

# APPAR DATABASE QUESTIONNAIRE

## Data For Nepal for the year 2005

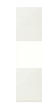
Note: Data Entry Exists

### Part I

(1) Percentage of babies breastfed within one hour of birth 31

#### Comments, Summary and Source of Data for Score 1(Upto 500 characters)

NDHS 2001

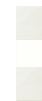


(2) Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours 68

Tick here if this data available is for babies of 0-4 months only. Please note that we won't be effectively compare and color code such data.

#### Comments, Summary and Source of Data for Score 2(Upto 500 characters)

NDHS 2001



(3) Babies are breastfed for a median duration of how many months? 30

#### Comments, Summary and Source of Data for Score 3(Upto 500 characters)

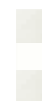
NDHS 2001



(4) Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles 3

#### Comments, Summary and Source of Data for Score 4(Upto 500 characters)

NDHS 2001



(5) Percentage of breastfed babies receiving complementary foods at 6-9 months of age 66

**Comments, Summary and Source of Data for Score 5(Upto 500 characters)**

NDHS 2001

**Part II****Please Check This Box if You don't have Part II Data** 

Else Uncheck this box, continue answering and submit by clicking the submit button at the end of Part 2

**(6) National Policy, Programme and Coordination****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 committee and coordinator?**[6.1] A national infant and young child feeding / breastfeeding policy has been officially adopted/approved by the government [6.2] The policy promotes exclusive breastfeeding for first six months and appropriate and adequate complementary feeding thereafter along with continued breastfeeding for two years and beyond [6.3] A national plan of action developed with the policy [6.4] The plan is adequately funded [6.5] There is a National Breastfeeding Committee [6.6] The national breastfeeding (infant and young child feeding) committee meets and reviews on a regular basis [6.7] The national breastfeeding (infant and young child feeding) committee links with all other sectors like health, nutrition, information etc. effectively [6.8] The National Breastfeeding Committee is headed by a coordinator with clear terms of reference **Summarize which aspects of IYCF policy, program and coordination are good and which need improvement and why? Any further analysis needed and recommendations for action (Upto 500 characters). And also mention source of data (Upto 500 characters)**

---

## (7) Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)

**(7(A)) - What percentage of hospitals and maternity facilities those provide maternity services have been designated "Baby Friendly" based on the national criteria?**

[7.1] Percentage of hospitals and maternity facilities that provide maternity services have been designated "Baby Friendly" for implementing ten steps to successful breastfeeding

**(7(B)) - What is the skilled training input in BFHI programme?**

[7.2] Percentage of BFHI designated hospitals that have been certified after a minimum recommended training of 18 hrs for its entire staff working in maternity services.

**(7(C)) - What is the quality of BFHI programme implementation?**

[7.3] BFHI programme relies on training of health workers

[7.4] A standard monitoring system is in place

[7.5] An assessment system relies on interviews of mothers

[7.6] Reassessment systems have been incorporated in national plans

**Summarize how the country is doing in achieving Baby friendly targets in quantity and quality both. List any aspects of the initiative needing improvement and why? Any further analysis needed and recommendations for action (Upto 500 characters). And also mention source of data (Upto 500 characters)**

---

## (8) Implementation of the International Code

**Is the International Code of Marketing of Breastmilk substitutes in effect and implemented? Has any new action been taken to give effect to the aims and principles of the code?**

[8.1] No action taken

[8.2] The best approach is being studied

[8.3] Law drafted, awaiting final approval

[8.4] Some articles of the code as a voluntary measure

[8.5] Code as a voluntary measure

[8.6] Some articles of Code as law

[8.7] All articles of the Code as law, monitored

[8.8] All articles of the Code as law, monitored and enforced

[8.9] New / additional legislation to protect breastfeeding to give effect to the aims and principles of the code exist

**Summarize which aspects of the Code compliance have been achieved and which need improvement and why? Any further analysis and recommendations for action (Upto 500 characters). And also mention source of data (Upto 500 characters)**



## (9) Maternity Protection

**Is there legislation that meets International Labor Organization (ILO) standards for protecting and supporting breastfeeding among working mothers?**

[9.1] Women covered by the legislation are allowed at least 14 weeks of paid maternity leave

[9.2] Women covered by the convention are allowed at least one paid breastfeeding break daily

[9.3] Private sector employers of women in the country give at least 14 weeks paid maternity leave and paid nursing breaks

[9.4] There is language in national legislation that encourages work site accommodation for breastfeeding and/or childcare in work places in the formal sector

[9.5] Women in informal / unorganized sector are provided same protection

[9.6] There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period

[9.7] The ILO MPC No 183 has been ratified

[9.8] The ILO MPC No 183 has been enacted

**Summarize which aspects of the legislation are good and which need improvement and why? Any further analysis needed and recommendations for action (Upto 500 characters). And also mention source of data (Upto 500 characters)**

## (10) Health and Nutrition care

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

[10.1] A review of health provider schools and pre-service education programmes in the country indicates that infant & young child feeding curricula or session plans are adequate/inadequate

Adequate  Inadequate  No-reference

[10.2] Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care

Adequate  Inadequate  No-reference

[10.3] There are in-service training programmes providing knowledge and skills related to infant & young child feeding for relevant health/nutrition care providers.

Adequate  Inadequate  No-reference

[10.4] Health workers are trained with responsibility towards Code implementation as a key input.

Adequate  Inadequate  No-reference

[10.5] Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)

Adequate  Inadequate  No-reference

[10.6] These in-service training programmes are being provided throughout the country

Adequate  Inadequate  No-reference

[10.7] Child health policies allow mothers and babies to stay together when one of them is sick

Adequate  Inadequate  No-reference

**Summarize which aspects of health and nutrition are good and which need improvement and why? Identify areas needing further analysis and recommendations for action. (Upto 500 characters). And also mention source**

**of data (Upto 500 characters)**



## **(11) Community Outreach**

**Are there community outreach and support mechanisms in place to protect, promote and support optimal infant and young child feeding?**

[11.1] Women have access to counseling services on infant and young child feeding in the community during pregnancy?

Yes  To Some Degree  No

[11.2] Women have access to infant and young child feeding counseling after birth

Yes  To Some Degree  No

[11.3] The infant and young child feeding counseling services have national coverage

Yes  To Some Degree  No

[11.4] Counseling services are integrated into an overall infant and child health strategy (inter-sectoral and intra-sectoral)

Yes  To Some Degree  No

[11.5] Counselors are trained in skills

Yes  To Some Degree  No

**Summarize which aspects of community outreach are good and which need improvement and why? Identify areas needing further analysis and recommendations for action. (Upto 500 characters). And also mention source of data (Upto 500 characters)**

## (12) Information Support

**Are comprehensive Information, education and communication (IEC) strategies for improving infant and young child feeding practices (breastfeeding and complementary feeding) being implemented?**

[12.1] There is a comprehensive national IEC strategy for improving infant and young child feeding

Yes  To some degree  No

[12.2] IEC programmes (either governmental or non-governmental) that include infant and young child feeding are being actively implemented at local levels

Yes  To some degree  No

[12.3] Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach

Yes  To some degree  No

[12.4] The content of IEC messages is technically correct, sound, based on national or international guidelines

Yes  To some degree  No

[12.5] A national IEC Campaign or programme using electronic and print media and activities has channeled messages on infant and young child feeding to targeted audiences in the last 12 months

Yes  To some degree  No

**Summarize which aspects of the Information, education and communication (IEC) programme are good and which need improvement and why? Identify areas needing further analysis and recommendations for action (Upto 500 characters). And also mention source of data (Upto 500 characters)**

### (13) Infant Feeding and HIV

**Are appropriate policies and programmes in place to ensure that mothers with HIV are informed about risks and benefits of different infant feeding options and supported in their infant feeding decisions?**

[13.1] The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV

Yes  To some degree  No

[13.2] The infant feeding and HIV policy gives effect to the International Code/National Legislation

Yes  To some degree  No

[13.3] 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 counseling and support

Yes  To some degree  No

[13.4] Antenatal VCCT (Voluntary and Confidential Counseling and Testing) is available and offered routinely to couples that are considering pregnancy and to pregnant women and their partners

Yes  To some degree  No

[13.5] Locally appropriate infant feeding counseling in line with current international recommendations is provided to HIV positive mothers (See Annex 7 for health worker guidelines)

Yes  To some degree  No

[13.6] Mothers are supported in their infant feeding decisions with further counselling and follow up to make these decisions as safe as possible

Yes  To some degree  No

[13.7] Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support breastfeeding in the general population

Yes  To some degree  No

[13.8] On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission on infant feeding practices and health outcomes for mothers and infants,

including those who are HIV negative or of unknown status


Yes  To some degree  No

[13.9] The Baby-friendly hospital initiative provides guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers

Yes  To some degree  No

**Summarize which aspects of HIV and infant feeding programming are good and which need improvement and why? Identify areas needing further analysis and recommendations for action (Upto 500 characters). And also mention source of data (Upto 500 characters)**

---



#### **(14) Infant Feeding During Emergencies**

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

[14.1] A policy that addresses key issues related to infant and young child feeding in emergencies has been endorsed or developed

Yes  To some degree  No

[14.2] Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed

Yes  To some degree  No

[14.3] A contingency plan to undertake activities to facilitate exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed

Yes  To some degree  No

[14.4] Resources identified for implementation of the plan during emergencies

Yes  To some degree  No

[14.5] Appropriate 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

Yes  To some degree  No

**Summarize which aspects of emergency preparedness are good and which need improvement and why? Identify areas needing further analysis and recommendations for action (Upto 500 characters). And also mention source of data (Upto 500 characters)**

---

---

## (15) Monitoring and Evaluation

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

[15.1] Monitoring and evaluation components are built into major infant and young child feeding program activities

Yes  To Some degree  No

[15.2] Monitoring and Management Information System (MIS) data are considered by program managers as part of the planning and management process

Yes  To Some degree  No

[15.3] Adequate baseline and follow-up data are collected to measure outcomes for major infant and young child feeding program activities

Yes  To Some degree  No

[15.4] Evaluation results related to major infant and young child feeding program activities are reported to key decision-makers, both at national and regional/local levels

Yes  To Some degree  No

[15.5] Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys

Yes  To Some degree  No

**Summarize which aspects of monitoring and evaluation are good and which need improvement and why? Identify areas needing further analysis and recommendations for action (Upto 500 characters). And also mention source of data (Upto 500 characters)**

---



End of Questionnaire