



World Breastfeeding Trends Initiative (WBTi)

Assessment Report





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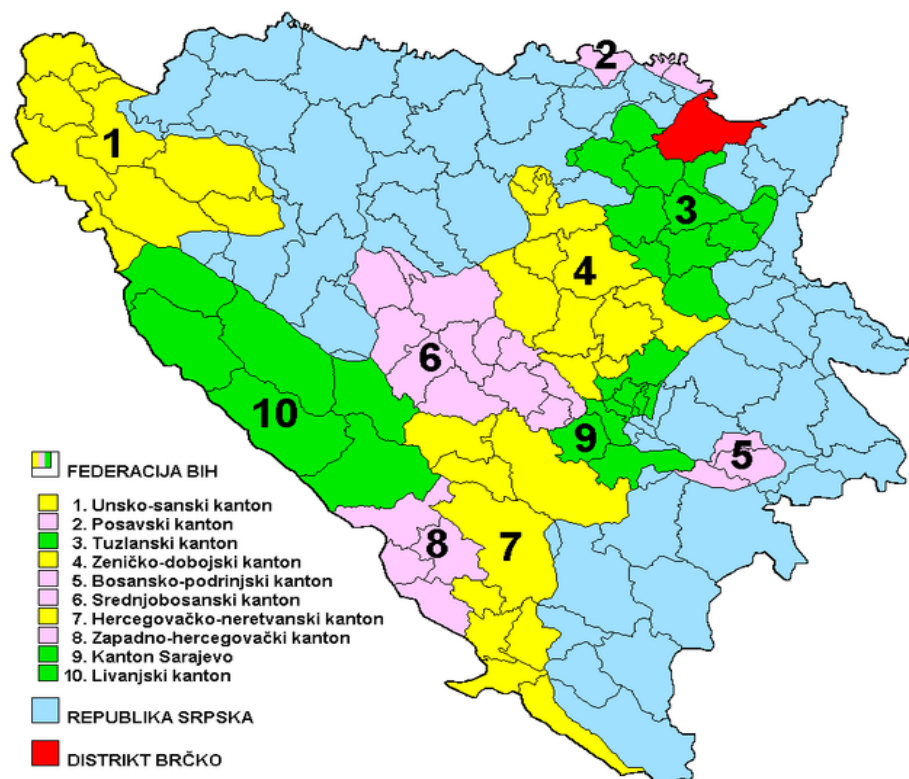
Report



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The World Breastfeeding Trends Initiative (WBTi)

Name of the Country: Bosnia and Herzegovina
Year : 2015.



Introduction

World Breastfeeding Trend Initiative was the base for preparation of Bosnia and Herzegovina World Breastfeeding Trends Assessment Report. Implementation of WHO/UNICEF Global Strategy for Infant and Young Child Feeding has been assessed and this is first assessment carried out in Bosnia and Herzegovina in period June-November 2015.

As a WHO member state Bosnia and Herzegovina supported Global Strategy and its aim related to revitalization of activities for support promotion and protection of breastfeeding. Assessment process has been done according to WBTi methodology developed by International Food Action Network Asia (IBFAN Asia) with objective to determine gaps in policies and programs present in Bosnia and Herzegovina in order to stimulate and improve implementation of actions.

Bosnia and Herzegovina is among first 12 countries from Europe that joined WBTi and conducted WBTi assessment in their countries.

Assessment has been conducted by the Breastfeeding Advancement Group - IBFAN with a help of partners including partners from government and non government sector as well as from international community.

Report contains background information on current situation related to infant feeding practices as well as on existing policies, programs and activities. Background information of WBTi in general is included - list of indicators is given and major steps in methodology of assessment are explained.

Two set of indicators have been assessed – indicators of policy and programs and indicators of breastfeeding practices.

Each indicator included data collection and analysis, interpretation of findings discussion and conclusions. List of gaps for each indicator as well as recommendations for future actions is part of assessment of each indicator and with summary of key recommendations that is available at the end of report.

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.

Part-I deals with policy and programmes (indicator 1-10)	Part –II deals with infant feeding practices (indicator 11-15)
<ol style="list-style-type: none"> 1. National Policy, Programme and Coordination 2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding) 3. Implementation of the International Code of Marketing of Breastmilk Substitutes 4. Maternity Protection 5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF) 6. Mother Support and Community Outreach 7. Information Support 8. Infant Feeding and HIV 9. Infant Feeding during Emergencies 10. Mechanisms of Monitoring and Evaluation System 	<ol style="list-style-type: none"> 11. Early Initiation of Breastfeeding 12. Exclusive breastfeeding 13. Median duration of breastfeeding 14. Bottle feeding 15. Complementary feeding

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

In Bosnia and Herzegovina nutritional status and nutrition are still among major public health challenges particularly as it comes to marginalized groups where double burden of malnutrition is present.

Infant mortality rate in the Federation of Bosnia and Herzegovina is 7.3‰ in 2013 and infant mortality rate in the Republic of Srpska is 3.5‰ in 2013.

Multiple Cluster Indicator Survey conducted in 2012 showed that the most prominent problem identified in BH in terms of nutrition was that of overweight children: one in six children under 5 years of age in BH (F BH and RS) was overweight. Second most prevalent issue amongst children under 5 years of age is stunting and 9% of children were stunted. The prevalence of wasting was low and present amongst 2 per cent of children under 5 years of age. The prevalence of underweight children was low, in Bosnia and Herzegovina 2 % of children under 5 years were underweight.

Optimal infant and young child feeding is crucial for nutritional status and health of children including protection from infections and acute diseases as well from chronic non communicable diseases later in life.

According to WHO and UNICEF recommendations exclusive breastfeeding is considered appropriate feeding for infants aged 0-5 months, while infants aged 6-23 months are considered to be appropriately fed if they are receiving breast milk and solid, semi-solid or soft foods.

Data from MICS survey showed that only 42 per cent of newborns were breastfed within one hour of birth, while (87 per cent) of newborns were first breastfed within one day of birth.

The percentage of babies who are exclusively breastfed up to 6 months in Bosnia and Hecegovina is 18.5%. Mothers from rural areas (22.0%) and the poorest mothers (25.5%) were exclusively breastfeeding their babies 0-6 months of age, while mothers from urban areas (7.1%) and the richest mothers (6.4%) were exclusively breastfeeding their babies 0-6 months of age.

The percentage of breastfed babies who received complementary foods at 6-8 months of age is 71,3%.

Infant and Young child Feeding Policy in Federation of Bosnia and Herzegovina is officially adopted by the F BH Government on 24th January 2013 and Infant and Young child Feeding Policy in Republic of Srpska has been publically presented by the Ministry of Health and Social Protection on 16th of May 2012.

Policies are in part integrated in several other relevant policies such as Strategic Plan for Improving Early Childhood Development in the Federation of Bosnia and Herzegovina, Biannual Action Plan on Early Childhood Growth Development and Nutrition (Ministry of Education and Unicef), Action Plan for Children 2015- 2018 in Bosnia and Herzegovina, Council of Ministers of Bosnia and Herzegovina.

Activities that followed after policies adoption included development of Guidelines for Nutrition of Infants and Children of Preschool and School Age of Republic of Srpska, Guidelines for Nutrition

of Children 0-3 years in Federation of Bosnia and Herzegovina, and Guidelines for Healthy Nutrition of Preschool and School Children, Federation of Bosnia and Herzegovina.

Inter-sectoral programs related to improvement of infant and child nutrition in schools implemented by ministries of education, health and social welfare and institutes of public health are in progress. Beside others, pilot project “Nutrition Friendly Kindergartens” based on WHO Nutrition Friendly School Initiative is implemented and among other, activities include establishment of breastfeeding rooms, restriction of marketing of breastmilk substitutes in kindergarden complex and harmonization of menus with Guidelines. All activities have been supported by Unicef.

Promotional activities are systematically implemented by governmental institutions such as maternity hospitals and public health institutes at cantonal and entity level as well as by non-governmental organizations such as Breastfeeding Advancement Group, DjeCa, Fenix, Radosnica etc. Those activities are in line with international activities done by IBFAN, WABA, BPNI, WHO and UNICEF. Also, strong partners in this field are representatives of local and entity media and one of major jointly conducted activities is celebration of Breastfeeding Week.

By the decision of the government of Republic of Srpska in 2009 all hospitals got responsibility to introduce BFHI principles in their work.

Major activity that is going on in Federation of Bosnia and Herzegovina is conduction of Baby Friendly Hospital Initiative done by Agency for Quality and Accreditation in Health of Federation of Bosnia and Herzegovina (AKAZ) in cooperation of Ministry of Health of F BH and support of Unicef. So far 15 hospitals have been accredited as Baby Friendly.

In December 2012 on proposal of Food Safety Agency of Bosnia and Herzegovina and relevant entity ministries EC Directive on Infant Formula and Follow up Formula that is in line with relevant EC Directive has been adopted by the Council of Ministers of Bosnia and Herzegovina.

By The Decree Law on Marketing of Breastmilk Substitutes in Republic of Srpska issued in 2000 in Republic of Srpska International Code on Marketing of Breastmilk Substitutes is implemented as law. However in Federation of Bosnia and Herzegovina Code is still only voluntary recommendation.

In Bosnia and Herzegovina there is no state/national labor law but entity labor laws. All existing labor laws beside other define different issues of mother’s protection including length of maternity leave for a period of one year, two payed one hour breastfeeding breaks until the child reaches one year of age that are included in full working time.

Assessment process

The Breastfeeding Advancement Group-IBFAN conducted the assessment of ongoing activities related to promotion protection and support of breastfeeding in Bosnia and Herzegovina using WBTi Assessment Tool. Assessment has been conducted in the period June to November 2015. Collection of information for WBTi assessment in Bosnia and Herzegovina required involvement of numerous governmental partners including state governmental bodies, entity ministries of education, health and social welfare as well as academic institutions at different levels and non-governmental organizations such as Breastfeeding Advancement Group, Magna, DjeCa, Fenix, Radosnica and international organizations such IBFAN, WABA, BPNI, WHO and UNICEF.

After attending WBTi training workshop organized by IBFAN Asia and Europe 13-15 May 2015 in Geneva, first preparatory meeting of Breastfeeding Advancement Group (BFAG) at the end May 2015 has been held. In the middle of June five core group members (CGM) have been nominated and tasks and responsibilities related to implementation of WBTi determined.

Selected CGM included coordinator of group - president of BFAG and former president of Federal Breastfeeding Committee, social medicine specialist and BFHI assessor and specialist in hygiene public health and nutrition, working in entity and cantonal public health institutes, legal officer from nongovernmental organization for education and support of women "Magna" and representative of Agency for Quality and Accreditation in Health of Federation of Bosnia and Herzegovina. In case of need other members and partners have been involved as well.

Basement indicators have been divided according to expertise of group members. Work on each indicator included preparation of specific questionnaires, written communication or meetings with relevant institutions and their representatives and web search.

In three more meetings problems and uncertainties have been discussed. Generally, major difficulties in conduction of assessment were related to specific administrative structure of Bosnia and Herzegovina which required data collection from two entities. Those meeting were attended by a wider group consisted of other members of Breastfeeding Advancement Group that have been involved in defining gaps and creation of recommendations.

On 29th of September 2015 at conference „Promotion of Programs and Standards of Baby Friendly Hospitals“ jointly organized by Agency for Quality and Accreditation in Health of Federation of Bosnia and Herzegovina and UNICEF attended by representatives of the Federal Ministry of Health, UNICEF, representatives of "Baby Friendly Hospitals" and maternity wards and representatives of NGOs, presentation on World Breastfeeding Initiative has been made.

Final report will be sent to Breastfeeding Promotion Network of India and distributed to partners involved in assessment process as well as to all other relevant institutions and stakeholders that can contribute to the improvement of infant and young child nutrition.

List of the partners for the assessment process:

1. Breastfeeding Advancement Group - IBFAN
2. NGO Association for support and education women “Magna”
3. AKAZ-Agency for health care quality and accreditation in the Federation of Bosnia and Herzegovina
4. Institute of Public Health of Federation of Bosnia and Herzegovina
5. Republic of Srpska, Public Health Institute
6. Ministry of Health and Social Welfare of Republic of Srpska
7. Ministry of Health of Federation of Bosnia and Herzegovina
8. Unicef Office for Bosnia and Herzegovina
9. Institute of Public Health of Canton Sarajevo
10. Health Center “Omer Maslić” Sarajevo
11. Health Center Brčko
12. Faculty of Medicine, University of Sarajevo
13. Faculty of Medicine, University of Mostar
14. Faculty of Medicine, University of Banja Luka
15. Faculty of Health Studies, University of Sarajevo
16. Public Institution Secondary Medical School Sarajevo
17. Secondary Medical School Mostar
18. Public Institution” Agriculture and Secondary Medical School Brčko”

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 ?*

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results ✓ <i>Check any one</i>
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	1	✓
1.2) The policy recommended exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	1	✓
1.3) A national plan of action developed based on the policy	2	
1.4) The plan is adequately funded	2	
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1	✓
1.6) The national breastfeeding (infant and young child feeding) committee meets , monitors and reviews on a regular basis	2	
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5	
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level.	0.5	
Total Score	3/10	

Information Sources Used:

1. *Policy for Improving Child Nutrition in Federation of Bosnia and Herzegovina, Ministry of Health of Federation of Bosnia and Herzegovina, Sarajevo, February 2013*
[http://www.unicef.org/bih/Politika_ishraneF_BiH\(1\).pdf](http://www.unicef.org/bih/Politika_ishraneF_BiH(1).pdf)
2. *Policy for Improvement of Nutrition of Children under the Age of Five in the Republic of Srpska, Ministry of Health and Social Welfare of the Republic of Srpska, Banja Luka, 2012*
3. *Strategic Plan for Improving Early Childhood Development in the Federation of Bosnia and Herzegovina* http://www.unicef.org/bih/early_childhood_development_eng.pdf

4. *Politika za unapređenje ishrane djece u F BiH, Federalno ministarstvovzrdavstva - Policy for Improving Child Nutrition in Federation of Bosnia and Herzegovina, Ministry of Health of Federation of Bosnia and Herzegovina, <http://www.fmoh.gov.ba/index.php/zakoni-i-strategije/strategije-i-politike>*
5. *Early Childhood Development and Mother and Child Health Dept, Unicef Office for Bosnia and Herzegovina, <http://www.unicef.org/bih>*
6. *Dvogodišnji plan rada Rani rast i razvoj i ishrana, Federalno Ministarstvo obrazovanja i Unicef, Biannual Action Plan on Early Childhood Growth Development and Nutrition, Federal Ministry of Education and Unicef*
7. *Action Plan for Children 2015-2019, Bosnia and Herzegovina, Council of Ministers of Bosnia and Herzegovina, http://www.unicef.org/bih/media_28008.html*
8. *M. Ademović i sar.: Bolnice prijatelji beba u Federaciji Bosne i Hercegovine, Federalno Ministarstvo zdravstva, inicijativni odbor za promociju prirodne ishrane, Udruženje za unapređenje dojenja, Unicef, - Baby Friendly Hospitals in Bosnia and Herzegovina, Ministry of Health of Federation of Bosnia and Herzegovina, Initiative Board for Promotion of Natural Nutrition, Arch design ISBN 978-9958-9581-1-3, Sarajevo 2009*

Conclusions:

Due to different administrative structure of Bosnia and Herzegovina there is no Infant and Young Policy at national level but there are two entity level Infant and Young Feeding Policies (Federation of Bosnia and Herzegovina -F BH Entity and Republic of Srpska – RS Entity). Entity ministries of health have been in charge for development of policy and both policies are in line with WHO Global Strategy for Infant and Young Child Feeding. Policies contain comprehensive situation analysis with well defined problems and clear goals and objectives. Policies cover major issues related to infant and young child feeding including promotion of infant and young feeding practices that are consistent with WHO guidelines, monitoring trends and promotional activities, provision of sound and consistent messages through education and media, strengthening of BFHI within health system, education of health workers for counseling support and for fulfilling their responsibilities under International Code, ensuring appropriate nutrition in difficult situations, incorporating International Code in legal framework and its enforcement, and promotion of integrated approach in implementation of proposed activities. Particular focus on marginalized population groups and socioeconomic inequalities has been given as well as allocation of responsibility for implementation to relevant bodies. Mechanisms for enforcement of policies such as monitoring and evaluation have been mentioned but not elaborated.

Policy in Federation of Bosnia and Herzegovina is officially adopted by the F BH Government on 24 January 2013 and presentation of Policy in Republic of Srpska has been done by the Ministry of Health and Social Protection on 16th of May 2012.

Policies are rarely distributed to stakeholders that are implementing relevant programs. Policies are integrated in several of relevant policies and strategies such as Strategic Plan for Improving Early Childhood Development in the Federation of Bosnia and Herzegovina, Action Plan for Children

2015-2019, Bosnia and Herzegovina, Council of Ministers of Bosnia and Herzegovina and Biannual Action Plan on Early Childhood Growth Development and Nutrition (Ministry of Education and Unicef).

However, detailed comprehensive action plans based on policies are not in place. In both policies joint intersectoral action has been proposed. Breastfeeding Committees have been established but are not active for many years and there are no officially assigned national coordinators. Policies do not mention responsibilities for funding. Bosnia and Herzegovina scores 3 out of 10 for this indicator which is unsatisfactory.

Gaps:

1. Lack of clearly defined entity level action plans that reflect policies objectives
2. Policies lack responsibility for allocation of budgets
3. Entity breastfeeding committees are not active and entity coordinators are not officially assigned
4. Coordination between responsible ministries and intersectoral cooperation in implementation of activities is insufficient
5. Monitoring and evaluation of policies is not in place

Recommendations:

1. Clearly defined and detailed action plans at entity level that reflect policy objectives should be developed
2. Allocation of budgets from government's resources should accompany entity level action plans
3. Entity breastfeeding committees should be re-established and entity coordinators with clear terms of references and obligation of regular reporting officially assigned
4. Establishment of coordinating body at national level responsible for coordination, follow up and harmonization of entity level activities

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding¹)

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) 30 out of 41 total hospitals (both public & private)and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly”in the last 5 years **73,1%**

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

¹ **The Ten Steps To Successful Breastfeeding:**The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The steps for the United States are:

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breastmilk, unless medically indicated.
7. Practice “rooming in”-- allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

Guidelines – Qualitative Criteria

Quality of BFHI programme implementation:

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results √ Check that apply
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme ²	1.0	✓
2.3) A standard monitoring ³ system is in place	0.5	✓
2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5	✓
2.5) An assessment system relies on interviews of mothers.	0.5	✓
2.6) Reassessment ⁴ systems have been incorporated in national plans with a time bound implementation	1.0	✓
2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5	
2.8) HIV is integrated to BFHI programme	0.5	✓
2.9) National criteria are fully implementing Global BFHI criteria (See Annex 2.1)	0.5	✓
Total Score	4,5/5	
Total Score	8,5/10	

Information Sources Used:

1. Agency for Quality and Accreditation in Health in Federation of Bosnia and Herzegovina (AKAZ)-Data on the number of maternity facilities/hospital which BFH, www.akaz.ba
2. Institute of Public Health of Federation of Bosnia and Herzegovina - Data on total number of maternity facilities/hospital in the Federation of Bosnia and Herzegovina - Health statistics Annual of Federation of Bosnia and Herzegovina 2013.; www.zzjzfbih.ba

² IYCF training programmes such as IBFAN Asia's '4 in 1' IYCF counseling training programme, WHO's Breastfeeding counseling course etc. may be used.

³ **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.

⁴ **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. #

3. *Republic of Srpska, Public Health Institute-Data on total number of maternity facilities /hospital in Republic of Srpska - Health Status of Ppopulation in Republic of Srpska 2013.; www.phi.rs/inst_banja_luka_lat.html*
4. *Health Center Brcko-Data on number of maternity facilities/hospitals in Brcko district, www.jzubrcko.com/organizacija-bolnica*
5. *Report on the situation of infant and young child feeding in Bosnia&Herzegovina, Breastfeeding Advancement Group - IBFAN, Institute of Public Health of Federation of Bosnia and Herzegovina, UNICEF, August 2012.*
6. *Agency for Quality and Accreditation in Health in Federation of Bosnia and Herzegovina (AKAZ)- Standards for accreditation of "Baby Friendly Hospitals", www.akaz.ba*

Conclusions:

Agency for Quality and Accreditation in Health in Federation of Bosnia and Herzegovina carried out accreditation of maternity facilities and hospitals in Federation of Bosnia and Herzegovina and Brcko District using Standards for Accreditation of "Baby Friendly Hospital" (The Ten Steps to Successful Breastfeeding). By the decision of the government of Republic of Srpska in 2009. all hospitals introduced BFHI principles in their work.

Gaps:

1. Eleven (11) or 26,8% of maternity facilities and hospitals in Bosnia and Herzegovina are not Baby Friendly Hospital (BFH).

Recommendations:

1. Agency for Quality and Accreditation in Health in Federation of Bosnia and Herzegovina should continue accreditation of another hospitals and maternity facilities in Federation of Bosnia and Herzegovina using Standards for Accreditation of "Baby Friendly Hospital."

Indicator 3: Implementation of the International Code of Marketing of Breastmilk Substitutes

Key question: *Is the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolution are in effect and implemented? Has any new action been taken to give effect to the provisions of the Code?*

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

⁵ Following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.

1. Donation of free or subsidized supplies of breastmilk substitutes are not allowed (WHA 47.5)
2. Labeling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
3. Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
4. Labels of covered products have warnings on the risks of intrinsic contamination and reflect the FAO/WHO recommendations for safe preparation of powder infant formula (WHA 58.32, 61.20)

b) Provisions based on all 4 of the WHA resolutions as listed below are included	6	
3b: Implementation of the Code/National legislation		✓ <i>Check that apply</i>
3.10 The measure/law provides for a monitoring system	1	
3.11 The measure provides for penalties and fines to be imposed to violators	1	✓
3.12 The compliance with the measure is monitored and violations reported to concerned agencies	1	
3.13 Violators of the law have been sanctioned during the last three years	1	
Total Score (3a + 3b)	6,5/10	

Information Sources Used:

1. *Policy for Improvement of Nutrition of Children under the Age of Five in the Republic of Srpska, Ministry of Health and Social Welfare of the Republic of Srpska, Banja Luka, 2012*
2. *Policy for Improving Child Nutrition in Federation of Bosnia and Herzegovina, Ministry of Health of Federation of Bosnia and Herzegovina, Sarajevo, February 2013*
[http://www.unicef.org/bih/Politika_ishraneF_BiH\(1\).pdf](http://www.unicef.org/bih/Politika_ishraneF_BiH(1).pdf)
3. *Politika za unapređenje ishrane djece u F BiH, Federalno ministarstvovzdavstva - Policy for Improving Child Nutrition in Federation of Bosnia and Herzegovina, Ministry of Health of Federation of Bosnia and Herzegovina, <http://www.fmoh.gov.ba/index.php/zakoni-i-strategije/strategije-i-politike>*
4. *Protokol ishrane djece u BiH, Ministarstvo zdravstva F BiH, Inicijativni odbor za promociju prirodne ishrane djece, Unicef, Sarajevo, mart 2000 – Protocol on Nutrition of Children in Bosnia and Herzegovina, Ministry of Health of F BH, Initiative Bord for Promotion of Natural Nutrition of Children, Sarajevo, March 2000*
5. WHO. “Country implementation of the international code of marketing of breastmilk substitutes: status report 2011”,
http://apps.who.int/bitstream/10665/85621/1/9789241505987_eng.pdf
6. *State of the Code by Country, 2014 report, <http://www.ibfan-icdc.org/index.php/publications/publications-for-sale>*
7. *International Code of Marketing of Breastmilk Substitutes, www.who.int/nutrition/publications/code_english.pdf*
8. *Pravilnik o formulama za dojenčad i formulama nakon dojenja - Regulation on infant formula and follow up formula (Official gazette of Bosnia and Herzegovina 105/12).*

("Službeni glasnik BiH", broj 105/12) <http://www.fsa.gov.ba/fsa/bs/2015-01-06-19-57-51/propisi-o-hrani>

9. Pravilnik o hrani za posebne prehrambene potrebe ("Službeni glasnik BiH", broj 72/11) – Regulation on Food for Special Nutritional Needs (Official gazette of Bosnia and Herzegovina 72/11). <http://www.fsa.gov.ba/fsa/bs/2015-01-06-19-57-51/propisi-o-hrani>
10. Zakon o hrani ("Službeni glasnik BiH", broj 50/04) - Law on Food (Official gazette of Bosnia and Herzegovina 50/04) http://www.msb.gov.ba/dokumenti/7Zakon_o_hrani.pdf
11. Federalna uprava za inspeksijske poslove, Federal Administration for Inspection Services
12. Izvještaj o radu za 2014 godinu, Inspektorat Republike Srpske – Annual report year 2014, Inspection Service of Republic of Srpska, <file:///C:/Documents%20and%20Settings/User/My%20Documents/Downloads/Izvjestaj%20o%20radu%20Inspektorata%20RS%20za%202014.%20godinu.pdf>

Conclusions:

On the state level Regulation on infant formula and follow on formula that is harmonized with appropriate EU Directive (2006/141) is in force. Mentioned regulation contain at least 2 of the relevant WHA resolutions (WHA 49.15 and WHA 58.32). At entity level, all articles of International Code have been adopted as a law by The Decree Law on Marketing of Breastmilk Substitutes (official Gazette of Republic of Srpska number 39/00) in Republic of Srpska entity and in Federation of Bosnia and Herzegovina entity Code is recommended as a voluntary measure. Different situation in entities creates paradox. Information on sanction is available in summary form not specifying type of food or violator. Official monitoring is not in place and only monitoring that has been done years ago conducted non governmental organization Breastfeeding Advancement Group. Promotional activities through maternity boards are very aggressive. Other numerous forms of marketing of breastmilk substitutes are present as well. Health workers are special target group and sponsorship is frequently present. Although numerous health staff attended courses on Code awareness on necessity for Code compliance is low and much more training is needed specially for new staff.

Gaps:

1. State level legislation does not cover all Code articles and includes only two relevant WHA resolutions
2. Federation of Bosnia and Herzegovina entity has Code only as a voluntary measure
3. Implementation and enforcement of existing legislation is not satisfactory
4. Monitoring of existing legislation is not in place
5. Low awareness on need for Code compliance is present among health workers

Recommendations:

1. Legislation on both state and entity level should be brought to include all Code provision as a mandatory measures
2. Training of inspectors and other officials responsible for inforcement of existing legislation should be organized
3. Continuing monitoring that according to WBTI methodology should be established
4. Organisation of courses for health workers on all levels of health care to raise awareness on need for compliance with Code

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?*

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results Check ✓ that apply
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave a. Any leave less than 14 weeks b. 14 to 17weeks c. 18 to 25 weeks d. 26 weeks or more	0.5 1 1.5 2	✓
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. a. Unpaid break b. Paid break	0.5 1	✓
4.3) Legislation obliges private sector employers of women in the country to <i>(more than one may be applicable)</i> a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	0.5 0.5	✓ ✓

4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector. <i>(more than one may be applicable)</i>		
a. Space for Breastfeeding/Breastmilk expression	1	✓
b. Crèche	0.5	
4.5) Women in informal/unorganized and agriculture sector are:		
a. accorded some protective measures	0.5	
b. accorded the same protection as women working in the formal sector	1	✓
4.6) . <i>(more than one may be applicable)</i>		
a. Information about maternity protection laws, regulations, or policies is made available to workers.	0.5	✓
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	0.5	
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	✓
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	✓
4.9) There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	✓
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	✓
Total Score:	9/10	

Information Sources Used:

1. *The Labour Law (Official gazette of Federation of Bosnia and Herzegovina No. 62/15)*
2. *The Labour Law (Official gazette of Republic of Srpska No. 55/07)*
3. *The Labour Law (Official gazette of Brcko District No. 20/06)*
4. *NGO Association for support and education women “Magna”*

Conclusions :

There is no national but entity labor laws in Bosnia and Herzegovina. Labor laws in Bosnia and Herzegovina define the protection of mothers regarding the length of maternity leave for a period of one year, then the possibility of breastfeeding babies during the work using the two one hour paid breastfeeding breaks until the child reaches one year of age. This pause is incorporated in full working time. But these laws do not mention rooms for breastfeeding or expressing breast milk in

the workplace, nor existence of crèche. Existing laws are not equally implemented in all parts of Bosnia and Herzegovina.

Gaps:

1. Legislation on the protection of women and motherhood is not harmonized throughout the whole country, and there is not national legal framework at the state level.
2. Existing laws do not precisely define the rights of breastfeeding mothers, and ways of realization of those rights.
3. Implementation of law in the field is not monitored and penalties for non-implementation are not clearly defined.
4. Lactating mothers and mothers on maternity leave are treated as a social category.

Recommendations:

1. To advocate and lobby for establishment of uniform legislation on the protection of women and motherhood throughout the whole country and at all levels of government.
2. Equalize compensation (payment) for all women during maternity leave and reinforce measures against the employers for dismissal of pregnant women and women on maternity leave.
3. Continuous work on raising awareness of mothers and fathers and education of employers and decision makers about the importance of breastfeeding for the health of the population.
4. Distribution of promotional material on the rights of women during pregnancy and maternity leave about the importance of breastfeeding.

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?

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	Adequate	Inadequate	No Reference
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country ⁶ indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
	✓		
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care. (See Annex 5b Example of criteria for mother-friendly care)	2	1	0
		✓	
5.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. ⁷	2	1	0
		✓	
5.4) Health workers are trained on their responsibility under	1	0.5	0

⁶ Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

⁷ The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

the Code implementation / national regulation throughout the country.		✓	
5.5) Infant feeding and young feeding information and skills are integrated, as appropriate, into training programmes focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women’s health, NCDs etc.)	1	0.5	0
	✓		
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. ⁸	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:	6,5/10		

Information Sources Used:

1. Faculty of Medicine, University of Sarajevo (data related to the curriculum of undergraduate studies with syllabi of cases relating to infant and young children)
2. Faculty of Medicine, University of Mostar (data related to the curriculum of undergraduate studies with syllabi of cases relating to infant and young children)
3. Faculty of Medicine, University of Banja Luka (data related to the curriculum of undergraduate studies with syllabi of cases relating to infant and young children)
4. Faculty of Health Studies, University of Sarajevo (data related to the undergraduate curricula, syllabi with cases related to infant and young children)
5. Secondary Medical School Sarajevo (data related to plan and program of teaching subjects whose modules related to infant and young children)
6. Secondary Medical School Mostar (data related to plan and program of teaching subjects whose modules related to infant and young children)
7. Secondary Medical School Brčko (data related to plan and program of teaching subjects whose modules related to infant and young children)
8. Agency for Quality and Accreditation in Health in Federation of Bosnia and Herzegovina – AKAZ (data on the mother -friendly care)
9. Special Report “Health care for Children in Bosnia and Herzegovina”, 2012. Ombudsmeni for Human Rights, Department for monitoring the rights of children;
www.ombudsmen.gov.ba/documents/obmudsmen_doc2013020406593191bos.pdf

Conclusions:

⁸ 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.

In Bosnia and Herzegovina undergraduate education (secondary and higher education) in the health field contains curricula with the syllabi that include feeding Infants and Young Children, and subjects that include modules on feeding Infants and Young Children and includes recommendations to WHO and UNICEF defined by the Global Strategy for Infant and Young Child feeding. Standards and guidelines for mother-friendly care are present in approximately 70% of hospitals and maternity facilities (certain procedures such as presence of fathers or other persons at birth, do not promote the use of analgetics or anesthetic, encouraging mothers and families to touch, to hold their babies, including breastfeeding). There are training for health workers on nutrition of Infants and Young Children by the experts, as well as on the International Code of Marketing of Breast Milk Substitutes, but trainings are not implemented equally across the country and do not cover all health workers. Hospitals and wards for children in Bosnia and Herzegovina allow day and night stay of parents when their children are hospitalized. But, there is a difference in payments for staying of parents in hospitals and wards with their children, depending on each entity regulation.

Gaps:

1. Standards and principles of the mother-friendly care. Are not implemented in all hospitals and maternity facilities
2. There is adequate education on nutrition of Infants and Young Children, as well as the on International Code of Marketing of Breast Milk Substitutes for health workers who provide health care services to mothers and children, but not all health workers are covered and trainings are not implemented equally in the whole country.

Recommendations:

1. Identification of health institutions and health workers not covered by training conduct trainings and increase the number of trained personnel who provide health care services for mothers and children
2. To improve the quality and safety of health care in all hospitals and maternity facilities by applying the standards and principles of the mother-friendly care.

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			
Criteria	Scoring		
	<i>✓ Check that apply</i>		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based ante-natal and post -natal support systems with counseling services on infant and young child feeding.	2	1	0
	✓	-	
6.2) All women receive support for infant and young child feeding at birth for breastfeeding initiation.	2	1	0
		✓	
6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage.	2	1	0
		✓	
6.4) Community-based counseling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/Nutrition Policy.	2	1	0
		✓	
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	1	0
		✓	
Total Score:	6/10		

Information Sources Used:

1. *Federation of B&H, Institut for statistics of FB&H- data on medical assistance at birth*
2. *Republic of Srpska, Institut for statistics of RS- data on medical assistance at birth*
3. *Institute of Public Health of Federation of Bosnia and Herzegovina - data on the network of health institutions and health personnel who provide health care to women in Federation of*

BiH (Health Statistics annual of Federation of Bosnia and Herzegovina 2013), www.zzjzfbih.ba

- 4. Institute of Public Health of RS - data on the network of health institutions and health personnel who provide health care to women in RS (Health status of the population of Republic of Srpska, 2013), www.phi.rs/inst_banja_luka_lat.html*
- 5. Multiple Indicator Cluster Survey 2011-2012. (MICS) in Bosnia and Herzegovina*

Conclusions:

Bosnia and Herzegovina has a well-developed network of health institutions for perinatal health care. In the Federation of Bosnia and Herzegovina there is one (1) specialist in gynecology and obstetrics per about 5600 women of fertile age, and in the Republic of Srpska there is one (1) specialist in gynecology and obstetrics per about 5900 women of fertile age. In Bosnia and Herzegovina 99,7% of women give birth in health institution with medical assistance. However, in the Federation of Bosnia and Herzegovina nearly 18.0% of pregnant women visit gynecologist for the first time in the third trimester of pregnancy. In the health sector of Bosnia and Herzegovina there is a service of community nurses (patronage service) particularly designated for care of health of mothers and babies after birth. In Bosnia and Herzegovina, several NGOs which also provide support to mothers on breastfeeding and counseling on breastfeeding.

Gaps:

1. Facilities and services for women and maternal care are well developed (a sufficient number of health facilities and a sufficient number of health workers-specialist in gynecology and obstetrics, nurses and midwives) but are insufficiently used and visited by pregnant women.

Recommendations:

1. Activities such trainings, education and information of mothers and promotional activities to increase knowledge and awareness of pregnant women, young women, future mothers to behave responsibly towards their health and the health of their baby and regularly use health care services during pregnancy.

Indicator 7: Information Support

Key question: *Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?*

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	√ <i>Check that apply</i>		
	Yes	To some degree	No
7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts or interest are avoided.	2	0	0
		✓	
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1	.5	0
		✓	
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding	1	.5	0
		✓	
7.3) IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding	2	1	0
	✓		
7.4. IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence	2	1	0
	✓		
7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF). ⁹	2	0	0
		✓	
Total Score:	5/10		

⁹ 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;

Information Sources Used (please list):

1. *Smjernice za zdravu ishranu djece uzrasta do 3 godine u Federaciji Bosne i Hercegovine, Federalno ministarstvo zdravstva – Guidelines for Healthy Nutrition of Children 0-3 Years of Age, Ministry of Health of Federation of Bosnia and Herzegovina, http://www.unicef.org/bih/ba/Smjernice_za_ishranu_web.pdf*
2. *Smjernice o ishrani dojenčadi idjece predškolskog i školskog uzrasta, Ministrastvo zdravlja i socijalne zaštite Republike Srpske, Ministarstvo porodice, omladine i sporta - Guidelines for Nutrition of Infants and Children of Preschool and School age of Republic of Srpska, Ministry of Health and Social Protection of Republic of Srpska, Ministry of Family, Youth and Sport of Republic of Srpska, <http://www.vladars.net/sr-SP-Cyrl/Vlada/Ministarstva/mpos/media/vijesti/Documents/Smjernice%20za%20ishranu%20dojenčadi%20i%20djece%20predškolskog%20i%20školskog%20uzrasta.pdf>*
3. *WHO/FAO Safe Preparation Storage and Handling of Powdered Infant Formula - Guidelines http://www.who.int/foodsafety/publications/micro/pif_guidelines.pdf*
4. *Sedmica dojenja, Zavod za javno zdravstvo Federacije Bosne i Hercegovine - Breastfeeding Week, Institute of Public Health of Federation of Bosnia and Herzegovina <http://www.zzjzfbih.ba/svjetska-sedmicatjedan-dojenja-2015>*
5. *Svjetska sedmica dojenja, Agencija za sigurnost hrane Bosne i Hercegovine – World Breasfeeding Week, Food Safety Agency of Bosnia and Herzegovina, <http://www.fsa.gov.ba/bs/?p=839>*
6. *Sedmica dojenja – Breastfeeding Week, University Clinical Center Tuzla, <http://www.ukctuzla.ba/ukctuzla/en/using-joomla/extensions/components/content-component/article-categories/3196-svjetska-sedmica-dojenja-2015>*
7. *Sedmica dojenja – Breastfeeding Week, Institute of Public Health of Canton Tuzla*
8. *Sedmica dojenja – Breastfeeding Week, Institute of Public Health of Canton Sarajevo, <http://www.zzjzks.ba/02102015.html>*
9. *Sedmica dojenja – Breastfeeding Week, Institute of Public Health of Canton Zenica, <http://javnozdravstvo.ba/> <http://www.zjztk.ba/WWdojenja2015.html>*
10. *Svjetska sedmica dojenja, Dom zdravlja Bihac, Health Center Bihac, <http://www.dzbihac.com/index.php/bs/medija-centar/novosti/clanci/253-svjetska-sedmica-dojenja-od-01-08-07-08-2015>*

Conclusions:

In both entities official government guidelines on infant and young child feeding are available in printed and electronic form and contain accurate information in line with WHO guidelines and information on the risks of artificial feeding and safe preparation on infant formula is included but not all details on safe preparation (in different settings for example). Guidelines are free from commercial influence/potential conflicts of interest but other printed information and education

materials that are not free from commercial influence (such as one of industry) are freely distributed and can be found in many health care facilities.

Individual counseling is performed mostly at primary health care level and by patronage service but is limited due to high workload and is not always free from commercial interest (pediatricians dealing with infant and young child nutrition hired by industry). Group education and counseling services are rare and generally provided at primary health care level through schools for psychophysical preparation for childbirth mostly reaching women in bigger cities. Capacity as well as number of staff and services involved in individual and group counseling needs to be improved.

Collaboration of government with media is sporadic and systematic communication is not in place. World Breastfeeding Week is widely celebrated jointly by governmental and nongovernmental organizations both at entity and local level and are free from commercial influence. However promotional activities are extremely poorly funded and do not cover all infants children and mothers equally throughout the country.

Gaps:

1. National or entity level IEC strategy for improving infant and young child feeding that ensures is not in place
2. Services for individual and group counseling do not reach all women and children and are insufficient in number and capacity
3. Promotional activities are poorly funded by government
4. Guidelines lack details on preparation and handling of PIF in different settings

Recommendations:

1. Development of comprehensive national/entity IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/potential conflicts of interest are avoided needs to be developed
2. Led by the ministry of health entity existing guidelines on infant and young child feeding need to be widely presented and distributed to professionals and public
3. Trainings for improvement capacity of services and increasing number of services for group counseling to reach all women and children
4. Allocation of government's funding for campaigns and promotional activities
5. Improvements of infant and young child feeding guidelines to include details on preparation and handling of PIF in different settings

Indicator 8: Infant Feeding and HIV

Key question: Are policies and programmes in place to ensure that HIV - positive mothers are supported to carry out the national recommended Infant feeding practice?

<i>Guidelines for scoring</i>			
Criteria	Results		
	Yes	To some degree	No
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV	2	1	0
	✓		
8.2) The infantfeeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0
			✓
8.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5	0
		✓	
8.4) HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5	0
	✓		
8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.	1	0.5	0
	✓		
8.6) Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible.	1	0.5	0
		✓	
8.7) HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake.	1	0.5	0
	✓		

8.8) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0
		✓	
8.9) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5	0
			✓
Total Score:	6,5/10		

Information Sources Used:

1. *Response to HIV/AIDS in Bosnia and Herzegovina - 2011 – 2016 Strategy, Council of Ministers,* http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_173046.pdf
2. *Vodič za dobrovoljno povjerljivo savjetovanje i testiranje na HIV- Guidelines for Voluntary Confidential Counseling and Testing on HIV, UNICEF Bosnia and Herzegovina,* http://www.unicef.org/ceecis/VCCT_in_BiH_latin.pdf
3. *Dobrovoljno i povjerljivo testiranje na HIV – Protokol, Ministarstvo zdravstva F BiH, Ministarstvo zdravstva i socijalne zaštite RS, UNDP - Global Fond, Unicef Voluntary and Confidential Testing on HIV – Protocol, Ministry of Health of Federation of Bosnia and Herzegovina, Ministry of Health and Social Care of Republic of Srpska, UNDP - Global Fond, Unicef,* <http://www.mladi.org/phocadownload/Infotacka/savjetovanje%20i%20testiranje%20na%20hiv.pdf>
4. *Smjernice za zdravu ishranu djece uzrasta do 3 godine u Federaciji Bosne i Hercegovine, Federalno ministarstvo zdravstva – Guidelines for Healthy Nutrition of Children 0-3 Years of Age, Ministry of Health of Federation of Bosnia and Herzegovina,* http://www.unicef.org/bih/ba/Smjernice_za_ishranu_web.pdf
5. *Smjernice o ishrani dojenčadi idjece predškolskog i školskog uzrasta, Ministrastvo zdravlja i socijalne zaštite Republike Srpske, Ministarstvo porodice, omladine i sporta - Guidelines for Nutrition of Infants and Children of Preschool and School age of Republic of Srpska, Ministry of Health and Social Protection of Republic of Srpska, Ministry of Family, Youth and Sport of Republic of Srpska,* <http://www.vladars.net/sr-SP-Cyrl/Vlada/Ministarstva/mpos/media/vijesti/Documents/Smjernice%20za%20ishranu%20dojenčadi%20i%20djece%20predskolskog%20i%20skolskog%20uzrasta.pdf>
6. *Centri za dobrovoljno i povjerljivo testiranje,- Voluntary and Confidential Counselling and Testing (VCCT) Centers,* <http://www.hivtestiranjebih.com/>
7. *Smjernice za upućivanje trudnice na HIV testiranje, Guidelines for Referral of Pregnant women to HIV Testing, Association Proi,* http://www.proi.ba/upload/file/publikacije/smjernice_za_upucivanje.pdf

Conclusions:

Bosnia and Herzegovina has national strategy “Response to HIV/AIDS in Bosnia and Herzegovina - 2011 – 2016 Strategy” brought by the Council of Ministers that is in line with international Guidelines on infant feeding and HIV. Protocol for HIV VCCT, guidelines for treatment, manual for diagnose and treatment of TB and HIV co-infection are in place as well. Guidelines for Healthy Nutrition of Children 0-3 Years of Age of Ministry of Health of Federation of Bosnia and Herzegovina also contain recommendations on breastfeeding for HIV positive mothers but only in general and in Republic of Srpska entity Guidelines HIV is not mentioned.

It is important to stress that thanks to strong preventive program supported by international donations (UNDP Global Fond, Unicef etc) Bosnia and Herzegovina reached the goal of less than 1% of HIV rate in general population and less than 5% of HIV in at-risk groups. In both entities networks of Voluntary and Confidential Counselling and Testing (VCCT) Centres within different health institution are in place. VCCT Centres staff is trained on HIV and infant feeding policies, risks associated with various feeding options for infants of HIV-positive mothers and on counselling and support. Infant feeding counselling in VCCT centres is in line with current WHO recommendations and appropriate to local circumstances. But, centres are funded international donations and issue of sustainability is of great concern. On the other hand health workers employed in mother and child care and other health care services are insufficiently covered by this specific training. Monitoring of effects of HIV prevention intervention is envisaged by Strategy but monitoring of effects on infant feeding practices is not specified.

Gaps:

1. Health workers employed in health service other than VCCT Centers insufficiently trained on infant feeding and HIV
2. Lack of monitoring of effects of HIV prevention interventions of infant feeding practices
3. Guidelines on infant and young child nutrition lack detailed information on infant feeding and HIV

Recommendations:

1. Training of all health workers employed in health service dealing with mother and child care organized by of entity ministries of health and other partners
2. Insurance of funding and budget allocation for work of VCCT centers and clinical care for HIV positive mothers by government
3. Improvement of guidelines on infant and young child feeding to include detailed information on infant feeding and HIV
4. Incorporation of training on HIV and infant feeding policies in undergraduate and specialised training curricula of health workers

Indicator 9: Infant and Young Child Feeding during Emergencies

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

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	√	Check that apply	
	Yes	To some degree	No
9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance	2	1	0
		✓	
9.2) Person(s) tasked with responsibility for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
		✓	
9.3) An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers: a) basic and technical interventions to create an enabling environment for breastfeeding, including counseling by appropriately trained counselors, support for relactation and wet-nursing, and protected spaces for breastfeeding b) measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and procurement management and use of any infant formula and BMS, in accordance with strict criteria, the IFE Operational Guidance, and the International Code and subsequent relevant WHA resolutions	1	0.5	0
		✓	
	1	0.5	0
		✓	
9.4) Resources have been allocated for implementation of the	2	1	0

emergency preparedness and response plan		✓	
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.	1	0.5	0
			✓
b) Orientation and training is taking place as per the national emergency preparedness and response plan	1	0.5	0
			✓
Total Score:	4/10		

Information Sources Used:

1. Policy for Improving Child Nutrition in Federation of Bosnia and Herzegovina, Ministry of Health of Federation of Bosnia and Herzegovina, Sarajevo, February 2013 [http://www.unicef.org/bih/Politika_ishraneF_BiH\(1\).pdf](http://www.unicef.org/bih/Politika_ishraneF_BiH(1).pdf)
2. Policy for Improvement of Nutrition of Children under the Age of Five in the Republic of Srpska, Ministry of Health and Social Welfare of the Republic of Srpska, Banja Luka, 2012
3. Dojenje i ishrana djece u kriznim situacijama, Zavod za javno zdravstvo F BiH, Breastfeeding and child nutrition in emergencies, Institute of Public Health of Federation of Bosnia and Herzegovina, <http://www.zzjzfbih.ba/dojenje-djece-u-kriznim-situacijama/>
4. Poziv za pružanje podrške pravilnoj ishrani djece u vanrednim situacijama – Federalno ministarstvo zdravstva, Zavod za javno zdravstvo F BiH, WHO, UNICEF - Call for support to infant and young child feeding in emergencies, Federal Ministry of Health, Institute of Public Health of Federation of Bosnia and Herzegovina, WHO UNICEF
5. Aktuelnosti, Institut za javno zdravlje Republike Srpske, - Current events, Institute for Public Health of Republic of Srpska, http://www.phi.rs.ba/aktuelnosti_lat.html
6. Infant and Young Child feeding in Emergencies – Operational Guidance for Emergency Relief staff and Program Managers, WHO <http://files.ennonline.net/attachments/1001/ops-guidance-2-1-english-010307-with-addendum.pdf>
7. E. Helsing, A. Robertson. Kako dojeti za vrijeme krize – vodič za majke – Svjetska zdravstvena organizacija, 1995 - E. Helssing, A Robertson How to breastfeed during emergencies- Guidelines for mothers, World Health Organization, 1995

Conclusions:

There is no Infant and Young Policy at national level but there are two entity level Infant and Young Feeding Policies (Federation of Bosnia and Herzegovina -F BH Entity and Republic of Srpska – RS Entity). Policies do not include infant feeding in emergencies or elements from IFE Operational

Guidance. However, in Federation of Bosnia and Herzegovina entity special Guidelines for infant feeding in emergencies during after floods in Bosnia and Herzegovina have been developed and leaflets widely distributed. Also, copies of translation of WHO Guideline How to Breastfeed During Emergencies from 1995 are still available in the Institute of Public Health of F BH.

Persons responsible for coordination of health emergencies with all relevant partners during flood have been appointed in both entities but national or entity long term coordinator responsible specifically for infant feeding in emergencies has not.

There is no emergency preparedness and response plan for infant feeding but activities in most recent emergency situation - floods included above mentioned guidelines, creation of enabling environment for breastfeeding in collective centers and counseling and recommendations to minimize the risks of artificial feeding. Also, Federal Ministry of Health and Institute of Public Health of F BH, WHO/UNICEF joint Statement on avoidance of donations of breastmilk substitutes, bottles and teats that has been widely distributed in the field during floods.

Some resources are allocated for implementation of the emergency preparedness and response plans exist but are insufficient. Pre-service and in-service training for emergency management and relevant health care personnel or training in the frame of emergency response is not in place.

Gaps:

1. Entity level Infant and Young Feeding Policies do not include infant feeding in emergencies
2. National/entity coordinator for infant feeding in emergencies has not been appointed
3. There is no emergency preparedness and response plan for infant feeding in emergencies
4. Resources allocated for implementation of the emergency preparedness and response plans are insufficient
5. Pre-service and in-service training for emergency management and relevant health care personnel or training in the frame of emergency response is not in place.

Recommendations:

1. Development of national infant and young feeding policy to include infant feeding in emergencies
2. Harmonization of entity policies with national policy on infant and young feeding in emergencies
3. Appointment of national/entity coordinator for infant feeding in emergencies
4. Develop specific emergency preparedness and response plan for infant feeding in emergencies
5. Ensure sufficient resources for implementation of the emergency preparedness and response plans by government

6. Develop curricula and implement pre-service and in-service training for emergency management for relevant health care personnel as well as training for personnel in the frame of emergency response

Indicator 10: Mechanisms of Monitoring and Evaluation System

Key question: *Are monitoring and evaluation systems in place that routinely collect, analyse and use data to improve infant and young child feeding practices?*

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	✓ Check that apply		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
		✓	
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions	2	1	0
		✓	
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2	1	0
		✓	
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2	1	0
		✓	
10.5) Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2	1	0
		✓	
Total Score:	5/10		

Information Sources Used:

1. *Multiple Indicator Cluster Surevey (MICS) BIH 2011-2012*, http://www.unicef.org/bih/media_21363.html
2. *Zdravstveno stanje stanovništva i zdravstvena zaštita u Federaciji Bosne i Hercegovine 2014 godina – Health Status of Population on Federation of Bosnia and Herzegovina, Year 2013*, <http://www.zzjzfbih.ba/wp-content/uploads/2014/04/Zdravstveno-stanje-stanovni%C5%A1tva-FBiH-2014.pdf>
3. *Istraživanje višestrukih pokazatelja u Republici Srpskoj 2011-2012 – Multiple Indicator Cluster Surevey in Republic Of Srpska 2011-2012*, <http://www.vladars.net/sr-SP-Cyrl/Vlada/Ministarstva/MZSZ/Documents/Istrazivanje%20visestrukih%20pokazatelja%20u%20Republici%20Srpskoj%202011-2012.godine.pdf>
4. *Istraživanje višestrukih pokazatelja u Federaciji Bosne i Hercegovine 2011-2012 – Multiple Indicator Cluster Surevey in Federation of Bosnia and Herzegovina 2011-2012*
5. *Indicators for Assessing Infant and Young Child Feeding Practices*, http://www.unicef.org/nutrition/files/IYCF_Indicators_part_III_country_profiles.pdf
6. *Dvogodišnji plan rada Rani rast i razvoj i ishrana, Federalno Ministarstvo obrazovanja i Unicef - Biannual Action Plan on Early Childhood Growth Development and Nutrition, Federal Ministry of Education and Unicef Bosnia and Herzegovina*

Conclusions:

Monitoring of infant and young child practice is not part of regular health statistic system and data on IYCF practice are collected through national and entity surveys which are done according to international methodology -WHO indicators and MICS survey. Entity Annual Reports on Health Status of Population contain IYCF survey data and trends on infant and young child feeding practices are reported as well. MICS surveys are done on regular basis - every four years with financial support of international donors (Unicef) and therefore sustainability of those activities is of concern.

Monitoring and evaluation components are also built into some of action plans related to infant and young child feeding such as Biannual Action Plan on Early Childhood Growth Development and Nutrition between Federal Ministry of Education and Unicef Bosnia and Herzegovina and performance indicators are monitored and reported.

Survey results are reported to key decision-makers but due frequent changes of government data are not always used for programming of further actions.

Gaps:

1. Monitoring of IYCF practice is not part of regular health statistics system and nutrition information system is not in place

2. Conduction of Infant and Young Child Feeding Surveys depends on international support
3. Survey data/information are not always used by key decision-makers for programming of further actions related to infant and young child feeding

Recommendation:

1. Infant and young child feeding practice indicators in line with WHO indicators should be included into regular entity health statistics system and national/entity nutrition surveillance system established
2. In the meantime government should ensure funds for conduction of Infant and Young Child Feeding Surveys on regular basis, at least every four year
3. Data/information from surveys should be used in of development of action plans on infant and young child feeding at all levels

Indicator 11: Early Initiation of Breastfeeding

Key question: *What is the percentage of babies breastfed within one hour of birth?* **42,3%**

Guideline:

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

Data Source:

1. Multiple Indicator Cluster Surevey (MICS) BIH 2011-2012, http://www.unicef.org/bih/media_21363.html

Summary Comments :

This data refers to the territory of Bosnia and Herzegovina. According to the survey, the percentage of babies who are breastfed within one hour of birth in the Federation of Bosnia and Hecegovine was 51.5% in the Republic of Serbian (RS) 20.9% in the Brcko District of 7.0%.

More than half of mothers with primary education are breastfeeding their baby within one hour after birth (53.3%), while 39.1% of mothers with secondary education and 39.8% of mothers with secondary or higher education are breastfeeding their babies in within one hour after birth.

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: *What is the percentage of babies 0<6 months of age exclusively breastfed¹⁰ in the last 24 hours?* **18,5%**

Guideline:

Indicator 12	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Exclusive Breastfeeding (for first 6 months)	0.1-11%	3	Red
	11.1-49%	6 ✓	Yellow
	49.1-89%	9	Blue
	89.1-100%	10	Green

Data Source:

1. Multiple Indicator Cluster Surevey (MICS) BIH 2011-2012, http://www.unicef.org/bih/media_21363.html

Summary Comments :

This data refers to the territory of Bosnia and Herzegovina. According to the survey, the percentage of babies who are exclusively breastfed up to 6 months in the Federation of Bosnia and Hecegovine was 15.1%, and in the Republic of Serbian (RS) 31,7%.

¹⁰ Exclusive breastfeeding means the infant has received only breastmilk (from his/her mother or a wet nurse, or expressed breastmilk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (2)

Survey showed that 22% of mothers from rural areas and 25,5% of poorest mothers (25.5%) were exclusively breastfeeding their babies up to 6 months of age, while only 7,1% mothers from urban areas and 6,7% richest mothers were exclusively breastfeeding their babies until six months of age.

Indicator 13: Median Duration of Breastfeeding

Key question: *Babies are breastfed for a median duration of how many months? 8,8months*

Guideline:

Indicator 13	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Median Duration of Breastfeeding	0.1-18 Months	3 ✓	Red
	18.1-20 ”	6	Yellow
	20.1-22 ”	9	Blue
	22.1- 24 or beyond ”	10	Green

Data Source:

- Multiple Indicator Cluster Surevey (MICS) BIH 2011-2012,
http://www.unicef.org/bih/media_21363.html

Summary Comments :

This data refers to children under three years.

Indicator 14: Bottle feeding

Key question: *What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles? 79,5%*

Guideline:

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

Data Source:

1. Multiple Indicator Cluster Surevey (MICS) BIH 2011-2012,
http://www.unicef.org/bih/media_21363.html

Summary Comments :

This data refers to children under two years.

According to this survey, the percentage of children under the age of two years who are bottle fed with a nipple on the previous day in the Federation of Bosnia and Hecegovine was 78.8%, in the Republic of Serbian (RS) 80.0% in the Brcko District of 94.0%.

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?*
71,3. %

Guideline

Indicator 15	WHO's	IBFAN Asia Guideline for WBTi	
Complementary Feeding (6-9 months)	<i>Key to rating</i>	<i>Scores</i>	<i>Colour-rating</i>
	0.1-59%	3	Red
	59.1-79%	6 ✓	Yellow
	79.1-94%	9	Blue
	94.1-100%	10	Green

Data Source (including year):

- Multiple Indicator Cluster Surevey (MICS) BIH 2011-2012,*
http://www.unicef.org/bih/media_21363.html

Summary Comments :

This data refers to the timely complementary foods baby in the period from 6-8 months of age.

Summary Part I: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Programme and Coordination	3
2. Baby Friendly Hospital Initiative	8,5
3. Implementation of the International Code	6,5
4. Maternity Protection	9
5. Health and Nutrition Care Systems	6,5
6. Mother Support and Community Outreach	6,0
7. Information Support	5
8. Infant Feeding and HIV	6,5
9. Infant Feeding during Emergencies	4
10. Monitoring and Evaluation	5
Score Part I (Total)	60

IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding policies and programs (indicators 1-10) are calculated out of 100. Total score of infant and young child feeding policies and programs in Bosnia and Herzegovina is **60** and falls in blue color rating category.

Scores	Colour- rating
0 – 30.9	Red
31 – 60.9 ✓ (60)	Yellow
61 – 90.9	Blue
91 – 100	Green

Conclusions:

Although Infant and Young Child Policies are in place but lack entity level action plans, breastfeeding committees are not active and monitoring and evaluation of policies is not in place. Clearly defined and detailed action plans at entity level with allocation of budgets from government's resources are needed as well as re-establishment of entity breastfeeding committees. Coordinating body at national level responsible for coordination follow up and harmonization of entity level activities is needed as well.

BFHI is systematically implemented and in progress. So far 15 maternity facilities and hospitals are certified as Baby Friendly in Federation of Bosnia and Herzegovina entity. Activities with allocation of government funding and resources that will result in all maternity facilities/hospitals in Federation become BFH through accreditation by AKAZ should continue.

State level legislation is in place but does not cover all Code articles and includes only two relevant WHA resolutions and in F BH entity Code is only voluntary measure Enforcement of existing legislation monitoring and health workers awareness is unsatisfactory. Legislation on both state and entity level should be brought to include all Code provision as a mandatory measures, training on enforcement of existing legislation and on awareness on Cod compliance should be organize. Monitoring mechanisms such as WBTI should be introduced.

Legislation on the protection of women and motherhood is not harmonized throughout the whole country Existing law do not precisely define the rights of breastfeeding mothers, and realization of those rights. Implementation of laws is insufficient. Establishment of uniform legislation on the protection of women and motherhood throughout the whole country and all levels of government is needed. All stakeholder should work on continuous raising of awareness on importance of breastfeeding and distribution of promotional material on the rights of women in times of pregnancy and maternity leave.

Standards and principles of the mother-friendly care are not implemented in all maternity hospitals. There is adequate education on nutrition of Infants and Young Children and Code but does not cover all health workers and not in all parts of country. More work is needed on identification of missed health workers and increase of number of trained personnel. Improvement of quality and safety of health care in all maternity facilities by applying the standards and principles of the mother-friendly care. Maternal health care is well developed but insufficiently used by pregnant women and Actions to increase knowledge and awareness of pregnant women, young women, future mothers are needed. National or entity level IEC strategies for improving infant and young child feeding not in place, services for individual and group counseling do not reach all women and children and are insufficient in number and capacity, promotional activities are poorly funded and guidelines lack details on preparation and handling of PIF in different settings.

Development of comprehensive national or entity level IEC strategy for improving infant and young child feeding is needed Entity IYCF guidelines need to be improved (inclusion of chapter on PIF) widely presented and distributed to professionals and public by responsible ministries and number and capacity of services for group counseling to reach all women and children improved. Funding for campaigns and promotional activities should be ensured. Health workers employed in health service other than VCCT Centers insufficiently trained and trainings organized by relevant ministries of health on entity and local level are needed. Effects of HIV prevention interventions on infant feeding practices should be monitored. Incorporation of training on HIV and infant feeding policies in undergraduate and specialised training curricula of health workers is recommended and funding for work of VCCT centers and clinical care for HIV positive mothers by government needs to be ensured.

Entity level Infant and Young Feeding Policies do not include infant feeding in emergencies and development of national infant and young feeding policy to include infant feeding in emergencies with appointed national coordinator and harmonisation of entity policies with national policy is needed. Government should develop national/entity emergency preparedness and response plan for infant feeding in emergencies with sufficient resources allocated for its implementation.

Development of pre-service and in-service curricula and training for emergency management and training for persons included in emergency response is needed as well.

Monitoring of IYCF practices is not part of regular health statistics system and should be included and national/entity nutrition surveillance system established. Also, government should ensure funds for conduction of IYCF surveys on regular basis that would collect all indicators in line with WHO, at least every four year and use those data in development of action plans on infant and young child feeding at all levels.

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

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	42,3 %	6
Indicator 12 Exclusive Breastfeeding for first 6 months	18,5%	6
Indicator 13 Median duration of Breastfeeding	8,8 months	3
Indicator 14 Bottle-feeding	79,5%	3
Indicator 15 Complementary Feeding	71,3%	6
Score Part II (Total)		24

IBFAN Asia Guidelines for WBTi

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

Bosnia and Herzegovina scores **24** for infant and young child feeding practice and falls in yellow color rating category.

Scores	Colour-rating
0 – 15	Red
16 - 30 ✓ (24)	Yellow
31 – 45	Blue
46 – 50	Green

Conclusions :

Indicator initiation/starting of breastfeeding is on the level or world’s average and is not satisfactory. For exclusive breastfeeding for first six months as well as median duration of breastfeeding we can conclude that rates are extremely low (18,5% and 8,8 months) and are in red color coding category. Bottle feeding is also unsatisfactory as 79,5% of infants 0-12 months is bottle-fed. As those indicators best show state of implementation of government’s commitments and policies it is necessary to continue monitoring of breastfeeding indicators on regular basis according to internationally recognized methodology.

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.

Total score of infant and young child feeding **practices, policies and programmes** for Bosnia and Herzegovina is **84** and it falls in yellow color rating category.

Scores	Colour- rating
0 – 45.5	Red
46 – 90.5 ✓ (84)	Yellow
91 – 135.5	Blue
136 – 150	Green

Key Gaps

Indicator 1 National Policy, Program & Coordination

- Entity Infant and Young Child Policies are in place but lack detailed action plans with allocated budgets
- Entity Breastfeeding committees are not active and coordinators are not appointed
- Monitoring and evaluation of any of policies is not in place.

Indicator 2 Baby Friendly Care & Baby Friendly Hospital Initiative (BFHI)

- Not all hospitals and maternity facilities in Bosnia and Herzegovina are "Baby Friendly Hospitals"

Indicator 3 Implementation of International Code of Marketing of Breastmilk Substitutes

- State level legislation is in place but does not cover all Code articles and does not include all relevant WHA resolutions
- In Federation of Bosnia and Herzegovina entity Code is implemented only as voluntary measure
- Enforcement and monitoring of existing legislation and health workers awareness on Code is unsatisfactory

Indicator 4 Maternity Protection

- There is no Labour law at state level.
- Existing entity labour laws define protection of pregnant women and mothers, but do not constitute conditions for their implementation in practice.
- Laws are not equally implemented in all parts of Bosnia and Herzegovina.

Indicator 5 Health and Nutrition Care System

- Criteria for mother-friendly care are not implemented in all hospitals and maternity facilities in Bosnia and Herzegovina.
- Training and education of health workers on nutrition of Infants and Young Children and on International Code of Marketing of Breast Milk Substitutes but is not implemented in all mother and child care facilities and do not cover all health workers.

Indicator 6 Mother Support and Community Outreach

- Maternal health care facilities and services are well developed but insufficiently used by pregnant women.

Indicator 7 Information Support

- National or entity level IEC strategies for improving infant and young child feeding are not in place.

- Services for individual and group counseling do not reach all women and children and are insufficient in number and capacity
- Promotional activities are poorly funded
- Entity guidelines on infant and young child feeding lack details on preparation and handling of PIF in different settings

Indicator 8 Infant Feeding and HIV

- Health workers employed in health service other than VCCT Centers insufficiently trained on infant feeding and HIV
- Guidelines on infant and young child nutrition lack detailed information on infant feeding and HIV

Indicator 9 Infant & Young Child Feeding in Emergencies

- Entity level Infant and Young Feeding Policies do not include infant feeding in emergencies and coordinators have not been appointed
- Comprehensive emergency preparedness and response plan for infant feeding in emergencies is not in place and resources allocated for implementation of emergency response activities are insufficient
- Pre-service and in-service training for emergency management and relevant health care personnel or training in the frame of emergency response is not in place.

Indicator 10 Mechanisms of Monitoring & Evaluation System

- Monitoring of IYCF practice is not part of regular health statistics system and nutrition information system is not in place
- Conduction of Infant and Young Child Feeding Surveys depends on international support and survey data/information are not always used by key decision-makers for programming of further actions related to infant and young child feeding

11-15. Infant and Young Child Feeding Practices

- Three out of five infant and young child feeding practices indicators are in yellow color coded category and median duration of breastfeeding and bottle feeding indicators are extremely low and fall in red color coding category.

Key Recommendations

Indicator 1 National Policy, Program & Coordination

- Development of detailed action plans at entity level with allocation of budgets from government's resources and re-establishment of entity breastfeeding committees and coordinators.

- Formation of coordinating body at national level responsible for coordination follow up and harmonization of entity level activities is needed as well.

Indicator 2 Baby Friendly Care & Baby Friendly Hospital Initiative (BFHI)

- Agency for Quality and Accreditation in Health in Federation of Bosnia and Herzegovina need to continue activities on accreditation of hospitals and maternity facilities into Baby Friendly until all hospitals in Federation of Bosnia and Herzegovina become Baby Friendly and continue with reassessment of existing Baby friendly facilities

Indicator 3 Implementation of International Code of Marketing of Breastmilk Substitutes

- Legislation on both state and entity level should be brought to include all Code provisions as a mandatory measures,
- Conduction of trainings on enforcement of existing legislation and on awareness on Code compliance
- Establishment of monitoring of Code compliance using internationally recognized methodologies such as WBTi

Indicator 4 Maternity Protection

- Establishment of uniform legislation on the protection of women and motherhood throughout the whole country and all levels of government
- Information education and trainings on raising of awareness of mothers fathers on importance of breastfeeding as well as of employers and decision makers by government and other stakeholders
- Development and distribution of promotional material on the rights of women during pregnancy and maternity leave

Indicator 5 Health and Nutrition Care System

- Identification of facilities and health workers not covered with trainings and conduction of training to increase of number of trained personnel working in mother and child care facilities
- Improvement of quality and safety of health care in all maternity facilities by applying standards and principles of mother-friendly care.

Indicator 6 Mother Support and Community Outreach

- Actions to increase knowledge and awareness of pregnant women, young women, future mothers on responsible behavior towards their health, health of their children and towards use of health care services during pregnancy

Indicator 7 Information Support

- Development of comprehensive national/entity IEC strategy for improving infant and young child feeding

- Improvement of entity IYCF guidelines to include management of powdered infant formula and wide distribution and presentation to professionals and public by responsible ministries
- Action on increase of number and capacity of services for group counseling to reach all women and children improved
- Allocation of government's funds for campaigns and other promotional activities.

Indicator 8 Infant Feeding and HIV

- Training of all health workers employed in health services dealing with mother and child care organized by of entity ministries of health and other partners
- Allocation of funds for work of VCCT centers and clinical care for HIV positive mothers by government
- Improvement of guidelines on infant and young child feeding to include detailed information on infant feeding and HIV
- Incorporation of training on HIV and infant feeding policies in undergraduate and specialised training curricula of health workers

Indicator 9 Infant & Young Child Feeding in Emergencies

- Development of national infant and young feeding policy to include infant feeding in emergencies and harmonization of entity policies with national policy with appointment of coordinator
- Development of national/entity emergency preparedness and response plan for infant feeding in emergencies with allocation of sufficient resources for implementation of plans by government
- Development of pre-service and in-service curricula and training for emergency management for health care personnel and training for personnel included in emergency response

Indicator 10 Mechanisms of Monitoring & Evaluation System

- Inclusion of infant and young child feeding practice indicators in regular entity health statistics system and establishment of national/entity nutrition surveillance system
- Allocation of funds for conduction of Infant and Young Child Feeding Surveys by government
- Use of survey data/information from surveys in programming and development of action plans on infant and young child feeding at all levels

11-15. Infant and Young Child Feeding Practices

- Ensure monitoring of infant and young child feeding practice including monitoring of trends on regular basis and according to internationally recognized methodology (MICS) and allocation of funds for conduction of monitoring by government