



The World Breastfeeding Trends Initiative (WBTi)

Name of the Country :

People's Republic of China

Year 2008

Indicator 1: Early Initiation of Breastfeeding

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

Guideline:

Indicator 1	WHO's Key to rating %	Existing Status %
<i>Initiation of Breastfeeding (within 1 hour)</i>	0-29	23.2
	30-49	
	50-89	
	90-100	

Source of data:

1. The Third National Health Services Survey of China, 2003
2. China nutrition and health survey, 2002

Summary Comments

The rate of early initiation of breastfeeding was 19-26% for mothers to start breastfeeding within half hour of birth during 1998 to 2003, and early initiation of breastfeeding did not rise with the rate of hospitalized delivery and the number of baby friendly hospitals. Measures should be taken to improve the service in maternity to start skin-skin contact and initiation of breastfeeding during the first hour.

Indicator 2: Exclusive breastfeeding for the first six months

Key question: Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours?

Guideline:

Indicator 2	WHO's Key to rating %	Existing Situation %
<i>Exclusive Breastfeeding (for first 6 months)</i>	0-11	
	12-49	
	50-89	51%
	90-100	

Source of data:

1. The State of the World's Children 2009 (UNICEF)

Summary Comments:

As far, the rate of exclusive breastfeeding is not included in national information system. WHO is planning a project to add the indicator to China national health information system by 2012.

By the date of 1985, 1995 and 2005, China kept high rates of breastfeeding and low rates of exclusive breastfeeding. In 2005, 88.7% of infants less than 6 months were ever breastfed, but the exclusive breastfeeding rate didn't rise with the development of society and BFHI.

Indicator 3: Median duration of breastfeeding

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

Guideline:

Indicator 3	WHO's Key to rating	Existing Situation %
Median Duration of Breastfeeding		No data available
	0-17 Months	
	18-20 "	
	21-22 "	
	23-24 "	

Source of data:

No data available

Summary Comments

The breastfeeding duration is not an indicator in national information system.

Indicator 4: Bottle feeding

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

Guideline:

Indicator 4	WHO's Key to rating	Existing Situation %
Bottle Feeding (<6 months)		No data available
	30-100%	
	5-29%	
	3-4%	
	0-2%	

Source of data:

No data available

Summary Comments

Information on bottle feeding is not included in routine information collection.

Feeding by bottle and teat, and early complementary feeding are quite commonly used in China. By the national survey on growth of children under 7 years of age in nine cities of China in 2005 showed, 67.2% of the infants less than 6 months old received other foods or drink.

Indicator 5: Complementary feeding

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

Guideline:

Indicator 5	WHO's Key to rating %	Existing Situation %
Complementary Feeding (6-9 months)	0-59	25.6%
	60-79	
	80-94	
	95-100	

Source of data:

1. the Third National Health Services Survey of China (2003)

Summary Comments

Early complementary feeding is much popular in China with the early breastfeeding ceasing. As the Third National Health Services Survey of China (2003) found, 32.8% and 35.5% of the infants received complementary food during 0-4 months and 4-6 months, but these figures did not tell the babies breastfed or not.

COMPARISON WITH 2005 ASSESSMENT (Only for South Asian Countries)

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

Indicator	Status in the last assessment in 2005	Current status
1. Percentage of babies breastfed within one hour of birth		
2. Percentage of babies of 0<6 months of age exclusively breastfed in the last 24 hours		
3. Babies are breastfed for a median duration of how many months		
4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles		
5. Percentage of breastfed babies receiving complementary foods at 6-9 months of age		

Indicator 6: *National Policy, Programme and Coordination*

Key Question: Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National Infant and Young Child Feeding Committee and Coordinator?

Criteria of Indicator 6	Scoring	Results ✓ <i>Check any one</i>
6.1) A national Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2	✓
6.2) The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	2	✓
6.3) A National Plan of Action has been developed with the policy	2	✓
6.4) The plan is adequately funded	1	✓
6.5) There is a National Breastfeeding Committee	1	✓
6.6) The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	✓
6.7) The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5	✓
6.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	✓
Total Score	-10--/ 10	

Information and Sources Used:

National Program of Action, for Children Development in China (2001-2010)
National Strategy on Infant and Young Child Feeding (2007)

Gaps:

Breastfeeding promotion is carried out mainly by health system in China, and lack of effective collaboration with other government sectors and social resources. The barriers to exclusive breastfeeding for 6 months are mis-beliefs and mis-understandings in the general public, such as “lack of breastmilk”, adding water to infants under 6 months. It should be joint efforts, not only MoH’s.

Recommendations:

Although there is no assigned national breastfeeding committee, MoH keeps the leadership of IYCF promotion, including policy-making, planning, implementation and coordination. IYCF is the important content in programs in child health care and funded by government, for example IMCI. Considering the high rate of breastfeeding and popular of formula feeding in China, it is recommended to enhance exclusive breastfeeding in 6 month and education on the harms of infant formula.

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

Key Question:

7A) What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?

7B) What is the skilled training inputs and sustainability of BFHI?

7C) What is the quality of BFHI program implementation?

7A) Quantitative

7.1) What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria? ~~-100%~~-----*(write in %)*

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

7B) Qualitative

7.2) What is the skilled training inputs and sustainability of BFHI? ~~----100%~~-----*(write in %)*

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

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

Qualitative

7C) What is the quality of BFHI program implementation?

Criteria	Score	Results ✓ <i>Check that apply</i>
7.3) BFHI programme relies on training of health workers	.5	✓
7.4) A standard monitoring system is in place	.5	✓
7.5) An assessment system relies on interviews of mothers	.5	
7.6) Reassessment systems have been incorporated in national plans	.5	
7.7) There is a time-bound program to increase the number of BFHI institutions in the country	.5	✓
Total Score	/2.5	1.5
Total Score 7A, 7B and 7C	-/10	9

Information and Sources Used:

Supervision Guidance for Baby Friendly Hospital (MoH, 2002)

Gaps:

From 1992 to 1995, China achieved the target that all the health institutes providing maternal service should be BFH. There are about 7329 BFHs in China by 2002. MoH issued *the Supervision Guidance for Baby Friendly Hospital* in 2002 to assess the BFHI internally and externally. As the Guidance required, all the BFHs should comply with the Code, the ten steps for successful breastfeeding, and the facility's breastfeeding/infant feeding policy.

But, the health authorities could only reassess a few of the health facilities every year, and most of the reassessment are done by the facilities their selves. It is hard to profile the whole situation with little data at national level or provincial level.


Recommendations:

As the National Strategy of IYCF required that training, monitoring, and reassessment should be strengthened to improve BFHI.

To supervise the numerous BFHs is huge challenges for China health authorities. Besides formalistic measures, more effective approaches are urgent to apply, such as updating training, external reassessment and report system, and strictly punishment.

Indicator 8: *Implementation of the International Code*

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

Criteria	Scoring	Results
		 <i>Check those apply. If more than one is applicable, record the highest score.</i>
8.1) No action taken	0	
8.2) The best approach is being studied	1	
8.3) National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable	2	
8.4) National measures (to take into account measures other than law), awaiting final approval	3	
8.5) Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions	4	
8.6) Some articles of the Code as a voluntary measure	5	✓
8.7) Code as a voluntary measure	6	
8.8) Some articles of the Code as law	7	
8.9) All articles of the Code as law	8	
8.10) All articles of the Code as law, monitored and enforced	10	
Total Score:	--/10	5-

Information and Sources Used:

The Chinese Regulations on Marketing of Substitutes of Breastmilk (1995)
State of the Code by Country 2009 (IBFAN)

Gaps:

The Chinese Regulations was adopted by six government sectors in 1995 incorporating some of the articles in the Code, but non of the subsequent WHA resolutions. Although it is jointed regulations, MoH has been taking the main role of implementation, monitoring and coordination. As MoH required, the ten steps of the Code should be complied with by all the BFHs.

Since 2007, China Consumers' Association joined the BMS marketing monitoring funded by UNICEF and published the Report of Implementation of the Code in 31 cities.

As WHA urgent, the Code should be implemented as minimized requirements. The Chinese Regulations covered some articles of the Code, but not fully. For example, there is no prevision to require information on harm of formula and bottle feeding to provide to the general public and print on the label.

Recommendations:

More than 25 years has pasted since the adoption of the Code, National policy should updated with relevant WHA resolutions, according to evidence on infant feeding, optional IYCF practices, no free or low cost supply for health system, infant feeding and HIV/AIDS, and donation in humanism aids.

After the Melamine Events, MoH is to restart the amending of the Chinese Regulations in 2009 to catch up the Food-Safety Law and relevant WHA resolutions.

Indicator 9: *Maternity Protection*

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

Criteria	Score	Results Check <input checked="" type="checkbox"/> that apply
9.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave		
a. Any leave less than 14 weeks	0.5	✓
b. 14 to 17weeks	1	
c. 18 to 25 weeks	1.5	
d. 26 weeks or more	2	
9.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.	1	
a. Unpaid break	0.5	
b. Paid break	1	✓
9.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	✓
9.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector.	1	✓
9.5) Women in informal/unorganized and agriculture sector are:	1	
a. accorded some protective measures	0.5	✓
b. accorded the same protection as women working in the formal sector	1	
9.6)		
a. Information about maternity protection laws, regulations, or policies is made available to workers	0.5	✓
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.'	0.5	✓
9.7) Paternity leave is granted in public sector for at least 3 days.	0.5	
9.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	
9.9) There is legislation providing health protection for	0.5	✓

pregnant and breastfeeding workers and the legislation provides that they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.		
9.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5	✓
9.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5	✓
9.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5	
Total Score:	/10	6.5

Information and Sources Used:

Regulations on Labor Protection of Female Workers (1988)
Law of Population and Family Planning of P. R. China (2001)

Gaps:

The Regulations and the Law set that female worker maternity leave is 90 days and work site accommodation for breastfeeding. But there is no paternity leave at all.

Beside the national legislation, local rules might set longer maternal leaves paid or partly paid, such as Beijing and Shanghai. And some local regulations are updating to cover informal and agriculture sector, and provide more welfare to female worker.

The short maternal leave could not ensure exclusive breastfeeding for 6 months. With the resident area moves far from the city-zone, a nursing room in working place disappeared.

Recommendations:

Some recommendations are raised for female worker protection in China.:

- (1) At least 6 month maternal leave is necessary for successful exclusive breastfeeding for 6 months.*
- (2) The salary standard during break should be set in details, because base pay is often lower than the minimum living allowance, not say raising an infant.*
- (3) New measures should be explored, because some convenience measures are not suitable and disappear with the tendency of suburbanization of residence in cities, such as breastfeeding rooms, nurseries and kindergarten.*

Indicator 10: *Health and Nutrition Care System*

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

Criteria	Results ✓ <i>Check that apply</i>		
	Adequate	Inadequate	No Reference
10.1) A review of health provider schools and pre-service education programmes in the country ¹ indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
		✓	▲
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.	2	1	0
		✓	
10.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. ²	2	1	0
		✓	
10.4) Health workers are trained with responsibility towards Code implementation as a key input.	1	0.5	0
		✓	
10.5) Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrhoeal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1	0.5	0
	✓		
10.6) These in-service training programmes are being provided throughout the country. ³	1	0.5	0
		✓	
10.7) Child health policies provide for mothers and babies to stay together when one of them is sick	1	0.5	0
		✓	
Total Score:	5.5---/10		

Information and Sources Used:

Supervision Guidance for Baby Friendly Hospital (MoH, 2002)

IMCI Action Plan (MoH)

IMCI training Course (2004)

IYCF training Course (2006)

¹ 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.

² 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.

³ Training programmes can be considered to be provided “throughout the country” if there is at least one training programme in each region or province or similar jurisdiction.

Gaps

Before IYCF was introduced to China in 2006, infant nutrition and breastfeeding was a small part of pediatrics textbook. Science 2006, IYCF has been integrated into relevant programmes, such as IMCI, IECD, and family planning. The in-service training on IYCF was carried out in project areas to improve health staff's knowledge and counselling skills. However the pre-service training on IYCF could not expand thought over the countries due to the complex and difficult process to adapt the syllabus.

Mother-friendly childbirth procedures have not implemented in all health facilities. Some hospitals encourage women to choose accompanying delivery and birth, but not all the hospitals. Although room-in is possible in all BFHs, room-in for sick mother or baby is not mandatory.

Recommendations

The BFHI in China should be updated with revised WHO 18 hour course, adding mother friendly care, optional IYCF practices, HIV& infant feeding. The training should be included in both pre-service and in-service courses.

Mothers should be encourage to expressing milk and feed infants expressed milk when they are separated with infants.

Indicator 11: *Mother Support and Community Outreach*

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

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

Information and Sources Used:

Protection Rules for Working Women (1993)

Gaps:

The home visits for mother and child health are routine work of community health centers. At least three visits are required within the first week, the second week and in first month.

The baby friendly community in China just piloted in selected areas recently. The peer support, volunteer group were carried by themselves, rather than health authorities.

Recommendations:

The first month is essential for successful breastfeeding. Only home visits are not sufficient to support mothers who encounter feeding problems. Besides the hotline of hospital, the peer support, community women group and any other volunteers should be mobilized to help mothers and their families.

Indicator 12: Information Support

Criteria	Results		
	Yes	To some degree	No
12.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.	2	1	0
		✓	
12.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2	1	0
		✓	
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.	2	1	0
	✓		
12.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2	1	0
		✓	
12.5) A national IEC campaign or programme ⁴ using electronic and print media and activities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months.	2	1	0
		✓	
Total Score:	-6--/10		

Information and Sources Used:

National Program of Action, for Children Development in China (2001-2010)
National Strategy on Infant and Young Child Feeding (MoH, 2007)

Gaps:

The IEC for health staff and general public is integrated in *the National Strategy on IYCF*. IYCF counselling is part of routine work for child health.

MoH has update IYCF information in the national strategy that recommended exclusive breastfeeding for 6 months, but it takes much more time to transmit the information to field health worker.

Recommendations:

After the national strategy adopted in 2007, the follow-up activities are to implement it effectively.

- (1) Health staff should be retrained regularly on IYCF.
- (2).Health authorities should provide the minimized basic information in health education for mothers.
- (3) Health system should work together with mass media to spread IYCF knowledge to the general public.

⁴ An IEC campaign or programme is considered “national” if its messages can be received by the target audience in all major geographic or political units in the country (e.g., regions or districts).

Indicator 13: *Infant Feeding and HIV*

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

Criteria	Results ✓ <i>Check that apply</i>		
	Yes	To some degree	No
13.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2 ✓	1	0
13.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5 ✓	0
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 counselling and support.	1	0.5 ✓	0
13.4) Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5 ✓	0
13.5) Infant feeding counselling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.	1	0.5 ✓	0
13.6) Mothers are supported in making their infant feeding decisions with further counselling and follow-up to make implementation of these decisions as safe as possible.	1	0.5 ✓	0
13.7) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0 ✓
13.8) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1 ✓	0.5	0
13.9) The Baby-friendly Hospital Initiative incorporates provision of guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers.	1	0.5	0 ✓
Total Score:	5.5-/10		

Information and Sources Used:

The Draft of National Action Plan for AIDS Prevention from Mother to Child Transmission (PMTCT) (China CDC)

Gaps:

HIV test is routine test antenatal clinic. The HIV-post pregnant women must be referred to assigned infectious hospitals for maternity service.

The Draft of National Action Plan for AIDS Prevention from Mother to Child Transmission (PMTCT) was issued by CCDC. The draft plan set formula feeding as the measure to prevent transmission by breastfeeding, and set the targets: to raise the rate of formula feeding in high risk infants to 75%, to raise the coverage of counselling for high risk women to 75%.

Recommendations:

The challenges for implementation of the Draft Plan is to build the staff's capacity of IYCF counselling for HIV-positive mothers, as well as to ensure the consistent and sustain infant formula supply for HIV-positive mother's babies.

HIV & Infant feeding should not be limited in the assigned infectious hospitals which provide health service to HIV positive mothers. The other health facilities and their staff should also be aware of basic information.

Indicator 14: *Infant Feeding during Emergencies*

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

Criteria	Results		
	Yes	To some degree	No
14.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies	2	1	0
			✓
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	2	1	0
	✓		
14.3) An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed	2	1	0
			✓
14.4) Resources identified for implementation of the plan during emergencies	2	1	0
			✓
14.5) Appropriate teaching material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	2	1	0
		✓	
Total Score:	3/10		

Information and Sources Used:

Child Health Care Guideline in Disaster (MoH, 2008)

Gaps:

There is little addressed in National Strategy of IYCF on IFE.

When the disaster of Sichuan Earthquake took place in May of 2008, policy and strategy on IFE was almost blank in China.

IYCF support and management of formula donation was not given enough priority. Unordered formula donation and lack of breastfeeding support in earthquake areas resulted in many child nutrition problems.

Recommendations:

Since MoH is the default national coordinator with UN, NGOs and donors, MoH should take the responsibility to make national policy on IFE.

Based on the lessons learned from the disaster, IFE should be integrated to the amanding *Chinese Regulations on Marketing of Substitute of Breastmilk*. IYCF should be given priority in recue aid, including IEC and resources aid.

Indicator 15: *Monitoring and Evaluation*

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

Criteria	Results		
	Yes	To some degree	No
15.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
	✓		
15.2) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.	2	1	0
	✓		
15.3) Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	2	1	0
		✓	
15.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers	2	1	0
	✓		
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.	2	1	0
		✓	
Total Score:	8/10		

Information and Sources Used:

Supervision Guidance for Baby Friendly Hospital (MoH, 2002)
National Strategy on Infant and Young Child Feeding (MoH, 2007)

Gaps:

Monitoring, evaluation and feedbacks on IYCF is one of the ten measures in the National Strategy on IYCF.

Rate of breastfeeding in 4 months and malnutrition rate are included in national nutrition and health information systems. Besides the internal mechanism, the external monitoring provides important information to policy makers, such as the surveys by China Consumer Associate.

Recommendations:

More indicators on breastfeeding and IYCF need to include in national information systems, such as exclusive breastfeeding for 6 months, breastfeeding duration, and complementary feeding in 6-9 months. And the quality control of the information collection and report should be given enough concerns.

Taking account of the numerous of BFHs in China, the internal supervision and monitoring is an arduous task for health authorities. The compensative mechanism will be concerned, such as the external monitoring and evaluation.

List of the partners for the assessment process

Ministry of Health

WHO China Office

UNICEF China Office

China Advertising Association, Legal Services Center

China Consumer Associate

China Preventive Medicine Association, Society of Child Health

Capital Institute of Pediatrics