World Breastfeeding Trends Initiative (WBT*i*)

Assessment Report

IBFAN
defending breastfeeding

bpni
putting child nutrition
at the forefront
of social change

World Breastfeeding Trends Initiative (WBT*i*)

Report

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The World Breastfeeding Trends Initiative (WBT*i*)

Name of Country: Croatia

Year: 2015

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Acknowledgements

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Special thanks must be given to all the partners who selflessly gave of their time and expertise, making valuable contributions that have significantly contributed to the quality of the final Report.

Thanks goes to Daniela Drandić and Jasena Knez Radolović for translating and proofreading all the documents and tools, first from English to Croatian and then translating the final Report from Croatian to English, so as to be made available on the IBFAN Asia website.

We believe that this Report will be very useful to both governmental and non-governmental organisations in Croatia when planning and implementing interventions and nutrition improvement programs, ultimately contributing to the health of infants and young children in Croatia.

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Abbreviations Used in This Report

BFHI	Baby-Friendly Hospital Initiative
BPNI	Baby Promotion Network India
GLOPAR	Global Participatory Action Research
IBCLC	International Board Certified Lactation Consultant
IBFAN	International Baby Food Action Network
IFE	Infant and Young Child Feeding in Emergencies
NGO	Non-Governmental Organisation
NORAD	Norwegian Agency for Development Cooperation
RH	The Republic of Croatia
RODA	Roda – Parents in Action, Croatian NGO
SIDA	Swedish International Development Agency
WHO	World Health Organisation
UNICEF	United Nations International Children's Emergency Fund
WABA	World Alliance for Breastfeeding Action
WBCi	World Breastfeeding Costing Initiative
WBTi	World Breastfeeding Trends Initiative

About IBFAN

IBFAN (**International Baby Food Action Network, http://ibfan.org/about-ibfan**) was founded in 1979 and has been awarded the Right Livelihood Award, the 'Alternative Nobel Prize', ″for its committed and effective campaigning in support of breastfeeding″. This network consists of 273 civil society organisations hailing from 168 countries that collaborate with the goal of saving the lives of infants and children throughout the world by sparking lasting changes in childhood nutrition at all levels. In Croatia, IBFAN members include the NGO RODA – Parents in Action (since 2003) and the Croatian Association of Lactation Consultants (since 2011).

IBFAN members share common goals and seven working principles:

1. Infants and young children, everywhere, have the right to the highest attainable standard of health.
2. Families, and in particular women and children, have the right to access adequate and nutritious food and sufficient and affordable water.
3. Women have the right to breastfeed and to make informed decisions about infant and young child feeding.
4. Women have the right to full support to breastfeed for two years or more and to exclusively breastfeed for the first six months.
5. All people have the right to access quality health care services and information free of commercial influence.
6. Health workers and consumers have the right to be protected from commercial influence which may distort their judgement and decisions.
7. People have the right to advocate for change which protects, promotes and supports basic health, in international solidarity.

IBFAN is organised in eight regional offices that create an international network of collaborators, most of whom are volunteers. IBFAN works to ensure the full implementation of the International Code on the Marketing of Breastmilk Substitutes (abbreviated as **the Code**) and all later relevant resolutions by the World Health Assembly. As a result, one of IBFAN's main activities is to monitor Code violations, warning violators and increasing public awareness about Code violations. In 1981, the Code was adopted by the member states of the World Health Organisation with the goal of protecting, promoting and supporting breastfeeding. The Republic of Croatia adopted the Code on 14 May 1992 at the General Assembly of the World Health Organisation by voting in favour of the Resolution on Infant Nutrition.

The Code's main goal is to ensure compliance by companies that manufacture and distribute food products for infants and children as well as towards healthcare workers, underpinned by the philosophy that sensitive products intended for the youngest members of our society must not be at the mercy of the free market and aggressive marketing campaigns. Low breastfeeding rates are often the consequence of inadequate breastfeeding support, incorrect information about breastfeeding as

well as intense Code violations. For these reasons healthcare workers, especially those who work with mothers and infants, have a very important role in protecting and promoting breastfeeding.

About the World Breastfeeding Trends Initiative (WBT*i*)

Background

The World Breastfeeding Trends Initiative (WBT*i*) 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 levels. 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 WBT*i* 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 Global Strategy is based on evidence on the importance of nutrition in the first months and years of a child's life and the key role adequate feeding has in achieving optimal health. A lack of breastfeeding, especially a lack of exclusive breastfeeding in the first six months of a child's life is an important risk factor for infant and child morbidity and mortality which can be made worse due to inadequate complementary food feeding. The life-long effects of these practices include poor school performance, lowered productivity and decreased intellectual and social development.

The Global Strategy was devised as a group of *action guidelines*, it names interventions which are proven to have a positive effect on health, emphasises providing mothers and families with the support necessary to fulfil their very important roles, and precisely defines the duties and responsibilities of governments, international organisations and other actors.

The WBT*i* has 15 indicators which include the Global Strategy's main points. The first part of the WBT*i* tool has ten indicators linked to policies and programs while the second part has five indicators which deal with infant feeding practices.

Part-I deals with policy and programmes (indicator 1-10)	Part –II deals with infant feeding practices (indicator 11-15)
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	11. Early Initiation of Breastfeeding 12. Exclusive breastfeeding 13. Median duration of breastfeeding 14. Bottle feeding 15. Complementary feeding

Once the assessment of gaps is carried out, the data on 15 indicators is fed into the questionnaire using the WBT*i* 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 the 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 help identify

achievements and gaps in policies and programmes in implementing the 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 analysed, it is then entered into the web-based toolkit through the ' WBT*i* Questionnaire'. Further, the toolkit scores and colour- rate each individual indicator as per **IBFAN Asia's Guidelines for WBT*i***

Background

1. Republic of Croatia - Vital Statistics

In 2013, Croatia was a country with a population of 4,255,689 inhabitants experiencing a marked depopulation trend. That same year was the first year, since 2003, that the live birth rate fell under 40,000, with only 39,939 live births. Low birth rates of 9-10/1000 are directly linked to a fall in the overall fertility rate which is currently 1.4. The infant mortality rate in Croatia (4.1 deaths per 1000 live births in 2013) is slightly higher than the EU average (4.0 in 2011). Most infant mortalities are linked to pathology during pregnancy or birth (from the perinatal period), which account for 60% of infant deaths, congenital malformations account for 20% and a further 20% of infant mortalities are classified as other. These health issues, especially those linked to premature birth, require highly sophisticated modern medical services, in addition to encouraging breastfeeding. In order to lower the rates of these health problems, prevention activities must be developed in the antenatal period, including various forms of antenatal education aimed at preparing women for birth and breastfeeding.

2. Overview of the Current Status of Breastfeeding in Croatia

Even before the War for Independence (1991-1995), breastfeeding rates in Croatia were already very low, and healthcare workers had already recognised the problem of an increasing number of infants who were not being breastfed. It is important to note that the war further de-stimulated breastfeeding, especially in light of the uncontrolled amount of donations of breastmilk substitutes at the time. During the war itself, UNICEF began conducting the Baby Friendly Hospital Initiative (BFHI). In 1993, thanks to UNICEF and the Ministry of Health, all Croatian maternity hospitals officially joined the BFHI, but the degree of quality involvement varied. Three years later, in 1996, the first Croatian hospitals became designated as Baby-Friendly. At the same time, a number of hospitals were well on their way to achieving the same standard of care.

In 1996, in collaboration with the Ministry of Health and Social Services, UNICEF Croatia conducted a survey entitled *Investigating Parents' Knowledge and Attitudes Towards Feeding and the Most Common Health Problems Facing Children in Croatia*. The goal of this study was to evaluate the program's needs and grade its results with the final goal of further improving the program itself. A random group of 1,937 children was chosen (information provided by their mothers), of whom 1180 were between two and five years of age and 757 were two or under. The results from this sample showed the prevalence of breastfeeding at the time:

Children two years old and under

Duration of Breastfeeding	Percentage
More than 1 month	67.8%
More than 3 months	13.5%
More than 12 months	1.6%

Although the study was conducted in 1996, three years after the BFHI had begun, it was clear that one of the most important steps to successful breastfeeding was being incorrectly implemented – skin to skin contact after birth. Of all the mothers surveyed, only 16% got to breastfeed immediately after birth, 26.6% breastfed within six hours of birth, 22.3% breastfed within seven to twelve hours, and 17% had the first opportunity to breastfeed the day after their child was born. These indicators demonstrated the need for increased training in Croatian maternity hospitals.

As part of their activities in monitoring and evaluating breastfeeding promotion programs in Croatia, UNICEF and the Ministry of Health and Social Services conducted a study entitled *The State of Croatian Maternity Hospitals with Regard to BFHI Status* in July 2009. The study included all the maternity hospitals in Croatia and had the goal of demonstrating how mothers felt about the BFHI. The study was based on a survey for mothers and included a sample of 2,533 women (which was two-thirds of the women who gave birth in that particular month). The results showed that only 20% of mothers had attended an antenatal course, 83% had skin to skin contact with their infants, with marked differences between BFHI designated maternity hospitals and those without the BFHI title, with 42% of women having skin to skin in the BFHI group as opposed to 15% of those who birthed in non-designated hospitals. Furthermore, 18% of maternity hospitals who had the space for rooming in did not actually implement the practice; 59% of women who birthed in BFHI facilities rated communication with staff to be satisfactory while conversely, 53% of mothers who birthed in non-designated maternity hospitals found communication with staff to be inadequate. Finally, 92% of mothers who birthed in a Baby-Friendly maternity hospital stated they would recommend a BFHI facility to others, while 85% of mothers who birthed in a non-designated maternity hospital said they would recommend that hospital to others.

In 2012 UNICEF Croatia commissioned a study entitled *How Parents and Communities Care for the Youngest Children in Croatia*. Among other topics, a section was dedicated to parents' experiences with breastfeeding support provided by healthcare workers during the: a) antenatal period, b) maternity hospital stay, c) after discharge from hospital (community nurses and paediatricians). A field survey was conducted throughout Croatia and included 1,751 parents of children aged six months, one year, three years and six years.

When asked about where they got breastfeeding information from, 16% of parents stated they got information from antenatal courses, 9% from gynaecologists, 69% from maternity hospitals, 64% from their healthcare visitor (community nurse) and 24% from their paediatrician or child's doctor.

When asked how old their child was when they began feeding him/her solids, 38% stated between four and five months of age, 37% between five and six months and 9% stated between six and seven

months. The World Health Organisation, UNICEF and many international organisations support exclusive breastfeeding for the first six months of life, suggesting that practices in Croatia were not in accordance with these recommendations. It is clear that there is a need for further training in order to bring these practices in line with current international criteria.

In conclusion, we must emphasise that breastfeeding rates are monitored through reports made by healthcare services, published annually in the Croatian Institute for Public Health's Yearbook. The data collection methods give an approximate view of breastfeeding in Croatia. At well-baby check-ups in 2013, 71.8% of children were exclusively breastfed up to the age of two months, 58.4% were exclusively breastfed after three months and 19% were exclusively breastfed at six months of age. **One of the greatest problems in comparing results is the use of various definitions and methods in collecting data on infant nutrition making the reliability of official statistics questionable.** Another related problem is the incomplete entering of data by health professionals, leading to official records (Yearbooks) stating for example, that not a single child was breastfed for more than a year over the last few years, which we know, based on everyday life, not to be true.

3. The Importance of Breastfeeding

Exclusive breastfeeding (feeding an infant only breastmilk, without any other liquids or foods) during the first six months of life, and continuing breastfeeding with appropriate complementary foods to two years of age and beyond, are the World Health Organisation (WHO) and UNICEF's official recommendations for optimal infant and young child feeding. Numerous professional organisations also promote breastfeeding as the best way to provide nutrition for children, especially in light of the known risks of not breastfeeding for children, mothers and families. Not breastfeeding and early cessation of breastfeeding have important adverse health, social and economic effects on women, children, the community and environment which result in higher costs for healthcare and increased socio-economic differences between various social groups. Estimates show that early cessation of exclusive breastfeeding and extended breastfeeding account for the deaths of 1.4 million children under the age of five in developing countries. Global efforts to decrease child mortality (Millennium Development Goal Four) and improve the health of mothers (Millennium Development Goal Five) by 2015, adopted by member states of the United Nations, emphasise the importance of exclusive breastfeeding as an effective mechanism for achieving these important development goals.

Breastfeeding and exclusive breastfeeding provide numerous benefits for the health of children and mothers. For children, exclusive breastfeeding decreases the risk of non-specific infections of the digestive system, middle-ear and lower respiratory system infections, SIDS, type I diabetes, asthma and atopic dermatitis, obesity, celiac disease, diseases marked by chronic intestinal inflammation and some children's cancers (acute leukaemia, lymphoma). Breastfed children also develop better intellectually. On the other hand, for mothers, breastfeeding lowers the risk of breast and ovarian cancer as well as rheumatoid arthritis. Exclusive breastfeeding is an effective way to prevent some of the greatest health risks facing the world's population today, including obesity in children and adults, type II diabetes and cardiovascular disease in breastfeeding mothers. It is especially important to note the **importance of breastfeeding in preventing obesity.** Since the prevention of obesity

through proper nutrition and exercise is a WHO priority, and obesity is a global threat that is also steadily encroaching upon Croatia, we must strive to make breastfeeding and healthy nutrition a priority from the earliest age. This would allow for effective action on creating healthy feeding habits and contribute to obesity prevention.

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The Assessment Process Followed in the Republic of Croatia

In 2012 a report on the state of policies and program implementation of the WHO's Global Strategy on Infant and Young Child Feeding, titled Are Our Babies Falling Through the Gaps (available at http://worldbreastfeedingconference.org/images/51-country-report.pdf) was published by the Breastfeeding Promotion Network of India (BPNI) and International Baby Food Action (IBFAN) Asia. The report was based on the World Breastfeeding Trends Initiative (WBTi) and sponsored by the Swedish International Development Agency (Sida) and Norwegian Agency for Development Cooperation (NORAD). The report covered 51 countries but not a single one from Europe; hence, IBFAN Europe put out several calls to its members to join the Initiative which resulted in a training workshop being held in Geneva from 13-15 May 2015.

This workshop, funded by IBFAN Asia, was attended by eleven European representatives (Armenia, Belgium, Bosnia and Herzegovina, Croatia, Georgia, Italy, Portugal, Switzerland, Turkey, UK and Ukraine) who were committed to completing the WBTi assessment by the end of 2015. The workshop was also an opportunity to learn about the logically linked initiative - the **World Breastfeeding Costing initiative** (WBCi), launched by IBFAN at the 2014 World Health Assembly. While WBTi helps to identify gaps in the national implementation of the Global Strategy, WBCi then helps to put a cost on how much countries/governments may need to budget for filling these gaps.

The Croatian representative was Dr. Irena Zakarija-Grković, president of the Croatian Association of Lactation Consultants, a member of IBFAN Europe. Dr. Zakarija-Grković was nominated as WBTi lead by the Croatian National Breastfeeding Committee (NBC), of which she is an active member. Dr. Irena Zakarija-Grković attended the workshop on the WBTi & WBCi methodology and assumed the role of WBTI coordinator. Upon return from Geneva, a meeting of the Croatian NBC was fortuitously held which proved the perfect opportunity to present the rationale and program of the WBTi and invite members to join the core working group. The president of the NBC, Professor Josip Grgurić, praised the initiative as an excellent way of evaluating the infant feeding situation in Croatia, and expressed support for the WBTi.

Four core group members (CGM), in addition to the national WBTi coordinator, were selected and agreed to participate. They are: Josip Grgurić, NBC president and UNICEF representative, Anita Pavičić Bošnjak, neonatologist and IBCLC, Ivana Zanze, consumer representative from the parent organisation RODA and Dinka Barić, community nurse, IBCLC, and president of the Croatian Association of Breastfeeding Support Groups. Soon after the first meeting, the CGM were provided with relevant documents and invited to select three indicators which they would like to assess.

Two weeks later, on 02 June, a meeting of the CGM was held via Skype to discuss which documents needed to be translated into Croatian, whether the Indicators were clear and to arrange the next meeting. Questions were asked about the format of the report and sources used; CGM were referred to examples of well written reports and the document 'Sources of Information'.

On 15 June a second Skype meeting was held. In the meantime, a contract was signed with IBFAN Asia and a translator was found. During the Skype meeting individual indicators and criteria were discussed in detail, making sure all CGM understood what was being asked. Questions that arose included: What is a policy? Does policy refer to a national IYCF program or could it encompass a wider range of government documents? What is meant by "all other sectors" ? What does "clear terms of reference" mean, etc. It was agreed the next meeting should be face-to-face. In the meantime, the CGM were expected to assess their individual indicators.

On 7 July the CGM convened for a full day face-to-face meeting to discuss all fifteen indicators in detail. Each person presented their indicator and scores for the individual criteria, which were then either agree upon or discussed until a consensus was achieved. Several queries arose which were forwarded to IBFAN Asia for clarification. It was agreed that CGM would submit their individual reports to the WBTI coordinator by the end of July.

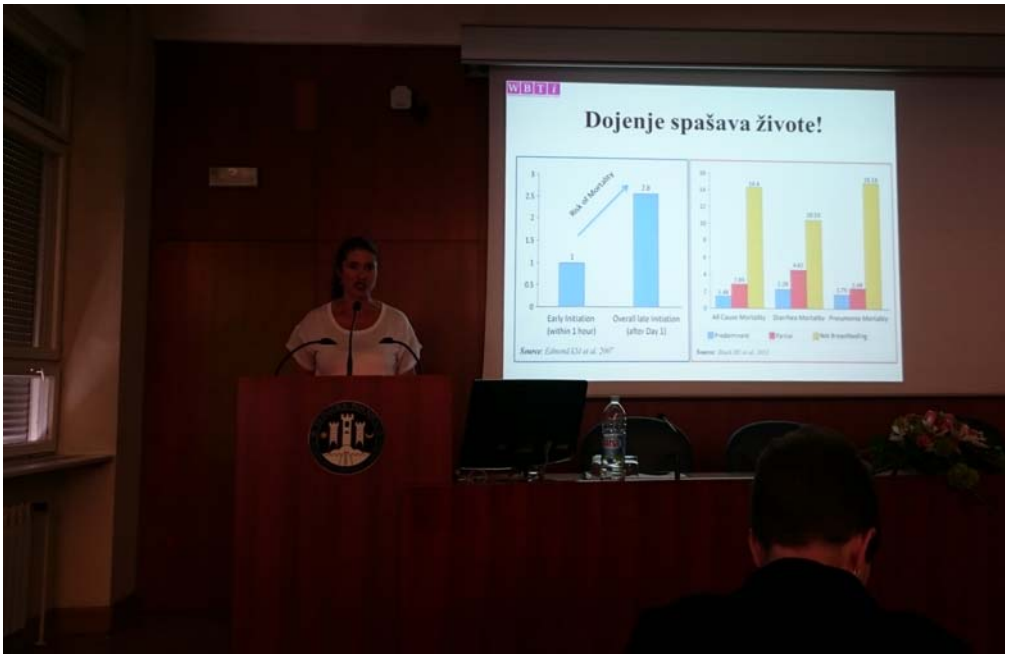
Once the individual reports were compiled, all CGM were given the opportunity to read and comment on the report before a final version was forwarded to partners, along with translated accompanying documents (WBTi Assessment Tool, WBTi Guidebook and Global Strategy of Infant and Young Child Feeding). Partners were kindly asked to provide feedback within a month, after which the report was revised, edited and sent for translation back into English for publication on the IBFAN Asia website. Detailed replies/explanations were sent to all partners.

The WBT*i* was presented at the Third Annual Croatian Breastfeeding Symposium, organised by the Croatian Association of Lactation Consultants, on 01 October 2015 in Zagreb.

WBT*i* workshop participants, Geneva, May 2015

WBTi workshop participants with course directors: Dr Shoba (bottom left) and Dr. Arun Gupta (3rd from the left)

WBTi Croatia Core Group Members (from left to right): Anita Pavičić Bošnjak, Josip Grgurić, Ivana Zanze, Dinka Barić and Irena Zakarija-Grković



Launch of WBT*i* at the 3rd Annual Croatian Breastfeeding Symposium, 1 October 2015, Zagreb

List of Partners Involved in the Assessment Process

No.	NAME OF REPRESENTATIVE	ORGANISATION
1	Sanja Predavec	Ministry of Health
2	Duška Bogdanović	Ministry of Social Policies and Youth
3	Josip Grgurić	UNICEF Croatia
4	Maja Lang Morović	Croatian Public Health Institute
5	Pero Rizvan	School of Public Health, Split-Dalmatia County
6	Julije Meštrović Marija Čatipović	Croatian Paediatric Society
7	Duška Tješić - Drinković	Croatian Society for Paediatric Gastroenterology, Hepatology and Nutrition
8	Kristina Kužnik	Croatian Paediatric Nurses' Society
9	Astrid Maljković	Community Nurses' Society
10	Dinka Barić	Croatian Association of Breastfeeding Support Groups
11	Irena Zakarija-Grković	Croatian Association of Lactation Consultants
12	Ivana Zanze	RODA- Parents in Action

Report Summary

Croatia is making great progress in the area of breastfeeding protection and promotion policies, which was further confirmed in May 2015 when the Croatian Government adopted the National Program for Protecting and Supporting Breastfeeding. Croatia is a world leader in the implementation of the WHO/UNICEF Baby Friendly Hospital Initiative and is systematically working towards spreading this initiative to other areas of society with the goal of creating a breastfeeding culture. With regard to protecting motherhood, Croatia offers numerous rights and healthcare service to women both antenatally and postnatally.

One of the largest gaps in the implementation of the Global Strategy in Croatia is in the area of feeding children whose mothers are HIV positive, where there are currently no guidelines. Given the low rates of HIV infection in Croatia, this gap is understandable to some extent, but for those few HIV positive mothers, guidance and support is needed. A further large gap is in the area of infant feeding in emergency situations, where there are currently no documents that protect breastfeeding. Since crisis situations can occur at any time, we must be prepared. Another great challenge for Croatia is the monitoring of breastfeeding practices. Infant and young child feeding practices in Croatia can generally be considered satisfactory; however, this assessment is based on averages and approximations in feeding data which do not satisfy the criteria of the requested indicators. Monitoring infant and young child feeding practices at the national level is insufficient and not uniform, with sporadic national and regional research being conducted. Data collected in health institutions are not thorough or complete. As a result Croatia is facing great difficulty in monitoring the state of infant and young child feeding, making the evaluation of various infant feeding activities and interventions extremely difficult. Hence, we strongly recommend that a National Survey on Nutrition be conducted on a regular basis, using standard WHO definitions. An ongoing challenge is the full implementation of the International Code on the Marketing of Breastmilk Substitutes, including the sanctioning of Code violators.

In order to maintain the results we have achieved and improve in the areas where not enough has been done, it is necessary to secure funding for the continued work of the National Breastfeeding Committee, as well as the BFHI Project Team, and include minimal standards in breastfeeding support in the accreditation system of hospitals and other healthcare institutions in Croatia.

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?*

Guidelines for scoring		
Criteria	**Scoring**	**Results** ✓ ***Check any one***
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	1	√
1.6) The National Breastfeeding Committee meets, monitors and reviews on a regular basis	2	√
1.7) The National Breastfeeding 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	**9.5/10**	

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Gaps:

1. Long-term financing and sustainability of the National Breastfeeding Program has not been secured, especially for the period after 2016 when UNICEF's support is expected to cease;
2. The education system in Croatia, especially training of healthcare professionals, is not sufficiently included in breastfeeding promotion programs;
3. The importance of exclusive breastfeeding for the first six months of life and continuation of breastfeeding up to two years of age and beyond, is not sufficiently emphasised in the program;
4. There is a visible lack of coordination, networking and communication of activities between other institutions and the civil sector.

Recommendations:

Over the past twenty years constant discussions and dilemmas have attempted to define the breastfeeding discourse. After the first interventions and successful BFHI activities, which emphasized the dominant role of the healthcare system, it has become evident that breastfeeding needs to be placed in a wider social context. The idea that this area be regulated by legislation was born and a number of years were spent working intensively on defining the legislative framework that resulted in the preparation of the *Draft Breastfeeding Protection and Promotion in Croatia Act* which had been submitted to the Croatian parliament, but then due to the *Sretna beba* (Happy Baby) Program, the Act was unfortunately stopped. The matter was taken up again in the National Plan of Activities for the Rights and Interests of Children 2006-2012.

From the very beginning, attempts were made to implement policies that would give the program a wider dimension in society as a whole but also to provide legislative regulation for breastfeeding protection and support. Although there was no actual legislation over this 20 year period, it is important to note that these activities were regulated by UNICEF and the Croatian Government through four year programs.

Finally, on 7 May 2015 the Croatian Government adopted the Breastfeeding Protection and Promotion Program. This fact has provided an important dimension and valuable framework for further steps, and for the first time Croatia has a Government program for breastfeeding protection and promotion. It is important to note that:

1. The program is oriented towards the healthcare system, as a public health discourse, which is important because it is important to further strengthen and copy it into the healthcare system's quality standards. An important factor here is that in 2014 the Ministry of Health

recommended that the Agency for Healthcare Quality and Accreditation build elements from the BFHI methodology into the hospital accreditation system.

2. Great emphasis must be put on a number of concrete steps which form an integral part of the Program of Measures for Healthcare in Croatia, keeping in mind the antenatal and postnatal standards that must be planned through the system financed by the Croatian Health Insurance Institute (HZZO).
3. During the upcoming period, alongside the healthcare system, activities must also include the education system, most importantly improvements and additions to the curriculums for training healthcare professionals: medical secondary schools, colleges and universities but also through the general education system.
4. The adopted Program emphasises the important role local and regional communities play in breastfeeding promotion. By creating coordination committees at the county and city levels, it will become possible to create a very necessary societal cultural climate that protects breastfeeding.
5. The Breastfeeding Protection and Promotion Program has only been defined for 2015 and 2016, a period of two years. This relatively short timeframe must be considered a transition period, which should be used to define a long-term program.
6. In Croatia, healthcare professionals often recommend introducing solid foods before an infant is six months old and cessation of breastfeeding at twelve months, which is in conflict with WHO recommendations and the Global Strategy. For this reason future versions of the Breastfeeding Protection and Promotion Program should emphasise the importance of following WHO recommendations with regard to infant and young child nutrition, in addition to activities that will support these.
7. Improving coordination and communication as well as networking public national activities and those of relevant institutions.

Conclusions:

In 2006 the Government of the Republic of Croatia adopted the National Action Plan for the Rights and Interests of Children 2006-2012, which specifically included a measure calling for the drafting of a National Program for Breastfeeding Promotion with the following activities:

1. Preparation and adoption of a National Breastfeeding Promotion Program
2. Creation of a National Breastfeeding Committee
3. Adoption of a decree or act on implementing the International Code on Marketing of Breastmilk Substitutes
4. Continuation of the BFHI Program

In 2007 the Minister of Health created the National Breastfeeding Committee with the goal of implementing these measures. The Committee includes:

- A representative from the Ministry of Health
- A representative from the Ministry of Social Policies and Youth
- Healthcare professionals including neonatologists, paediatricians, family doctors, midwives and healthcare visitors (community nurses)
- Representatives from the civil sector

All committee members and the committee president are volunteers. The committee's president is a specialist in paediatric gastroenterology and nutrition and is also a university professor.

The committee's work is primarily focussed on:

1) The preparation of strategic documents:
    - Defining a breastfeeding promotion program in the National Healthcare Strategy for the period up to 2020
    - Participating in the preparation of the Breastfeeding Protection and Promotion Program
    - Analysing EU directives
    - Emphasising the importance of the International Code on the Marketing of Breastmilk Substitutes
2) Collaborating with UNICEF Croatia in implementing the BFHI
3) Coordinating activities on breastfeeding promotion in Croatia
4) Considering open issues and giving expert opinions on the protection and promotion of breastfeeding in Croatia

The Committee's activities in the upcoming period will include:

- Concentrating on the implementation of the Breastfeeding Promotion Program
- Effective implementation of the International Code on the Marketing of Breastmilk Substitutes
- Expanding the breastfeeding promotion program to include the *Baby and Mother Friendly Hospital Initiative*
- Including information on the importance of breastfeeding in education system curricula, especially those for healthcare professionals
- Increasing activities involving local communities in creating a new breastfeeding-friendly culture

In order to complete these activities, the Committee's membership must be increased to include representatives from professions that involve the protection of women's rights, education and children's rights experts.

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding[1])

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 32 total hospitals (both public & private)and maternity facilities offering maternity services have been designated or reassessed as "Baby Friendly" in the last 5 years (94%)

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	**5 / 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:

Guidelines for scoring		
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 postnatal 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	**9.5 / 10**	

Information Sources Used:

1. National Breastfeeding Promotion and Protection Program. Available: *http://www.zdravlje.hr/programi_i_projekti/nacionalni_programi*
2. UNICEF / WHO Twenty Hour Course for Maternity Hospital Staff (Croatian translation). Zagreb, 2007.
3. Discussion with the National BFHI Coordinator

[2] IYCF training programmes such as IBFAN Asia's '4 in1' IYCF counselling training programme, WHO's Breastfeeding counselling 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 baby friendly 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.#

Gaps:

1. Lack of a standardised monitoring and reporting system
2. Lack of inclusion of Croatia's only private maternity hospital, which has high rates of caesarean sections and bottle feeding
3. Lack of involvement of physicians and senior staff in BFHI courses
4. Lack of long-term financing and support
5. No dedicated BFHI website
6. No printed information on the Ten Steps written for parents
7. No annual BFHI conference

Recommendations:

1. Implement obligatory annual evaluations based on patient surveys
2. Include private maternity hospitals in BFHI
3. Motivate physicians and senior staff to attend BFHI courses
4. Ensure long-term financing and support for BFHI
5. Prepare a UNICEF-BFHI website
6. Prepare printed information on the Ten Steps for parents
7. Organise an annual BFHI conference

Conclusions

The BFH Initiative has been successfully implemented in Croatia and includes all public maternity hospitals save one (which is currently in the accreditation process). Unfortunately, the only private maternity hospital in Croatia, which accounts for less than 1% of births annually, is not accredited. We can conclude that Croatia is a leader in the implementation of the Baby-Friendly Hospital Initiative. However, there are still many challenges, especially in maintaining motivation and interest for the Initiative among maternity hospital staff, which directly affects the program's quality, as well as long-term financing for regular assessments and trainings.

Currently, internal monitoring of the Ten Steps as conducted by maternity hospital staff is organised once every three to five years, just before the hospital is up for re-assessment. This is completed using the self-assessment tool which tends to show a positive bias. Hence, urgent implementation of regular (at least annual) BFHI assessments are needed, which use more objective indicators, such as the *Survey for Mothers at Hospital Discharge*.

Hospital management and staff could then use the results to identify areas where improvements are necessary and develop action plans to implement changes. The results of the analyses and action plans would also be sent to the National Coordination for the BFHI. Integrating BFHI monitoring in inspection and quality assessment procedures for maternity hospitals and integrated monitoring and/or re-assessment procedures for the BFHI in national hospital accreditation systems is vital to the sustainability of this initiative.

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?*

Guidelines for scoring		
Criteria (*Legal Measures that are in Place in the Country*)	**Scoring**	**Results**
3a: Status of the International Code of Marketing		✓ (*Check that apply. If more than one is applicable, record the highest score.)*
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 b) Provisions based on all 4 of the WHA resolutions as listed below are included	 5.5 6	

[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. Labelling 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)

3b: Implementation of the Code/National legislation		✓ ***Check that apply***
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	√
3.12The 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)	**6/10**	**6**

Information Sources Used:

1. The Food for Special Nutritional Needs Act (National Gazette 39/13). Available: http://narodne-novine.nn.hr/clanci/sluzbeni/2013_04_39_723.html
2. Ordinance on Infant Starter and Transition Foods (NG 39/13). Available: http://www.propisi.hr/print.php?id=12613
3. Ordinance on Wheat-Based Processed Foods and Children's Foods for Infants and Young Children (NN 126/13). Available: http://narodne-novine.nn.hr/clanci/sluzbeni/2013_10_126_2741.html
4. Shadow Report to the United Nations Committee on the Rights of the Child on the State of Breastfeeding in Croatia (RODA and HUSD, 2014). Available: http://www.roda.hr/uploads/dokumenti/RightsOfTheChild_report_Croatia_2014.pdf

Gaps:

1. Although the International Code has been implemented in Croatian legislation and ordinances to an extent, the relevant institutions (Ministry of Health) do not monitor or punish violations.
2. The importance of protecting breastfeeding is not appreciated sufficiently among key stakeholders, especially among healthcare workers. In fact, most Code violations take place in healthcare institutions (medical centres – paediatric and gynaecology practices) and in pharmacies.
3. Companies who manufacture breastmilk substitutes market directly to healthcare workers (paediatricians, nurses and midwives) at conferences, seminars and meetings.
4. Companies who manufacture breastmilk substitutes use the internet, social media and new media, as well as events attended by parents (e.g. baby fairs) in order to market directly to new parents using methods that "circumvent" the Code
5. The non-Code compliant 'Happy Baby' gift package, despite being banned from hospitals, is still being distributed through primary care obstetrics/gynaecology clinics and pharmacies and can be ordered via the internet.

Recommendations:

1. The National Breastfeeding Committee should draft a proposal for the protection of breastfeeding in such a way that all harmful practices used by manufacturers and distributers of breastmilk substitutes and other products encompassed by the Code are recognised and limited
2. The relevant Ministry should undertake all necessary legal and procedural measures, including monitoring, to control the marketing of breast milk substitutes and other products covered by the Code.
3. The relevant Ministry must create monitoring mechanisms and sanctions for Code violations in order for all advertising of breastmilk substitutes to be in accordance with the existing Code
4. Civil society organisations which are members of IBFAN must be more agile in being included in monitoring Code violations and report these to the public and all relevant institutions

Conclusions:
As part of the process of accession to the European Union, Croatian legislation had to be adapted in accordance with numerous European directives, including Directive 2006/141/EZ which deals with transition foods for infants, Directive 2006/125/EC which deals with wheat-based processed foods and children's foods for infants and young children and finally Directive 92/52/EEZ on transitional infant foods for export to third-party countries. Although the stated directives do not include the Code in its entirety, this was the first time that measures from the Code were brought into national regulations, which was an important step in breastfeeding protection efforts. Unfortunately, although these acts and ordinances are currently in force (Food for Special Nutritional Needs Act (NG 39/13), Ordinance on Infant Starter and Transition Foods (NG 122/13, 29/14), Ordinance on Wheat-Based Processed Foods and Children's Food for Infants and Young Children (NG 126/13)) they have not proven sufficient because an adequate system of monitoring and punitive measures has not been enforced.

In addition to these outstanding issues, the largest problem in Code violations exists in healthcare institutions (medical centres, pharmacies) and at conferences for healthcare workers. The gift package 'Happy Baby'is still being distributed to expectant couples and new parents through gynaecological practices and pharmacies, despite the efforts of individuals and organisations who protect breastfeeding in Croatia. Manufacturers also use social media as a new marketing channel directed towards parents. Despite numerous warnings from the civil sector and experts stating that this issue must be dealt with, there is a distinct lack of political will to do so.

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 Labour Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?*

Guidelines for scoring			
Criteria	**Scoring**		**Results** Check ✓ that apply
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave	a. Any leave less than 14 weeks	0.5	
	b. 14 to 17 weeks	1	
	c. 18 to 25 weeks	1.5	
	d. 26 weeks or more	2	√
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.	a. Unpaid breastfeeding break	0.5	
	b. Paid breastfeeding break	1	√
4.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	a. Paid break of at least 14 weeks	0.5	√
	b. Paid breastfeeding breaks	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. *(more than one may be applicable)*	a. Space for breastfeeding / milk 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) *(more than one may be applicable)*	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. Maternity and Parental Leave Support Act (NG 85/08, 110/08, 34/11, 54/13, 152/14). Available: http://www.zakon.hr/z/214/Zakon-o-rodiljnim-i-roditeljskim-potporama
2. Labour Act (NG 93/2014). Available: http://narodne-novine.nn.hr/clanci/sluzbeni/2014_07_93_1872.html
3. Elimination of Discrimination Act (NG 85/08, 112/12). Available: http://www.zakon.hr/z/490/Zakon-o-suzbijanju-diskriminacije
4. Income Tax Act (NG 177/04, 73/08, 80/10, 114/11, 22/12, 144/12, 43/13, 120/13, 125/13, 148/13, 83/14, 143/14). Available: http://www.zakon.hr/z/85/Zakon-o-porezu-na-dohodak

5. Ordinance on the Conditions and Procedures for the Right to a Breastfeeding Break, Right to Leave for Pregnant Workers, Right to Leave for Women Who Have Given Birth and Right to Leave for Breastfeeding Workers (NG 112/11). Available: http://narodne-novine.nn.hr/clanci/sluzbeni/2011_09_112_2184.html
6. Report on the State of Paternal Rights to Using Parental Leave in Croatia Including EU Practices, RODA, May 2015. Available: http://roda.hr/uploads/Budi%20tata/Bros_BudiTata_stanje.pdf
7. Study on the Position of Pregnant Women and Mothers on the Labour Market, Office of the Ombudsperson for Gender Equality of the Republic of Croatia. Available: http://www.prs.hr/attachments/article/737/Polo%C5%BEaj%20trudnica%20i%20majki%20sa%20malom%20djecom%20na%20tr%C5%BEi%C5%A1tu%20rada%20WEB.pdf

Gaps:

1. Fathers have the right to parental leave lasting four months (six months after the infant's birth) or they can use 70 days of maternity leave instead of the mother after the infant's birth. However, fathers do not have the right to paternal leave as such immediately postpartum. This type of paternal leave would allow for early father-infant bonding and support for the mother in the first days postpartum.
2. Low parental leave benefits after 6 months significantly lower family income because they are much lower than the average Croatian salary and as a result parents are not always able to use them and mothers return to work earlier.
3. Female workers only rarely report labour rights violations made by their employers and although the mechanism to do so exists women do not know enough about it, do not believe that reporting is effective and are afraid that reporting will have a negative effect on their future employment opportunities.
4. In many parts of Croatia crèches do not have adequate capacity and the network of crèches is quite small. Crèches for children under one year of age are practically non-existent. Furthermore, there is no flexibility in the working hours of crèches, and they do not address the specific working hours mothers/parents have including shift and night work.
5. Mothers of children under three years of age and lone mothers of children under twelve years of age no longer have legislated protection from night shift work

Recommendations:

1. Increase the amount of parental leave benefits after a child is six months old in order to motivate mothers (parents) to remain at home with their parents
2. Legislate mandatory parental leave to be used after a child is born lasting at least 15 days, which will help fathers with early bonding and ensure that the mother has her partner's help and support in the first days of breastfeeding
3. Implement an effective mechanism for reporting and punishing employers who discriminate against pregnant women and mothers of young children
4. Ensure that mothers can use breastfeeding breaks after their child is 12 months old
5. Legislate protection from night shifts for mothers whose children are under three years old, and for lone mothers with children under twelve years old if they so desire

6. Encourage employers to secure space for breastfeeding and expressing milk in their companies

Conclusions:
Croatia guarantees rights with regard to maternity and parental leave, protects motherhood and allows for the flexible use of various measures. The problem lies in low parental leave benefits once an infant is six months old, which are a maximum of 2660 HRK or 350 USD. Considering the problem of increasing family poverty in Croatia, these benefits do not encourage mothers to use their maternity leave in its entirety and as a result larger numbers of women are returning to work earlier.

Women who use breastfeeding breaks can do so only until their child is 12 twelve months old and not longer, and employers do not support their use and are reluctant to allow for flexible breaks. For example, they may put a condition on mothers stating that breastfeeding breaks cannot be used in the middle of working hours, but must instead be used at the beginning or end of their shift / day.

Although legislation clearly states that employers are required to provide a space for breastfeeding / expressing milk, this is not often the case in practice and if they are expressing milk at work they must secure the space to do so by themselves.

Traditional cultural practices in Croatia do not encourage fathers to take on a more active role in childcare, and as a result only a very small number of fathers use parental leave, even those two months which are reserved exclusively for fathers.

There is no paternal leave as such which can be used after the birth of a child, which would allow for fathers to experience early bonding with their newborn and help their partner establish breastfeeding. Collective agreements for certain state employees and public servants include this type of leave (days off), but mandatory parental leave during the immediate postpartum period should be the legislated right of every new father.

Indicator 5: Health and Nutrition Care Systems (in support of breastfeeding & IYCF)

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

Guidelines for scoring			
	Scoring √ *Check that apply*		
Criteria	**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 the Code implementation / national regulation throughout the country.	1	0.5	0
		√	

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

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

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

Information Sources Used:

1. National Strategy on the Rights of Children as adopted by the Government of Croatia. Available: http://www.dijete.hr/hr/izvjemainmenu-93/ostalo-mainmenu-96/doc_details/460-nacionalna-strategija-za-prava-djece-u-republici-hrvatskoj-za-razdoblje-od-2014-do-2020.html
2. Curriculum / Program for the General Education of Nurses. Available: https://www.google.hr/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CBsQFjAAahUKEwj1qbj324DHAhXBbhQKHY0BCRE&url=http%3A%2F%2Fpublic.mzos.hr%2Ffgs.axd%3Fid%3D19046&ei=n_m4VbXeDsHdUY2DpIgB&usg=AFQjCNEZiBg2XzRlP_Fg_1FT5g4sOQh19g&sig2=M_ypRkEnQxF3Uq3GRHjWbQ&bvm=bv.99028883,d.d24 (Pages 244-250)
3. Curriculum / Program for the Post-Graduate Education of Physicians Specialising in Paediatrics. Available: http://www.mef.unizg.hr/meddb/slike/pisac19/file5358p19.pdf
4. Curriculum / Program for the Post-Graduate Education of Physicians Specialising in General Medicine (General Practitioners) Available: http://www.mef.unizg.hr/meddb/slike/pisac40/file4959p40.pdf
5. Breastfeeding Protection and Promotion Program 2015-2016. Available: https://vlada.gov.hr/UserDocsImages/Sjednice/2015/227%20sjednica%20Vlade/227%20-%204.pdf
6. Program for Training Lactation Consultants. Postgraduate Course (Level I) Current Knowledge about Lactation and Breastfeeding. Available: http://neuron.mefst.hr/docs/dokumenti/novosti/2015/Tecaj_dojenje/brosura_tecaj_2015.pdf
7. Program for the 20-Hour BFHI Implementation Training Seminar for Maternity Hospital Staff. Available: http://www.mamino.net/Program_20_satnog_tecaja.pdf
8. Regional Workshops for Healthcare Visitors (Community nurses). Available: http://hugpd.hr/wp-content/uploads/2015/02/Program-radionica-HUGPD-u-RI.pdf

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.

Gaps:

1. Breastfeeding education programs in the formal training for healthcare professionals are not equally presented; their implementation depends on the motivation of the lecturer / teacher
2. Standards and procedures used in the Mother-Friendly Hospital Program must be accepted and implemented in their entirety in maternity hospitals
3. There are not enough training sessions on adhering to Code requirements for all healthcare providers who work with mothers, infants and young children
4. Breastfeeding support is not uniform and depends on the motivation of individual employees. The number of trained lactation consultants in maternity wards is inadequate
5. Health institutions lack accommodation plans and space for ensuring that mothers and infants have rooming-in when one of them requires hospitalisation

Recommendations:

1. Ensure that the plan and program of formal education for all healthcare professionals includes information on natural feeding methods for children and all other aspects important for implementing these so that this information can be implemented in healthcare practice and users can be provided with quality information
2. Continuing education which takes place after formal education has been completed regarding certain specific knowledge required for offering quality care must be made available to all healthcare professionals. These programs must include training on respecting the Code
3. Set and implement the National Level guidelines and recommendations regarding Mother-Friendly Hospital care
4. Create the frameworks and programs necessary for providing breastfeeding assistance and support alongside existing services to affect greater and better delivery of necessary information, ensuring better breastfeeding support. Ensure that all mothers who need / want it have the possibility of quality counselling in order to ensure assistance and successful breastfeeding
5. Implement training programs for healthcare professionals on the importance of rooming-in between mother and infant when one of them is ill in order to avoid these situations. Prioritise rooming-in for mothers and young children in hospitals should one of them require hospital care without additional cost to families

Conclusions:

Providing high-quality health outcomes with the goal of maintaining the health of infants and young children through special care and protection for their nutrition requires that existing training programs must be continually updated with new evidence-based scientific knowledge. In this way it is possible to ensure the quality of training for all healthcare professionals, ensuring that healthcare professionals who care for mothers and children have the opportunity to improve their knowledge and skills through continuing and permanent trainings on these topics through in-service courses after they have completed their formal education.

In this area we see the possibility for improving the need for ensuring the availability of continuing education for all healthcare professionals who work with mothers and children, both during their

formal education and as part of their continuing in-service training. Furthermore, special emphasis must be put on ensuring hospital rooming-in for mothers and infants when one of them is ill and to place importance on this practice as integral to maintaining breastfeeding.

These decisions have also been included in the Breastfeeding Protection and Promotion Program 2015-2016 and will surely contribute to the quality of total care, lowering the risk of inadequate feeding of infants and young children.

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** √ *Check that apply*		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based ante-natal and post -natal support systems with counselling 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 counselling support for Infant and young child feeding counselling and support services have national coverage.	2	1	0
	√		
6.4) Community-based counselling 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 counselling skills for infant and young child feeding.	2	1	0
		√	
Total Score:	**7 / 10**		

Information Sources Used:

1. Breastfeeding Protection and Promotion Program 2015-2016. Available: https://vlada.gov.hr/UserDocsImages/Sjednice/2015/227%20sjednica%20Vlade/227%20-%204.pdf (page 7)
2. List of Breastfeeding Support Groups in Croatia. Available: http://hugpd.hr/o-nama/popis-grupa-za-potporu-dojenja/

3. Network of Public Healthcare Services Working as Healthcare Visitors (Community Nurses). Available: http://www.hzzo.hr/zdravstveni-sustav-rh/zdravstvena-zastita-pokrivena-obveznim-zdravstvenim-osiguranjem/ugovoreni-sadrzaji-zdravstvene-zastite-u-rh/
4. Program of Measures for Healthcare Visitors (Community Nurses), section 1.6. Available: http://narodne-novine.nn.hr/clanci/sluzbeni/2006_11_126_2779.html
5. Croatian Association of Breastfeeding Support Groups. Available: http://hugpd.hr/o-nama/ciljevi-i-djelatnosti/
6. Video on Breastfeeding Support Groups. Available: http://hugpd.hr/grupe-za-potporu-dojenja-croatian-experience/

Gaps

1. There are significant differences in the availability of support for pregnant women in Croatia. These differences arise from an inadequate system for monitoring pregnant women, the lack of a support system for high-risk pregnant women (those who are hospitalised and those who are not) and beginning breastfeeding education, especially on the significance of breastfeeding for children's health and development, too late into pregnancy
2. Although the vast majority of Croatian maternity hospitals are accredited Baby-Friendly Hospitals, support for successful breastfeeding after birth is still inadequate. The duration of skin to skin contact and counselling mothers on hand milk expression after birth must be conducted according to guidelines
3. Birth by caesarean section affects the above-mentioned procedures so it is important to have a very sound medical reason for performing a caesarean section and ensure all measures are taken to allow close contact between mother and infant after a caesarean section
4. There is a relatively small number of breastfeeding professionals / consultants working in communities, like IBCLC lactation consultants who mothers can consult if they need professional advice. It is necessary to encourage healthcare professionals to complete this certification. Volunteers who offer consultation services in the community often do so based on their own experience (for example, mothers who lead breastfeeding support groups) and should be included in training programs to expand their knowledge
5. The distribution of paediatric practices in Croatia is inadequate, and their number and quality of services is also questionable
6. The national and social status of the Croatian population varies from region to region. At-risk families (those with low income, lone parents, underage parents and Roma families) are less likely to use guaranteed health and social programs
7. The equal availability of free antenatal education courses and their standardisation in all areas of Croatia
8. The same level of activity and availability of breastfeeding support groups in all regions of Croatia

Recommendations:

1. Define a system for monitoring pregnant women, especially a support system for high-risk pregnant women
2. Ensure the possibility for in-service professional training of healthcare workers as well as all volunteers who participate in breastfeeding support programs

3. Use existing programs and handbooks in professional education (e.g. the 20-Hour BFHI Course by UNICEF)
4. Standardise antenatal courses and conduct them according to a pre-defined common plan and program throughout Croatia, make them more available and increase their attendance, especially among at-risk populations
5. Local and county governments should offer assistance and support to breastfeeding support groups (space, equipment and training) as stated in the Breastfeeding Protection and Promotion Program in order to make the work of these very important forms of community support as successful as possible
6. Encourage and support healthcare workers who wish to expand their qualifications to include International Board Certified Lactation Consultant (IBCLC) status
7. In order to secure improved availability of healthcare visitors (community nurses) we should consider creating a coordination centre for this profession together with telephone support for users where information from maternity wards will be directed and reported directly to regional healthcare visitor services (community nursing services) and then deliver services to all users

Conclusions:
This indicator earned the high grades it was given although there is still ample space for certain segments to be improved upon. Should the coordination service of the public health service through which health visitors (community nurses) work become centralised, this would improve its availability goals, holistic and unique approach to users.

Today in Croatia one community nurse cares for a population of 5100 insured users and every nurse has his/her geographic catchment area. This polyvalent care for the entire community of families also includes postnatal care for women and their infants. The community nurse is the first healthcare provider a woman sees after being discharged from hospital. She/he is the first point of contact between the parents and other healthcare workers for the infant's first month of life, and as such her role in breastfeeding support and counselling is of utmost importance. This person must have exhaustive training in breastfeeding support and counselling in order to offer quality, compassionate care.

Antenatal visits with pregnant women where community nurses meet and discuss breastfeeding among other topics are statistically the least numerous visits precisely because of poor information transmission and communication with antenatal clinics, who should be giving community nursing services information about the pregnant women in their catchment. Pregnant women are most motivated for breastfeeding, and through individual counselling about birth and breastfeeding with a community nurse a pregnant woman can get all the information she needs to prepare for birth and everything that comes after it. The healthcare system in Croatia pays for this type of service in its basic healthcare plan, free of charge for all pregnant women in Croatia.

In some regions of the country perhaps it is not possible to satisfy all these criteria and as a result the community nurse service is not as available or used by all insured persons. By creating a coordination centre for community nurses and ensuring that information about pregnant women in a

given catchment is transmitted to the community service in a timely manner, in addition to communication about hospital discharge (so the first postnatal visit can be planned), the service would be more effective and provide better care.

Offering postnatal support to mothers who have had a medically necessary caesarean section is something all maternity hospitals have to work on, especially with regard to protecting breastfeeding in these situations. It is also necessary to lower caesarean section rates in those births where the indication is questionable.

Antenatal courses teach parents to be about the importance of natural childbirth for mother and child and can affect a decrease in on-demand caesarean sections. Including topics such as breastfeeding and giving information with the goal of providing support and counselling antenatally has been proven to improve breastfeeding success rates.

Professional continuing education for healthcare workers in the areas they have professional interest in is especially important in counselling mothers on infant and young child nutrition and forms one of the most important links in implementing the Breastfeeding Protection and Promotion Program. As a result of these types of continuing education knowledge and awareness about the importance of breastfeeding increases among healthcare workers, especially those who care directly for women and infants. These trainings have to include volunteers and mothers who lead breastfeeding support groups in order to ensure that all information being given to mothers is of the same evidence-based calibre.

Indicator 7: Information Support

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

Guidelines for scoring			
Criteria	**Scoring** √ ***Check that apply***		
	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 of interest are avoided	2	0	0
	√		
7.2a) National health/nutrition systems include individual counselling on infant and young child feeding	1	.5	0
	√		
7.2b) National health/nutrition systems include group education and counselling 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 (e.g. 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	1	0
		√	
Total Score:	**7 / 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:

1. Breastfeeding Protection and Promotion Program 2015-2016. Available: https://vlada.gov.hr/UserDocsImages/Sjednice/2015/227%20sjednica%20Vlade/227%20-%204.pdf (page 9)
2. Handbook for the 20-Hour BFHI Training Course. Available: http://www.mamino.net/Program_20_satnog_tecaja.pdf
3. Handbook for Breastfeeding Support Group Leaders and Parents prepared by HUGPD with the support of UNICEF Croatia. Available: http://hugpd.hr/prirucnik-za-voditeljice-gpdu-letci-namjenjeni-roditeljima-i-poster-hugpda/
4. Children's fair financed by Code violators. Available: http://www.djecjisajam.com/index.php/izlagaci
5. Free gift packages for pregnant women and mothers that includes materials that violate the Code and do not support breastfeeding. Available: http://www.familyservice.hr/index.html

Gaps:

1. Insufficient number of publications that provide evidence-based information on infant and young child feeding free of commercial interests, especially the influence of companies that violate the Code
2. Inability to check and review all materials that include information about infant and young child nutrition prepared for parents
3. Unclear and inadequate emphasis of the risks associated with feeding infants with breastmilk substitutes geared towards parents
4. Clearer and more common messages in the media about the importance of natural feeding and breastmilk as well as the development of web platforms that will help inform, educate and communicate with parents, giving them useful information and advice on infant and young child feeding practices

Recommendations:

1. Prepare written materials that parents will receive in maternity hospitals that are in accordance with WHO recommendations and free of commercial interests, especially those of companies who violate the Code
2. Ensure adequate and necessary reviews of educational publications for parents on infant and young child nutrition by the Breastfeeding Promotion and Support Committee. Have the ability of stopping publication if the materials have not been checked by the above-stated professional controls
3. Allow the systematic dissemination of information on the risks of artificial feeding and all issues that parents are interested through a web application and other educational publications on breastfeeding
4. Train key persons in media communications in order to promote breastfeeding in the media

Conclusions:

In light of the current situation, it is necessary to develop our own professionally-reviewed infant and young child feeding publications for parents that will be educational and informative. In this manner we can prevent the possibility of commercial interests tainting the materials and can ensure that they

will be developed in accordance with WHO recommendations. Parents will have access to these publications, where they will be able to get breastfeeding support and information on proper introduction of solid foods.

This will require a financial investment but it is important to consider new communications models that are used by new generations of parents, which will mean the development of web applications that offer information, education and communication on breastfeeding, which has also been included as one of the goals in the Breastfeeding Protection and Support Program 2015-2016.

It is also necessary to have designated persons / communicators who will be able to organise promotional activities in the media during important times of the year for breastfeeding and in general. The power of the media in the modern world is very important and must be included in all activities.

Indicator 8: Infant Feeding and HIV

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

Guidelines for scoring			
Criteria	**Results** ✓ *Check that apply*		
	Yes	To some degree	No
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV	2	1	0
			√
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0
			√
8.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5	0
		√	
8.4) HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5	0
			√
8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.	1	0.5	0
	√		
8.6) Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible.	1	0.5	0
	√		
8.7) HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake.	1	0.5	0
		√	
8.8) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of 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:	**3.5 / 10**		

Information Sources Used:

1. UNICEF/WHO 20-hour Course for Maternity Staff (Croatian translation), Zagreb, 2007.
2. Croatian National Program for the Prevention of HIV/AIDS: 2011-2015. Available: http://www.zdravlje.hr/programi_i_projekti/nacionalni_programi
3. Croatian Institute for Public Health. Epidemiology of HIV/AIDS in Croatia. Available: http://www.hzjz.hr/epidemiologija-hiv-infekcije-i-aids-a-u-hrvatskoj/
4. Department of Public Health of Split-Dalmatia County (personal communication)

Gaps:

1. No policy on HIV and infant feeding
2. HIV testing is not routinely offered to couples who are considering pregnancy or to pregnant women and their partners
3. No monitoring of the effects of interventions for the prevention of transmission of HIV through breastfeeding
4. Limited efforts are being made to educate health professionals and counter misinformation on HIV and infant feeding

Recommendations:

1. Implement international guidelines on HIV and infant feeding into existing HIV policies
2. Add recommendations regarding breastfeeding and HIV positive mothers at the next renewal of the National Program for Breastfeeding Protection and Promotion
3. Offer HIV testing to all couples who are considering pregnancy/pregnant women and their partners
4. Train all relevant health staff and community workers on HIV and infant feeding policies
5. Monitor effects of interventions for the prevention of transmission of HIV through breastfeeding

Conclusions:

Over the last ten years, on average 70 people per year have been registered with HIV in Croatia, an estimated 12-17 per million inhabitants. This places Croatia in the group of countries with a low prevalence of HIV infection, which partially explains the lack of policies and programs for HIV positive mothers. According to the Croatian Institute of Public Health's (HZJZ) HIV Register, from the first registered cases of HIV in 1985 to November 2014, a total of 1208 HIV-positive persons have been registered, of which 441 have developed AIDS. Of the total number of infected individuals, 14 (1.15%) are children, who were infected by their mothers. HIV/AIDS in Croatia occurs almost exclusively among high-risk groups (men who have sexual relations with men, intravenous drug users, people who work in or use the services of the sex industry, people who have

a large number of sexual partners, persons with HIV infected partners). The most common route for infection is sexual contact (87%).In Croatia there are ten testing centres in eight cities and one specialised clinic for the diagnosis and treatment of HIV/AIDS.

A Croatian National Program for the Prevention of HIV/AIDS for the period 2011-2015 exists, but does not include guidelines on HIV and infant feeding; therefore, the upcoming renewal of the program will present an ideal opportunity to produce a comprehensive policy inclusive of infant feeding guidelines. Further improvement in offering all couples planning a pregnancy/expecting a child anonymous HIV testing is needed, ideally through collaboration with primary care gynaecologists who care for pregnant women in Croatia. Currently, training of health care staff in regard to HIV and infant feeding is conducted only in maternity facilities as part of the Baby-Friendly Hospital Initiative. Ideally, this should extend to all other relevant health professions. In addition, emphasis should be placed on the importance of six months of exclusive breastfeeding, which is not fully supported by health professionals in Croatia.

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?*

Guidelines for scoring			
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 counselling by appropriately trained counsellors, support for relactation and wet-nursing, and protected spaces for breastfeeding	1	0.5	0
			√
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
			√
9.4) Resources have been allocated for implementation of the emergency preparedness and response plan	2	1	0
		√	

9.5)			
a) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	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:	**1 / 10**		

Information Sources Used:
Written communication (requests for information) on the existence of relevant legislation sent to:

- The Ministry of Health
- The Ministry of Social Policies and Youth
- The National Protection and Rescue Directorate
- Organisations that assist citizens during crisis situations: The Red Cross and Caritas

The National Protection and Rescue Directorate answered our written request stating that they do not have any guidelines and that the Ministry of Health is relevant in this situation. The MOH answered that there is a body named for coordinating crisis situations: the Crisis Headquarters of the MOH defines action instructions and has funding for activities during crisis situations. To date we have not received a reply to our request for a document naming the Crisis Headquarters and the steps they have taken.

Gaps:
There are no documents on the protection of breastfeeding in crisis situations, nor do the institutions who are in charge of providing assistance and support to citizens in crisis situations aware of the importance of such a document.

Recommendations:

1. The National Breastfeeding Committee should prepare draft guidelines for breastfeeding protection in extraordinary (crisis) situations, in accordance with the IFE Operational Guidance
2. These guidelines must be sent to all relevant institutions who provide assistance to communities during crisis situations and training must be provided on the importance of breastfeeding in crisis situations
3. This support should include all non-government organisations who can provide field assistance in order to prepare them to organise better support services

4. A mechanism for checking donations made by companies encompassed by the Code made in crisis situations must be prepared

Conclusions:
When considering this issue it is necessary to take into account all types of crisis situations (environmental, epidemiological, war and other social unrest).There are no documents in Croatia which protect breastfeeding during crisis situations. The fact is that during these types of situations, which were relatively rare in Croatia (the War of Independence 1991-1995, the floods in Slavonia 2014 and the refugee crisis 2015), local communities were quick to react and some non-governmental and inter-governmental organisations offered breastfeeding support. This was due exclusively to their proactive nature, not because institutions recognised the need for such services.

In addition, during the 2014 floods donations by companies who manufacture breastmilk substitutes (e.g. HIPP) were documented in photographs and as a result it is necessary to warn communities and the public of the dangers of haphazardly distributing formulas during crisis situations.

During the Syrian refugee crisis currently underway there have been documented situations where humanitarian organisations in the field have undertaken actions in conflict with the Operational Guidelines for Infant and Young Child Feeding in Emergencies. Furthermore, organisations present in the field helping the youngest children have reported that the Croatian Ministry of Health has been very passive in supporting breastfeeding and adequate nutrition for both refugee children who are breastfed and not breastfed alike.

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?*

Guidelines for scoring			
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:	**8 / 10**		

Information Sources Used:

1. Croatian Health Insurance Fund
2. National Program for the Promotion and Protection of Breastfeeding. Available: http://www.zdravlje.hr/programi_i_projekti/nacionalni_programi
3. UNICEF Office for Croatia, Annual Reports
4. Croatian Institute for Public Health, Yearbook Reports: http://www.hzjz.hr/publikacije/statisticki-ljetopis/

Gaps:

1. Monitoring and evaluation of IYCF programs and practices is not listed as an activity within the National Breastfeeding Program; it is mentioned as a separate list of indicators to be monitored but there is no mention of how this is to be done
2. Reliable, nationally representative data on IYCF practices is not available and therefore cannot be used for evaluation and planning purposes
3. Different segments of the healthcare system use different methods, definitions and computer programs to collect data on IYCF practices resulting in inconsistent data
4. Evaluation of impact of IYCF programs on IYCF practices is not routine

Recommendations:

1. Add monitoring and evaluation of IYCF programs and practices to core activities in National Breastfeeding Program
2. Establish a standardised system of monitoring IYCF practices based on WHO infant feeding definitions which are mandatory for all counties
3. Secure funding for the routine evaluation of IYCF programs

Conclusions:

The monitoring of IYCF programs, such as the BFHI and BFCI, is done routinely by the national BFHI authority and this information is reported regularly to key-decision makers. Evaluation of the impact of IYCF programs on IYCF practices routine. This should be planned and budgeted for as part of every IYCF program. The area needing the most attention is the collection of data on IYCF practices. This is done poorly and sporadically resulting in incomplete and unreliable data. It is imperative that the Croatian Institute for Public Health, the Croatian Health Insurance Fund and the National Breastfeeding Committee come together to determine which indicators for assessing IYCF practices could be incorporated into a national data collection system using WHO definitions. Without this information it is impossible to assess the effectiveness of the various IYCF programs being conducted in Croatia.

Indicator 11: Early Initiation of Breastfeeding

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

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 (approx. √)	**Blue**
	89.1-100%	10	**Green**

Data Source (including year):

- **No primary data available.**
- A secondary source or estimate is the number of maternity hospitals with BFHI designation who provide skin to skin contact immediately after birth, for at least an hour, during which most infants commence breastfeeding: http://www.unicef.hr/show.jsp?page=148436

Summary Comments:

- Data for this indicator are not systematically collected, nor are there national data available from studies
- An approximate value could be gained from skin to skin contact between mothers and infants in the first hour after birth, which is 80% in 30 of 31 BFHI maternity wards in Croatia. For this reason, the result is in the blue range

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: *What is the percentage of babies 0<6 months of age exclusively breastfed*[10] *in the last 24 hours?* ***Exact percentage unknown. Approximately: 65%***

Guideline:

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

Data Source (including year):
Yearbook of the Croatian Institute for Public Health (2013). Croatian Institute for Public Health, 2014. http://www.hzjz.hr/wp-content/uploads/2014/04/ljetopis_2013_.pdf

Summary Comments:

- The rate of exclusive breastfeeding for babies 0<6 months of age is not monitored in CroatiaData on exclusive breastfeeding rates are collected by the Croatian Institute for Public Health (HZJZ) but for infants aged 0-2 months, 3-5 months and 6 months and older
- According to HZJZ 2013 data, 71.8% of infants aged 0-2 months, 58.2% of infants aged 3-5 months and 19% of infants aged 6 months and older were exclusively breastfed, respectively. Based on these figures we calculated an average exclusive breastfeeding rate for children under six months, but we believe this is an overestimation of the actual values.
- It is not possible to use the suggested tool to calculate the percentage of exclusively breastfed children up to 6 months of age (WHO Infant and Young Child Feeding - A Tool for Assessing National Practices Policies and Programmes, 2003) because this data does not exist in Croatia (exclusively breastfed infants aged 0-1 months, 2-3 months and 4-5 months)

[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)

Indicator 13: Median Duration of Breastfeeding

Key question: *Babies are breastfed for a median duration of how many months?* ***5 months***

Guideline:

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

Data Source (including year):

1. J. Grgurić, editor. Multi-Indicator Survey in Croatia – Research into Parents' Knowledge and Behaviour Concerning Children's Health and Nutrition. Zagreb: Graf-His, 1998.
2. N. Pećnik, editor. How Parents and Communities Care for the Youngest Children in Croatia. Zagreb: UNICEF Croatia, 2013. Available: http://www.unicef.hr/upload/file/380/190366/FILENAME/Publikacija.pdf

Summary Comments:

- The data for this indicator are not systematically collected and are therefore not shown
- According to Source 1, which dates from 1998, the average child is breastfed for 3.4 months
- According to Source 2, which dates from 2013, the median value for the age group 'one year' shows a median value of breastfeeding of five months, since 54% of children are no longer breastfed at five to six months of age (calculated according to the definition found in *Median Duration of Breastfeeding: The Age in Months When 50% of Children are No Longer Breastfed*. Infant and Young Child Feeding - A Tool for Assessing National Practices, Policies and Programmes, WHO, 2003, pg. 117). According to the same source, 9% of children are breastfed at 12-18 months of age, 5% at 18-24 months, and 2% and 24-33 months (age group three years).

Indicator 14: Bottlefeeding

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

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 (including year):

1. Yearbook of the Croatian Institute for Public Health (2013). Croatian Institute for Public Health, 2014. Available: http://www.hzjz.hr/wp-content/uploads/2014/04/ljetopis_2013.pdf

Summary Comments:

- Data for this indicator are not collected systematically and are therefore not shown
- We can approximate using secondary data of national scope from HZJZ on the rates of breastfed infants also being fed formula in 2013 (source 1): 0-2 months of age 14.4%, 3-5 months of age 20.1% (there is no data for infants aged 6-11 months). Additionally, the same data source states that in 2013, 13.8% of children 0-2 months of age were not breastfed and 21.7% of children aged 3-5 months of age were not breastfed (there is no data for infants aged 6-11 months). Since the data available from HZJZ are incomplete, it is realistic to expect that the percentage of children aged 0-12 months who are formula fed is higher than the data state. This was taken into account in the final grade for this indicator.

Indicator 15: Complementary feeding --- Introduction of solid, semi-solid or soft foods

Key question: *Percentage of breastfed babies receiving complementary foods* ***for the first time*** *at 6-9 months of age?* ***Exact percentage unknown***

Guideline

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

Data Source (including year):

1. N. Pećnik, editor. How Parents and Communities Care for the Youngest Children in Croatia. Zagreb: UNICEF Croatia, 2013. Available: http://www.unicef.hr/upload/file/380/190366/FILENAME/Publikacija.pdf

Summary Comments:

- Data for this indicator are not systematically collected
  According to data from source 1, 95.3% of infants aged 6-7 months are fed complimentary foods and 98% of infants aged 7-8 months; however, the majority start complementary foods prior to six months, hence the low score.

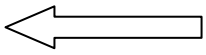
Summary Part I: IYCF Policies and Programmes

Targets:	Score **(Out of 10)**
1. National Policy, Programme and Coordination	9.5
2. Baby Friendly Hospital Initiative	9.5
3. Implementation of the International Code	6
4. Maternity Protection	9
5. Health and Nutrition Care Systems	6
6. Mother Support and Community Outreach	7
7. Information Support	7
8. Infant Feeding and HIV	3.5
9. Infant Feeding during Emergencies	1
10. Monitoring and Evaluation	8
Score Part I (Total)	**66.5**

IBFAN Asia Guidelines for WBT*i*

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated out of 100 and are 66.5

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



Conclusions[11]:

Croatia is making great progress in the area of breastfeeding protection and promotion policies, which was further confirmed in May 2015 when the Croatian Government adopted the National Program for Protecting and Supporting Breastfeeding. Croatia is a world leader in the implementation of the WHO/UNICEF Baby Friendly Hospital Initiative and is systematically working to spreading this initiative to other areas of society with the goal of creating a breastfeeding culture. With regard to protecting motherhood, Croatia offers numerous rights and healthcare service to women both antenatally and postnatally.

[11] In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyse this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

The largest gaps in the implementation of the Global Strategy in Croatia are in the area of feeding children whose mothers are HIV positive, where there are currently no guidelines. Given the low rates of HIV infection in Croatia, this gap is understandable to some extent, but for those few HIV positive mothers, guidance and support is needed. A further large gap is in the area of infant feeding in emergency situations, where there are currently no documents that protect breastfeeding. . Since crisis situations can occur at any time, we must be prepared. Another great challenge for Croatia is monitoring breastfeeding practices, which is currently conducted sporadically and using various methods, hence we strongly recommend that a National Survey on Nutrition be conducted on a regular basis, using standard WHO definitions. An ongoing challenge is the full implementation of the International Code on the Marketing of Breastmilk Substitutes, including the sanctioning of Code violators.

In order to maintain the results we have achieved and improve in the areas where not enough has been done, it is necessary to secure funding for the continued work of the National Breastfeeding Committee, as well as the BFHI Project Team, and include minimal standards in breastfeeding support in the accreditation system of hospitals and other healthcare institutions in Croatia.

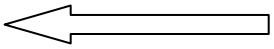
Summary Part II: Infant and Young Child Feeding (IYCF) Practices

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	49.1-89 %	9
Indicator 12 Exclusive Breastfeeding for first 6 months	49.1-89%	9
Indicator 13 Median duration of Breastfeeding	0.1-18 mts. %	3
Indicator 14 Bottle-feeding	29-100 %	3
Indicator 15 Complementary Feeding	0.1-59% %	3
Score Part II (Total)	_____ %	**27**

IBFAN Asia Guidelines for WBT*i*

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

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



Conclusions[12] **:**

Practices in infant and young child feeding in Croatia can generally be considered satisfactory. However, this assessment is based on averages and approximations in feeding data which do not satisfy the criteria of the requested indicators. Monitoring infant and young child feeding practices at the national level is insufficient and not uniform, with sporadic national and regional research being conducted. Data collected in health institutions are not thorough or complete. As a result Croatia is facing great difficulty in monitoring the state of infant and young child feeding practices , making the evaluation of various infant feeding activities and interventions impossible. .

[12] In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyse this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

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

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

The sum of parts I and II (indicators 1-15): Practices, Policies and Programs in Infant and Young Child Feeding: 93.5

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