
</tr>
<tr>
<td>3.7 Some articles of the Code as law</td>
<td>4 ✓</td>
</tr>
<tr>
<td>3.8 All articles of the Code as law</td>
<td>5</td>
</tr>
<tr>
<td>3.9 Relevant provisions of WHA resolutions subsequent to the Code are included in the national legislation(^{15}) a) Provisions based on at least 2 of the WHA resolutions as listed below are included</td>
<td>5.5</td>
</tr>
<tr>
<td>b) Provisions based on all 4 of the WHA resolutions as listed below are included</td>
<td>6</td>
</tr>
<tr>
<td><strong>3b: Implementation of the Code/National legislation</strong></td>
<td>✓ Check that apply</td>
</tr>
<tr>
<td>3.10 The measure/law provides for a</td>
<td>1</td>
</tr>
</tbody>
</table>

\(^{15}\)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 breast milk 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)
monitoring system

<table>
<thead>
<tr>
<th>3.11 The measure provides for penalties and fines to be imposed to violators</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.12 The compliance with the measure is monitored and violations reported to concerned agencies</td>
<td>1</td>
</tr>
<tr>
<td>3.13 Violators of the law have been sanctioned during the last three years</td>
<td>1</td>
</tr>
</tbody>
</table>

| Total Score (3a + 3b) | 5/10 |

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

9. Ilgaz S; Türkiye’de Mama Kodu Uygulamaları ve Ihlalleri, 2015

**Conclusions:**

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

In 2002 and 2006, The Republic of Turkey submitted draft laws which provided feedback and analysis to IBFAN-ICDC; however, the work done at that time has not been followed up with the implementation of the WHO code as a National Law.
The National Communique (Teblig 2014/31 and Teblig 2014/32) includes several code articles (4 ; 5 ; 6.6 ; 6.8 ; 7.4 and 9)

Some violators of the Turkish regulation have been sanctioned during the last three years. A review of marketing practices has shown that a lot of code violations are not sanctioned and continue nowadays.

There is no system in place to monitor and collect code violation. "T.C Gida ve Köy Isleri Bakanligi" (The Ministry of Food and Agriculture and Livestock) is in charge of handling any violations of the National regulation.

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

1. Implementation: Several articles have been included in the Turkish law (Teblig 2014/31 and Teblig 2014/32) but a lot of code provision and WHA subsequent resolutions have to be implemented as a National Law.


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

To increase code implementation and monitoring Turkey, we recommend:


2. Strengthen Code Monitoring as recommended by WHO. “The 11.2 article has been clarified by WHA Resolution 49.15 (1996) which calls on member States to ensure that monitoring the application of the International Code is carried out in a transparent, independent manner, free from commercial influence; Independent monitoring precludes collaboration with companies.” To Strengthen monitoring efforts, individuals part of the National Breastfeeding Committee, The National Breastfeeding Scientific Committee and relevant organisations should be trained by the International Code Documentation Centre.
### 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?

<table>
<thead>
<tr>
<th>Guidelines for scoring</th>
<th>Scoring</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criteria</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Any leave less than 14 weeks</td>
<td>0.5</td>
<td>✓</td>
</tr>
<tr>
<td>b. 14 to 17 weeks</td>
<td>1</td>
<td>✓</td>
</tr>
<tr>
<td>c. 18 to 25 weeks</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>d. 26 weeks or more</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Unpaid break</td>
<td>0.5</td>
<td>✓</td>
</tr>
<tr>
<td>b. Paid break</td>
<td>1</td>
<td>✓</td>
</tr>
<tr>
<td>4.3) Legislation obliges private sector employers of women in the country to (more than one may be applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Give at least 14 weeks paid maternity leave</td>
<td>0.5</td>
<td>✓</td>
</tr>
<tr>
<td>b. Paid nursing breaks.</td>
<td>0.5</td>
<td>✓</td>
</tr>
<tr>
<td>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. (more than one may be applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Space for Breastfeeding/Breast milk expression</td>
<td>1</td>
<td>✓</td>
</tr>
<tr>
<td>b. Crèche</td>
<td>0.5</td>
<td>✓</td>
</tr>
<tr>
<td>4.5) Women in informal/unorganized and agriculture sector are:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. accorded some protective measures</td>
<td>0.5</td>
<td>✓</td>
</tr>
<tr>
<td>b. accorded the same protection as women working in the formal sector</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
According to the national legislation, women are allowed 8 weeks before birth and 8 weeks after birth of paid maternity leave.

Paid-breaks for breastfeeding are a right written in the law (1 hour 30 minutes per day until baby’s 1st birthday) but not always respected. Mothers have the option to choose their hours for these breaks.

Work site that count 150 or more female workers must provide a breastfeeding/breast milk expression rooms and creches.

The periods to allow breastfeeding breaks or reducing the working hours, their frequencies and duration will be determined by national laws and practices.
Protective measures provided by legislation in the Turkish Labor Law. Some of these are:

- No discrimination based on gender is permissible on wages.
- Nursing mothers are eligible to breastfeed their children.
- Employees whose spouse has given birth is entitled to 10 days of leave with pay in public sector and 5 days in private sector.
- There is a system for monitoring and ways for workers to complain.
- Since 2006, Turkey has adopted the Baby Friendly Workplace Initiative.

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

1. Nurseries (crèches) and spaces for breast milk expression are not enough in the public institutions.

2. Although women working illegally seem to have the same rights as women working legally, they cannot claim their rights for maternity protection.

3. Even if there are laws, some women do not claim their right or/and do not complain when their rights for maternity protection are not respected.

Recommendations (List action recommended to bridge the gaps):

1. Nurseries and spaces for breast milk expression should be reviewed in terms of quantity and quality.

2. Complaints regarding maternity leave should be addressed to SABIM. SABIM should report about complaints regarding breastfeeding protection in the work place to the National Breastfeeding Committee so that they can track these indicators.

3. Educational materials in direction of private sectors' employers should be developed to emphasise the benefit of working and breastfeeding for employers.

4. Continue efforts to promote the Breastfeeding Friendly Work Place Initiative.
**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?

---

### Guidelines for scoring

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Scoring</th>
<th>Adequate</th>
<th>Inadequate</th>
<th>No Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country(^{16}) indicates that infant and young child feeding curricula or session plans are adequate/inadequate</td>
<td>✓</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>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)</td>
<td>✓</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>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.(^{17})</td>
<td>✓</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5.4) Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country.</td>
<td>✓</td>
<td>1</td>
<td>0.5</td>
<td>0</td>
</tr>
<tr>
<td>5.5) Infant feeding and young feeding information and skills are integrated, as appropriate, into training programmes</td>
<td>✓</td>
<td>1</td>
<td>0.5</td>
<td>0</td>
</tr>
</tbody>
</table>

---

\(^{16}\) 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.

\(^{17}\) 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.
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.)

| 5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. | 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 |

**Total Score:** 10/10

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


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

The 18-hour breastfeeding counselling course within the scope of the Baby Friendly Health Institutions Programme, coordinated by The Turkish Public Health Agency, includes a component on the responsibilities of health care providers concerning the adoption of International Code of Marketing of breast milk substitutes and abiding by the laws.

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18Training 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.
The 18-hour breastfeeding counselling course curricula has course content on diarrheal diseases, acute respiratory tract infections, paediatric management integration, well child care, family planning, nutrition, infant formula code, HIV/AIDS, breast cancer, gynaecological diseases, non-communicable diseases etc.

Since 2015, the National Breastfeeding Scientific Committee has been working to develop standardized curricula for better breastfeeding and lactation education in direction of health care professionals.

The studies on the Mother Friendly Hospital Initiative were started in 2014. So far, 5 hospitals have received the title. All the necessary documents and information have been distributed around Turkey officially and there is plan to develop this initiative at a country level.

Health care providers have access to trainings during their entire careers. Some symposiums, seminars, congresses, and workshops are organized by non-governmental organizations.

The WHO Code of Marketing of Breast Milk Substitutes is included in the training programmes. Lactation and Breastfeeding education are included in the training for Health care providers focusing on other subjects.

Child Health policies provide mothers and babies with the opportunity to stay together when one of them is sick. When the mother needs to stay at the hospital for non-birth related reasons, the decision to keep the baby with her is made by the health care provider in charge depending on her condition.

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

1. *In recent years, several international studies have been done in the field of Breastfeeding Management and Human Lactation. The Language barrier hinders access to important new findings and up-to-date resources and makes it hard to adapt curricula and text books to latest research and international scientific consensus.***

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

1. *To increase the number of up-to-date and evidence based text books on lactation and breastfeeding that health professionals can use in breastfeeding and lactation training courses.*
2. To develop courses and provide scholarships which enable health professionals to take the IBCLC\textsuperscript{19} examination.

3. Efforts should be supported by the Breastfeeding Scientific Committee to standardise the curricula.

4. The existing WHO Code of marketing of Breast milk substitute Training should be improved and reinforced.

\textsuperscript{19} International Board Certified Lactation Consultant. Certification is provide by IBLCE and valued worldwide as the most trusted source for certifying practitioners in lactation and breastfeeding care. http://iblce.org/; http://iblce.org/about-iblce/current-statistics-on-worldwide-ibclees/
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.

### Guidelines for Scoring

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>√ Check that apply</td>
<td></td>
</tr>
<tr>
<td><strong>Yes</strong></td>
<td><strong>To some degree</strong></td>
</tr>
<tr>
<td><strong>6.1</strong>) All pregnant women have access to community-based ante-natal and post-natal support systems with counseling services on infant and young child feeding.</td>
<td>2 ✓ 1 0</td>
</tr>
<tr>
<td><strong>6.2</strong>) All women receive support for infant and young child feeding at birth for breastfeeding initiation.</td>
<td>2 ✓ 1 0</td>
</tr>
<tr>
<td><strong>6.3</strong>) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage.</td>
<td>2 ✓ 1 0</td>
</tr>
<tr>
<td><strong>6.4</strong>) 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.</td>
<td>2 1 ✓ 0</td>
</tr>
<tr>
<td><strong>6.5</strong>) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.</td>
<td>2 1 ✓ 0</td>
</tr>
<tr>
<td><strong>Total Score:</strong></td>
<td><strong>8 / 10</strong></td>
</tr>
</tbody>
</table>
Information Sources Used (please list):
1. Gebe okulu, gebe eğitim sınıfları  [http://kadinureme.thsk.saglik.gov.tr/daire-faaliyetleri/808-gebe-bilgilendirme-s%C4%B1n%C4%B1-%C4%B1f%C4%B1-program%C4%B1.html](http://kadinureme.thsk.saglik.gov.tr/daire-faaliyetleri/808-gebe-bilgilendirme-s%C4%B1n%C4%B1-%C4%B1f%C4%B1-program%C4%B1.html)
5. La Leche League Türkiye Anneden Anneye Destek Grupları www.lllturkiye.org
6. Temas Derneği www.temasder.org

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

Breastfeeding and lactation counselling is provided in family health care facilities, antenatal classes for expectant mothers at hospitals and during prenatal visits. There is a control system in place to check that all women giving birth in BFHI facilities receive information and counselling services about breastfeeding. During the assessment sessions, expectant mothers are randomly selected to see whether they have received the information and counselling. All pregnant women are tracked by a system in Family Health Centres, those who do not visit these centres are contacted by phone or home visits and are provided with counselling.

Breastfeeding is encouraged immediately after birth and "Rooming-in" is provided. Mothers and babies are supported by midwives and nurses during the postpartum period and all mothers receive counselling on breastfeeding and lactation.

Mother support groups are included in the National Breastfeeding policy. Some pilot studies are conducted on mother support groups under the supervision of The Ministry of Health. Some non-profit and non-governmental organisations have formed mother support groups or plan to do so. The pilot studies conducted on mother support groups are monitored by The Turkish Public Health Agency and quantitative data is collected.

Gaps (List gaps identified in the implementation of this indicator):
1. Even if all women receive support and counselling service before, during and after birth, the average duration of exclusive breastfeeding is only 1 to 2 months instead of the 6 months recommended.
2. Mother support groups are not implemented country wide.
Recommendations (List action recommended to bridge the gaps):

1. Mother-to-mother peer support should be made available to all pregnant women. It should be developed and standardized in the whole country. The activities should be controlled and standardized.

2. A system should be developed by the Ministry of Health to standardize the system to choose the mother support group leaders and train them. The Ministry of Health should consult the groups running actively to benefit from their experiences.

3. Leading mothers should be motivated to organize activities in these support groups.

4. The Ministry of Health should support projects that aim to develop mother support groups. Problems that arise in the functioning of the mother support groups should be analysed and policies should be developed to find solutions to these barriers.
## 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?

### Guidelines for scoring

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>√ Check that apply</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>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.</td>
<td>2 ✓</td>
</tr>
<tr>
<td>7.2a) National health/nutrition systems include individual counseling on infant and young child feeding</td>
<td>1 ✓</td>
</tr>
<tr>
<td>7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding</td>
<td>1 ✓</td>
</tr>
<tr>
<td>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</td>
<td>2 ✓</td>
</tr>
<tr>
<td>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</td>
<td>2 ✓</td>
</tr>
<tr>
<td>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).²⁰</td>
<td>2 ✓</td>
</tr>
<tr>
<td><strong>Total Score:</strong></td>
<td><strong>9/10</strong></td>
</tr>
</tbody>
</table>

²⁰ to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;
There is a national IEC strategy for improving infant and young child feeding which ensures that all information and materials issued by the Ministry of Health are free from commercial influence/potential conflicts of interest are avoided.

The new teaching materials are up-to-date and comprehensive, yet outdated materials can still be found on official websites and as printed materials.

In provinces, Breastfeeding Week activities are not always appropriate according to the standards of the WHO code of marketing of breast milk substitutes.

Education on bottle feeding and handling of powered formula is provided individually when necessary but not routinely. It is not presented in the brochures prepared for teaching breastfeeding and lactation.

Teaching materials issued by the Ministry of Health are objective, consistent and in line with international recommendations, but do not include guidelines on preparation and handling of PIF.

IEC programmes and events are not implemented in the whole country.

Information Sources Used (please list):

1. [http://kadinureme.thsk.saglik.gov.tr/daire-faaliyetleri/808-gebe-bilgilendirmes%C4%B1n%C4%B1m%C4%B1-program%C4%B1.html](http://kadinureme.thsk.saglik.gov.tr/daire-faaliyetleri/808-gebe-bilgilendirmes%C4%B1n%C4%B1m%C4%B1-program%C4%B1.html)
2. Aile sağlık Merkezi (individual counselling, group education)

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

1. Educational materials published by the non-state actors are not always appropriate according to the standards of the code of Marketing of Breast milk Substitutes.
2. Programmes run at a provincial level are not always free from commercial influence.21

Recommendations (List action recommended to bridge the gaps):

1. Ensure outdated materials are removed from official websites.
2. Strengthen the efforts of the new Breastfeeding Scientific Committee to avoid misleading messages on TV shows and media.
3. Develop IEC written materials about formula feeding (its risks and uses) in line with WHO/FAO recommendation.22

21 Breastfeeding Week in partnership with formula company
4. To ensure that all events to promote breastfeeding at a national and provincial level are free from commercial influence and in line with the Code of Marketing of Breast Milk Substitutes. We recommend that the National Scientific Breastfeeding Committee:
   - Review the Breastfeeding Week activities
   - write letters to provincial officials as a reminder prior to Breastfeeding Week (held in October in Turkey) and ask for receipt acknowledgement.

5. A national Theme can be chosen every year for the Breastfeeding Week, possibly in line with the World Alliance for Breastfeeding Action yearly campaigns.\textsuperscript{23}

\textsuperscript{22} http://www.who.int/foodsafety/document_centre/pif_guidelines.pdf?ua=1
\textsuperscript{23} The slogan for 2016 World Breastfeeding Week is: ‘Breastfeeding: A key to Sustainable Development’
http://waba.org.my/
## 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?

### Guidelines for scoring

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>Yes 2</td>
</tr>
<tr>
<td>8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation</td>
<td>Yes 1</td>
</tr>
<tr>
<td>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.</td>
<td>Yes 1</td>
</tr>
<tr>
<td>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.</td>
<td>Yes 1</td>
</tr>
<tr>
<td>8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.</td>
<td>Yes 1</td>
</tr>
<tr>
<td>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.</td>
<td>Yes 1</td>
</tr>
<tr>
<td>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.</td>
<td>Yes 1</td>
</tr>
</tbody>
</table>
8.8) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.

| Total Score: | 4 / 10 |

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.

| Total Score: | 4 / 10 |

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

2. Türkiye Halk Sağlığı Kurumu Çocuk ve Ergen Sağlık Daire Başkanlığı Resmi kayıtları ve Yıllık Anne Sütü Üst Komite Raporları
3. Ulusal AIDS Komisyonu Raporları (Melek Kılıç Komisyon Üyesi)
4. Sağlık Bakanlığı HIV Tanı Tedavi Rehberi

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

Every pregnant women who attend the antenatal clinic receive voluntary counseling and testing. HIV positive women is cared with the standard guideline as well as their infants. National programmes provide all HIV-exposed infants and their mothers with a full package of child survival (including food and drug) and reproductive health interventions with effective linkages to HIV prevention, treatment and care services. National health authorities counsel and support mothers known to be HIV-infected to avoid all breastfeeding and provide infant formula for the first year (through their first birthday). If the baby tests positive for HIV, there is a standard program in place to provide proper health care to these infants.

**Gaps (List gaps identified in the implementation of this indicator):**
1. Less awareness of the community member and health workers on 6 month exclusive breast feeding

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

1. Comprehensive national policy including IYCF in HIV

2. Strengthen the link between HIV program and IYCF program

3. All HIV-infected mothers should receive counselling which includes provision of general information about the risks and benefits of various infant feeding options, and specific guidance in selecting the option most likely to be suitable for their situation. Whatever a mother decides, she should be supported in her choice.
**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?

<table>
<thead>
<tr>
<th>Guidelines for scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criteria</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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:</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>b) measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breast milk substitutes, bottles and teats, and standard procedures for</td>
</tr>
</tbody>
</table>
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

9.4) Resources have been allocated for implementation of the emergency preparedness and response plan

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>0.5</td>
</tr>
</tbody>
</table>

b) Orientation and training is taking place as per the national emergency preparedness and response plan

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Total Score: 5.5/10

Information Sources Used (please list):

2- Afete Müdahalede asgari Standartlar ve Insani yardım Sözleşmesi, Sphere Projesi, Mavi Kalem Sosyal Yardımlasma ve Dayanisma Derneği; 2009, sayfa 46
3- Assesment of Health System Crisis Prepardness, Turkey, 2010
4- Nutrition Guidelines, International Federation of Red Cross and red Crescent Societies, 2013
5- Türk Kızılay Ulusal Düzey Beslenme Hizmet Grubu Plani, Türk Kızılay, AFAD, 2015
6- Kriz ve Kriz Sonrası Durumlarında Ana ve Yenidoğan Sağlığı, IPPF, UNFDA

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

“Turkey has commendable capacity and capability for response in the form of its pre- and in-hospital emergency medical system, which places increasing focus on preparedness and risk mitigation
activities. Although there is a system for monitoring public health, there are no specific disaster-related preparedness plans for monitoring specific programmes (e.g. on reproductive health, nutrition and psychosocial support) that could be put into effect during a response.”

The red Crescent is in charge of the National Emergency Response Plan in Turkey. Infant feeding is included in the responsibilities of the coordinator.

The national policy includes some basic elements of IFE Operational Guidance. Health professionals are trained to support breastfeeding, but there is no specific training regarding emergencies. No measures are taken to minimize the risks of artificial feeding.

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

1. The Ministry of Health Guidelines on nutrition in emergencies do not contain enough information about infant feeding in Emergencies.
2. Lack of code implementation in the Turkish law, no measures are taken to minimize the risk of artificial feeding.
3. The infant feeding response plan belongs to institution more than to people tasked and appointed for specific responsibilities.
4. IFE Trainings for health professionals are not enough.

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

5. Training on the implementation of the WHO code during emergency
6. Training on supporting optimum Infant Feeding practice for all health professionals
7. Review of the National Guideline to match IFE recommendation

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24 *Assessment of Health System Crisis preparedness Turkey, 2010, page 47*
**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?

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.</td>
<td>Yes</td>
</tr>
<tr>
<td>10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions</td>
<td>Yes</td>
</tr>
<tr>
<td>10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels</td>
<td>Yes</td>
</tr>
<tr>
<td>10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers</td>
<td>Yes</td>
</tr>
<tr>
<td>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.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Total Score:** 10/10

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

1. [http://cocukergen.thsk.saglik.gov.tr/bilgi-dokumanlar/videolar/953-hastaneler-%C3%A7in-ba%C5%9Far%C4%B11%C4%B1-emzirmede-10-ad%C4%B1m.html](http://cocukergen.thsk.saglik.gov.tr/bilgi-dokumanlar/videolar/953-hastaneler-%C3%A7in-ba%C5%9Far%C4%B11%C4%B1-emzirmede-10-ad%C4%B1m.html) Erişim: 01.10.2015
Conclusions (Summarize which aspects of monitoring and evaluation are appropriate and which need improvement and why. Identify areas needing further analysis):

Assessment and follow-up components are added to the IYCF activities and programme. Within the scope of this programme, teams that are formed from hospitals with maternity care units are trained about the subject and improve hospital practices according to this training. Later on, hospital practices are assessed by the National Assessment Team and successful ones become "Baby Friendly Hospitals", cities which extend their practices to meet several criteria become "Baby Friendly Provinces".

The information/data on the application process of the IYCF programme is used by officials to make decisions in resource allocation and to lead planning. As result of both the Ministry of Health monthly and annual data and the data gathered from researches like TNSA (Turkey Demographic and Health Survey) and TBSA (Turkey Nutrition and Health Survey) done nationwide, annual planning is done by the Department of Child and Adolescent Health and trainings are designed according to needs and assessment results (http://www.saglik.gov.tr/TR/dosya/1-88093/h/2014-yili-hizmet-ici-egitim-plani.pdf). In addition, according to the results, strategies are developed and published about the country's infant and young child feeding (http://www.thsk.gov.tr/dosya/birimler/strateji_db/dokumanlar/2015_yili_performans_programi.pdf).

Data on the application process of IYCF programme activities is collected regularly on national and provincial level and analysed to provide feedback. Moreover, researches like TNSA (Turkey Demographic and Health Survey) and TBSA (Turkey Nutrition and Health Survey) done nationwide are also made use of.

Data on the application process of IYCF programme activities is shared with the department executives and management policies are provided (http://www.sgb.saglik.gov.tr/content/files/stratejikplan20132017/index.html).

The IYCF programme application is included in the national accessibility system and/or health information system, or the national health surveys (hospitals' self-evaluation surveys, 1st level assessment sheets and hospital national evaluation forms).
IYCF (Bebek ve Küçük çocuk Beslenmesi Küresel Stratejisi) uygulama takibi ulusal izleme ve/ ve ya sağlık bilgi sistemi ya da ulusal sağlık anketlerinin bünyesine dâhil edilmiştir. (Hastanelerin kendi kendini değerlendirme anketi, 1. basamak değerlendirme anketi ve hastane ulusal değerlendirme anket formlari).

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

Nil

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

Nil
Indicator 11: Early Initiation of Breastfeeding

**Key question:** What is the percentage of babies breastfed within one hour of birth? 49.9%

**Guideline:**

<table>
<thead>
<tr>
<th>Indicator 11</th>
<th>Key to rating adapted from WHO tool (see Annex 11.1)</th>
<th>IBFAN Asia Guideline for WBTi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiation of Breastfeeding (within 1 hour)</td>
<td>Scores</td>
<td>Colour-rating</td>
</tr>
<tr>
<td></td>
<td>0.1-29%</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>29.1-49%</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>49.1-89%</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>89.1-100%</td>
<td>10</td>
</tr>
</tbody>
</table>

**Data Source (including year):**


**Summary Comments:**

Information from the TDHS-2013 indicates that 50 percent of children are put to breast within the first hour after birth.

Initiation of breastfeeding within one hour of birth is more common among births assisted by health professionals and among births that took place at health facilities. It does not differ by the sex of child. Early initiation of breastfeeding is less common in rural areas than urban areas (44 percent and 52 percent, respectively). By region early initiation of breast feeding ranges from a low of 39 percent in the East to a high of 57 percent in the Central region. The proportion of breastfeeding within the first hour is highest in West Anatolia at 61 percent. Early initiation of breastfeeding has a positive association with education and wealth. Forty percent of children of mothers with no education or incomplete primary school initiated breastfeeding within the first hour after birth compared to 54 percent of children of women with high school or higher education. Similarly, 41 percent of children in the lowest wealth quintile initiated breastfeeding within one hour of birth compared to 54 percent of children in the highest wealth quintile.
Indicator 12: Exclusive Breastfeeding for the First Six Months

**Key question:** What is the percentage of babies 0<6 months of age exclusively breastfed\(^2\) in the last 24 hours? 30.1%

**Guideline:**

<table>
<thead>
<tr>
<th>Indicator 12</th>
<th>Key to rating adapted from WHO tool (see Annex 11.1)</th>
<th>IBFAN Asia Guideline for WBTi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusive Breastfeeding (for first 6 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.1-11%</td>
<td>3</td>
<td>Red</td>
</tr>
<tr>
<td>11.1-49%</td>
<td>6</td>
<td>Yellow</td>
</tr>
<tr>
<td>49.1-89%</td>
<td>9</td>
<td>Blue</td>
</tr>
<tr>
<td>89.1-100%</td>
<td>10</td>
<td>Green</td>
</tr>
</tbody>
</table>

**Data Source (including year):**

**Summary Comments:**

The percent distribution of youngest living children under age three by breastfeeding status and age at the time of the survey is shown in Table 11.2. The child’s breastfeeding status is based on information collected from mothers on feeding practices in the last 24 hours before the interview.

"Exclusively breastfed" refers to children who received breast milk only within this time period.

"Children who are fully breastfed" includes those who are exclusively breastfed and those who receive only plain water in addition to breast milk.

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\(^2\)Exclusive breastfeeding means the infant has received only breast milk (from his/her mother or a wet nurse, or expressed breast milk) 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? ..16.5%

Guideline:

<table>
<thead>
<tr>
<th>Indicator 13</th>
<th>Key to rating adapted from WHO tool (see Annex 11.1)</th>
<th>IBFAN Asia Guideline for WBTi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration of</td>
<td>0.1-18Months</td>
<td>3</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td></td>
<td>Red</td>
</tr>
<tr>
<td></td>
<td>18.1-20</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>&quot;</td>
<td>Yellow</td>
</tr>
<tr>
<td></td>
<td>20.1-22</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>&quot;</td>
<td>Blue</td>
</tr>
<tr>
<td></td>
<td>22.1-24 or beyond</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>&quot;</td>
<td>Green</td>
</tr>
</tbody>
</table>

Data Source (including year):


Summary Comments:

The median duration of any breastfeeding among children born in the three years before TDHS-2013 is 16.7 months. Male children (18.0 months) are breastfed longer than the female children (16.3 months). The median duration of breastfeeding is higher in rural areas (17.9 months) than urban areas (16.4 months). Median durations for exclusive breastfeeding are very short, under two months for all subgroups except among women with high school or higher education. The median duration for predominant breastfeeding is 2.9 months. Children in the West region, with higher educated mothers and in wealthier households have a somewhat longer period of predominant breastfeeding than other children.
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 breast milk) from bottles?

- Babies from 0-5 months: 39.7%
- And Babies from 6 to 9 months: 62.8%

**Guideline:**

<table>
<thead>
<tr>
<th>Indicator 14</th>
<th>Key to rating adapted from WHO tool (see Annex 11.1)</th>
<th>IBFAN Asia Guideline for WBTi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bottle Feeding (0-12 months)</td>
<td>29.1-100%</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4.1-29%</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>2.1-4%</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>0.1-2%</td>
<td>10</td>
</tr>
</tbody>
</table>

**Data Source (including year):**


**Summary Comments:**

Bottle-feeding is discouraged among very young children, because it contributes to an increased risk of gastrointestinal infections. Table 11.2 shows that, 40 percent of children less than six months of age used a bottle with a nipple, this increases to a peak of 64 percent among children age 8-9 months.
Indicator 15: Complementary feeding --- Introduction of solid, semi-solid or soft foods

Key question: Percentage of breastfed babies receiving complementary foods at 6-9 months of age? 79.8%.

Guideline

<table>
<thead>
<tr>
<th>Complementary Feeding (6-9 months)</th>
<th>Key to rating</th>
<th>WHO’s</th>
<th>IBFAN Asia Guideline for WBTi</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Colour-rating</td>
</tr>
<tr>
<td>0.1-59%</td>
<td>3</td>
<td></td>
<td>Red</td>
</tr>
<tr>
<td>59.1-79%</td>
<td>6</td>
<td></td>
<td>Yellow</td>
</tr>
<tr>
<td>79.1-94%</td>
<td>9</td>
<td></td>
<td>Blue</td>
</tr>
<tr>
<td>94.1-100%</td>
<td>10</td>
<td></td>
<td>Green</td>
</tr>
</tbody>
</table>

Data Source (including year):

Summary Comments:

After the sixth month until the 16th month, more than half of babies are both breastfed and given complementary foods. After the 16th month, continued breastfeeding with supplements starts to decrease among children, reaching 14 percent at the 24-27 months of age.
Summary Part I: IYCF Policies and Programmes

**Targets:**

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

**IBFAN Asia Guidelines for WBTi**

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

<table>
<thead>
<tr>
<th>Scores</th>
<th>Colour- rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 30.9</td>
<td>Red</td>
</tr>
<tr>
<td>31 – 60.9</td>
<td>Yellow</td>
</tr>
<tr>
<td>61 – 90.9</td>
<td>Blue</td>
</tr>
<tr>
<td>91 – 100</td>
<td>Green</td>
</tr>
</tbody>
</table>

**Conclusions** *(Summarize the achievements on the various programme components, what areas still need further work)*

Following Innocenti Declaration, Turkey has developed an effective set of policies to promote, protect and support breastfeeding. Since its launch, the Baby Friendly Hospital Initiative has accelerated the number of accredited hospital and the country coverage is a success. Antenal and postnatal health care services and information about infant and young child feeding are widely available to women.

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.
There is in Turkey a clear lack of implementation of the code of marketing of breastmilk substitutes. This issue has a negative impact on breastfeeding and explains why Turkey’s exclusive breastfeeding rates remains low. Effort to establish efficient monitoring system should be made soon. Commercial influence on health worker, unethical marketing practices put the Turkish breastfeeding culture and therefore Turkish babies short and longterm health at risk. Even if controls from the State and complaints are not always easy for workers, Turkish mothers are entitled to several rights that support them in their choice to breastfeed. Guidelines for health workers and policies should include comprehensive statement about breastfeeding in special circumstances such as in emergency and crisis. Comprehensive information in line with international recommendations should be provided to health workers regarding breastfeeding and HIV.
**Summary Part II: Infant and young child feeding (IYCF) practices**

<table>
<thead>
<tr>
<th>IYCF Practice</th>
<th>Result</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 11 Starting Breastfeeding (Initiation)</td>
<td>50 %</td>
<td>9</td>
</tr>
<tr>
<td>Indicator 12 Exclusive Breastfeeding for first 6 months</td>
<td>30 %</td>
<td>6</td>
</tr>
<tr>
<td>Indicator 13 Median duration of Breastfeeding</td>
<td>16,5%</td>
<td>3</td>
</tr>
<tr>
<td>Indicator 14 Bottle-feeding</td>
<td>%</td>
<td>3</td>
</tr>
<tr>
<td>Indicator 15 Complementary Feeding</td>
<td>20 %</td>
<td>9</td>
</tr>
<tr>
<td>Score Part II (Total)</td>
<td></td>
<td>30</td>
</tr>
</tbody>
</table>

**IBFAN Asia Guidelines for WBTi**

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

<table>
<thead>
<tr>
<th>Scores</th>
<th>Colour-rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 15</td>
<td>Red</td>
</tr>
<tr>
<td>16 - 30</td>
<td>Yellow</td>
</tr>
<tr>
<td>31 - 45</td>
<td>Blue</td>
</tr>
<tr>
<td>46 – 50</td>
<td>Green</td>
</tr>
</tbody>
</table>

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

Initaition of Breastfeeding rates are good, in Turkey 50% of babies are breastfed within one hour after birth as a result of the good BFHI implementation n the country. Turkey has a high cesarean section birth rate (48% in Turkey Demographic Health Survey). Improving birth condition in Turkey, reducing the cesaeran rates and implement widely the Mother Friendly programme may lead to an even better rate of breastfeeding initiation in the future.

The World Health Organization estimates the current global average rate of exclusive breastfeeding in the first six months to be 37% for the period 2006–2010,\(^{27}\) Turkey’s score is 6/10 with only 30%. The country must engage in vigorous campaigns to increase exclusive breastfeeding and hopefully

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\(^{27}\) World Health Organization (2014) Comprehensive implementation plan on maternal, infant and young child nutrition, Geneva
reach the 2025 Global Nutrition Targets which is “Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%.”

Median duration of breastfeeding can be improve. With a better implementation and monitoring of the WHO code, bottle feeding rates should be lowered in the future.

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

Total score of infant and young child feeding practices, policies and programmes (indicators 1-15) are calculated out of 150. Countries are then rated as: 110/150

<table>
<thead>
<tr>
<th>Scores</th>
<th>Colour- rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 45.5</td>
<td>Red</td>
</tr>
<tr>
<td>46 – 90.5</td>
<td>Yellow</td>
</tr>
<tr>
<td>91 – 135.5</td>
<td>Blue</td>
</tr>
<tr>
<td>136 – 150</td>
<td>Green</td>
</tr>
</tbody>
</table>

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**Key Gaps**

**Indicator 1**
Some outdated materials about the National Breastfeeding Policy can be found on official websites

**Indicator 2**
Breastfeeding optimum rates are not sufficient (percentage of babies breastfed within one hour of birth is 50%, Percentage of babies receiving prelacteal feeds: 25%) Recommendations (List action recommended to bridge the gaps):

**Indicator 3**
Implementation: Several articles have been included in the Turkish law (Teblig 2014/31 and Teblig 2014/32) but a lot of code provision and WHA subsequent resolutions have to be implemented as a National Law.


**Indicator 4**
Nurseries (crèches) and spaces for breast milk expression are not enough in the public institutions. Although women working illegally seem to have the same rights as women working legally, they cannot claim their rights for maternity protection.

Even if there are laws, some women do not claim their right or/and do not complain when their rights for maternity protection are not respected.

**Indicator 5**
In recent years, several international studies have been done in the field of Breastfeeding Management and Human Lactation. The Language barrier hinders access to important new findings and up-to-date resources and makes it hard to adapt curricula and text books to latest research and international scientific consensus.

**Indicator 6**
Even if all women receive support and counselling service before, during and after birth, the average duration of exclusive breastfeeding is only 1 to 2 months instead of the 6 months recommended.

Mother support groups are not implemented countrywide.

**Indicator 7**
Educational materials published by the non-state actors are not always appropriate according to the standards of the code of Marketing of Breast milk Substitutes.

Programmes run at a provincial level are not always free from commercial influence.29

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29 *Breastfeeding Week in partnership with formula company*
**Indicator 8**

Less awareness of the community member and health workers on 6 month exclusive breast feeding

**Indicator 9**

The Ministry of Health Guidelines on nutrition in emergencies do not contain enough information about infant feeding in Emergencies.

Lack of code implementation in the Turkish law, no measures are taken to minimize the risk of artificial feeding.

The infant feeding response plan belongs to institution more than to people tasked and appointed for specific responsibilities.

IFE Trainings for health professionals are not enough.

**Indicator 10**

Nil
Key Recommendations

Indicator 1

A web page could be developed to have all the documents related to the National Breastfeeding Policy in the same place, easily accessible and up to date. The Institute for Public Health Directorates\(^\text{30}\) could put a link to direct the public to the official national website.

Outdated materials should be removed from websites.

Indicator 2

Continue and strengthen the efforts to promote the Ten Steps for Successful Breastfeeding. Mothers should be encouraged to make a complaint by using the SABIM\(^\text{31}\) system's online link they are provided with. Complains related to BFHI should be reported by SABIM to the National Breastfeeding Committee.

The National Breastfeeding Committee and the Breastfeeding Scientific Committee should publish an analytical report depending on the Baby Friendly Hospitals data and examine the strengths and the weaknesses of the BFHI criteria. The results of this analysis should be used to take appropriate actions.

All the provinces which get the "Baby Friendly Province" title should provide the public with educational materials issued by the Ministry of Health on their websites.

The Secretary General should share the list of only the Baby Friendly Public Hospitals and the Public Health Institute should do the same for all the ones (including the last reassessment date).

Indicator 3


Strengthen Code Monitoring as recommended by WHO. “The 11.2 article has been clarified by WHA Resolution 49.15 (1996) which calls on member States to ensure that monitoring the application of the International Code is carried out in a transparent, independent manner, free from commercial influence; Independent monitoring precludes collaboration with companies.” To Strengthen monitoring efforts, individuals part of the National Breastfeeding Committee, The National Breastfeeding Scientific Committee and relevant organizations should be trained by the International Code Documentation Centre.

\(^{30}\) İl Halk sağlığı Müdürlüğü

\(^{31}\) SABIM is the Patients’ Rights Chapter of the Ministry of Health, established in 1998, it includes hotlines (SABIM 184) to collect patient complaints.
Indicator 4

Nurseries and spaces for breast milk expression should be reviewed in terms of quantity and quality. Complaints regarding maternity leave should be addressed to SABIM. SABIM should report about complaints regarding breastfeeding protection in the work place to the National Breastfeeding Committee so that they can track these indicators.

Educational materials in direction of private sectors' employers should be developed to emphasise the benefit of working and breastfeeding for employers.

Continue efforts to promote the Breastfeeding Friendly Work Place Initiative.

Indicator 5

To increase the number of up-to-date and evidence based text books on lactation and breastfeeding that health professionals can use in breast milk and lactation training courses.

To develop courses and provide scholarships which enable health professionals to take the IBCLC32 examination.

Efforts should be supported by the Breastfeeding Scientific Committee to standardize the curricula.

The existing WHO Code of marketing of Breast milk substitute Training should be improved and reinforced.

Indicator 6

Mother-to-mother peer support should be made available to all pregnant women. It should be developed and standardized in the whole country. The activities should be controlled and standardized.

A system should be developed by the Ministry of Health to standardize the system to choose the mother support group leaders and train them. The Ministry of Health should consult the groups running actively to benefit from their experiences.

Leading mothers should be motivated to organize activities in these support groups.

The Ministry of Health should support projects that aim to develop mother support groups.

Problems that arise in the functioning of the mother support groups should be analysed and policies should be developed to find solutions to these barriers.

32 International Board Certified Lactation Consultant. Certification is provide by IBLCE and valued worldwide as the most trusted source for certifying practitioners in lactation and breastfeeding care. http://iblce.org/ ; http://iblce.org/about-iblce/current-statistics-on-worldwide-ibclcs/
Indicator 7

Ensure outdated materials are removed from official websites.

Strengthen the efforts of the new Breastfeeding Scientific Committee to avoid misleading messages on TV shows and media.

Develop IEC written materials about formula feeding (its risks and uses) in line with WHO/FAO recommendation.33

To ensure that all events to promote breastfeeding at a national and provincial level are free from commercial influence and in line with the Code of Marketing of Breast Milk Substitutes. We recommend that the National Scientific Breastfeeding Committee reviews the Breastfeeding Week activities, write letters to provincial officials as a reminder prior to Breastfeeding Week (held in October in Turkey) and ask for receipt acknowledgement.

A national Theme can be chosen every year for the Breastfeeding Week, possibly in line with the World Alliance for Breastfeeding Action yearly campaigns.34

Indicator 8

Comprehensive national policy including IYCF in HIV

Strengthen the link between HIV program and IYCF program

All HIV-infected mothers should receive counselling which includes provision of general information about the risks and benefits of various infant feeding options, and specific guidance in selecting the option most likely to be suitable for their situation. Whatever a mother decides, she should be supported in her choice.

Indicator 9

Training on the implementation of the WHO code during emergency

Training on supporting optimum Infant Feeding practice for all health professionals

Review of the National Guideline to match IFE recommendation

Indicator 10

Nil
