



World Breastfeeding Trends Initiative (WBTi)

Assessment Tool

GEORGIA

2015



2015



Assessment Tool

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Acronyms

BFHI	Baby Friendly Hospital Initiative
BFHI	Baby Friendly Hospital Initiative
BPNI	Breastfeeding Promotion Network of India
DHS	Demographic and Health Survey
FAO	Food and Agriculture Organization
GLOPAR	Global Participatory Action Research
GSYCF	Global Strategy for Infant and Young Child Feeding
IBFAN	International Baby Food Action Network
ICDC	International Code Documentation Centre
IFE	Infant and Young Child Feeding in Emergencies
ILO	International Labour Organization
IYCF	Infant and Young Child Feeding
LAM	Lactation Amenorrhoea Method
LLLI	La Leche League International
MICS	Multiple Indicator Cluster Survey
MPC	Maternity Protection Convention
MSG	Mother Support Groups
NCD	Non Communicable Disease
PMTCT	Prevention of Mother-to-Child Transmission
WABA	World Alliance for Breastfeeding Action
WBCi	World Breastfeeding Costing Initiative
WBTi	World Breastfeeding Trends Initiative
WHO	World Health Organization
WHA	World Health Assembly

INTRODUCTION

Optimal feeding practice is a well-known fundamental importance to the growth, development, health and survival of infants and children as well as to the advantages in long-term Health and prevention of diseases.

In order to increase the rates of optimal feeding practices WHO and UNICEF developed the Global Strategy for Infant and Young Child Feeding (IYCF), which calls for action by all countries to develop, implement, monitor and evaluate a policy and a plan of action on IYCF to achieve a reduction in child malnutrition and mortality.

WHO/UNICEF also developed a tool to monitor the interventions and inputs in IYCF area.

Based on these tools the Breastfeeding Promotion Network of India/International Baby Food Action Network (IBFAN) Asia developed the World Breastfeeding Trends Initiative (WBTI) by using the methodology of Global Participatory Action Research (GLOPAR) which was developed by the World Alliance for Breastfeeding Action (WABA to track targets set by the Innocent Declaration.

WBTI includes assessment, action and advocacy. It is an innovative web tool giving universal access to the information and leads to color coding and scoring to make it easily understandable for policy makers.

WBTI encourages country actions for implementation of the Global Strategy for IYCF, documenting the State of program and status of Breastfeeding monitoring and advocacy for further action and reporting trends of breastfeeding over time. WBTI aims to create a data bank of Infant feeding practices, policies and programs.

WBTI involves a three phase process:

PHASE 1: Conduct a national assessment of the implementation of the Global Strategy through the involvement of various partners to analyze the situation in the country and find out gaps. These gaps are used for developing recommendations for advocacy and action.

PHASE 2: WBTI uses the findings of the assessment to score, rate, grade and rank each country based on IBFAN Asia Guidelines.

PHASE 3: WBTI encourages countries to repeat assessment after 3-5 years to analyze trends in programs and practices as well as overall breastfeeding rates in a country and the identification of areas that still require improvement.

The WBTI is based on 15 indicators which provide an important view of the key factors. Each indicator has its specific significance. Once the assessment of the gaps is carried out and data is

verified the data on 15 indicators is fed into the web-based toolkit. Scoring, color-rating and grading for each indicator, the toolkit adjectively quantifies the data to provide a color-rating and grading i.e. “Red” or Grade D, Yellow or “Grade C”, Blue or “Grade B” and Green or “Grade A”.

INDICATORS	
<p>Part I</p> <ol style="list-style-type: none"> 1. Percentage of babies breastfed within one hour of birth. 2. Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours. 3. Babies are breastfed for a median duration of how many months. 4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles. 5. Percentage of breastfed babies receiving complementary foods at 6-9 months of age. 	<p>Part II</p> <ol style="list-style-type: none"> 1. National Policy, Programme and Coordination. 2. Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding). 3. Implementation of the International Code. 4. Maternity Protection. 5. Health and Nutrition Care. 6. Community Outreach. 7. Information Support. 8. Infant Feeding and HIV. 9. Infant Feeding During Emergencies. 10. Monitoring and Evaluation.

The Objectives of WBTI:

- Assessment of country situation on the implementation of the Global Strategy for IYCF.
- Publishing the report of Assessment.
- Advocacy with policy maker and other agencies on the specific interventions to improve the states of Breastfeeding indicators of policy program and practices.
- Follow-up periodic re-assessment to see trends and changes in the status of indicators and study what made a difference.

Georgia had two people that were trained on the WBTI at the regional workshop. The two trained persons headed the national assessment in collaboration with other partners. WBTI and its adjective were introduced to the group at the national Stakeholders’ meeting. A core group was formed. This group was tasked to carry out the assessment. After the results were collated and validated the report was finalized.

The following members participated in the assessment and review of the WBTI report 2015.

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Part I: *IYCF Policies and Programmes*

Indicator 1: National Policy, Programme and Coordination

<i>Guidelines for scoring</i>	
Criteria	√ Check all that apply
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	√ 1
1.2)The policy recommended exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	√ 1
1.3) A national plan of action developed based on the policy	√ 2
1.4)The plan is adequately funded	2
1.5)There is a National Breastfeeding Committee/ IYCF Committee	1
1.6) The national breastfeeding (infant and young child feeding) committee meets , monitors and reviews on a regular basis	2
1.7)The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5
1.8)Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level.	0.5
Total Score	4/10

Information Sources Used:

- Wellstart international’s Expended Promotion of Breastfeeding Program in the Republic of Georgia (1994-95yy.) http://pdf.usaid.gov/pdf_docs/Pdabn177.pdf
- The Georgian Law “On Protection and Promotion of Breastfeeding and Regulation of Artificial Feeding”, 1999y. <https://extranet.who.int/nutrition/gina/en/node/15014>
- K. Nemsadze, Report from the Country of Georgia: Protecting and Promoting Breastfeeding through Regulation of Artificial-Feeding Marketing Practices, 2004 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1595188/>
- Guidelines on BF; BFHI; Child’s nutrition up 2 years; Management of normal labor; Parent’s counseling on child care and development; Child’s physical development and evaluation (MoLHSA - <http://www.moh.gov.ge/>).
- In assistance with USAID/JSI it was successfully implemented Effective Perinatal Care program of WHO/EUROPE in Georgia as well, from 2008.

Conclusions:

In 1995 “Safe Motherhood and Child Survival” state program was recognized as one of the priorities in Georgia. Its core direction was breastfeeding supporting and BFHI programs. MOLSHA issues a national breastfeeding policy. A multisectoral National Breastfeeding Committee was established and National coordinator was appointed on the basis of MOLSHA. In 2006 year due to the reforms ongoing in MOLSHA, National Breastfeeding Committee and position of national coordinator has been called off. The mission of the realization of breastfeeding national policy was on IBFAN Georgian Group – “CLARITAS” (founded in 1977) since then “CLARITAS” has been implementing breastfeeding BFHI and IYCF policy with financial assistance of international donors and organizations (USAID, UNICEF, IBFAN, WABA, WHO, JSI and others) and with support of MoLSHA (without funding). In 1999 the parliament of Georgia adopted the law “On Protection and Promotion of Breastfeeding and Regulation of Artificial Feeding” (elaborated by “CLARITAS” according to the International Code provisions).

Gaps:

Weak coordination and support from MoLSHA (<http://www.moh.gov.ge>)

Recommendations:

Strengthen the skills of stakeholders to scale up the interventions.

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (BFHI) (Ten Steps to Successful Breastfeeding²)

Guidelines – Quantitative Criteria

2.1) 0 out of 97 total hospitals (both public & private) and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly” in the last 5 years 0%

<i>Guidelines for scoring</i>	
Criteria	√ 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	0 / 5

Guidelines – Qualitative Criteria

Quality of BFHI programmes implementation:

<i>Guidelines for scoring</i>	
Criteria	√ Check that apply
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme ³	√ 1.0
2.3) A standard monitoring ⁴ 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 ⁵ 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
Total Score	4/10

Information Sources Used:

- National reports on the Status of the BFHI, members (and percentage) of hospitals declared baby-friendly.
- Report on BFHI prepared by UNICEF headquarters for official figures reported by the country.
- http://www.unicef.org/ceecis/reallives_3612.html

Conclusions:

Georgian government officially adopted the BFHI policies consistent with international guidelines that promote health workers with the skills and knowledge necessary to provide counseling and support related breastfeeding and implementation of the steps of successful breastfeeding. Nowadays among the hospitals in Georgia 22% of them are accredited as baby-friendly. At the same time Georgia does not have a reassessment strategy and a time-bound strategy to increase the number of BFHI hospitals. In the last years there haven't been made any assessment or accreditation of maternity houses. Lack of interest and funding in this area is a major problem for which solutions must be found.

Gaps:

- Continuous monitoring and reassessment of designated facilities is rather weak.
- Funding for training, assessment and monitoring is not regular.
- A schedule is not in place for reassessment.
- There is no time-bound strategy to increase the number of BFHI facilities.

Recommendations:

- More funds should be committed for assessment and monitoring the facilities.
- Integrate the reassessment system into national plan.
- Strengthen and regularize self-monitoring system for BFHI status.
- Rising funding for re-activating BFHI to cover all hospitals.
- Increase the proportion of hospitals that are baby-friendly from 22% to 50% by 2017.

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

<i>Guidelines for scoring</i>	
Criteria (<i>Legal Measures that are in Place in the Country</i>)	Scoring
3a: Status of the International Code of Marketing	
√ (<i>Check that apply. If more than one is applicable, record the highest score.</i>)	
3.1 No action taken	0
3.2 The best approach is being considered	0.5
3.3 National Measures awaiting approval (for not more than three years)	1
3.4 Few Code provisions as voluntary measure	1.5
3.5 All Code provisions as a voluntary measure	2
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	3
3.7 Some articles of the Code as law	4
3.8 All articles of the Code as law	√ 5
3.9 Relevant provisions of World Health Assembly (WHA) resolutions subsequent to the Code are included in the national legislation ⁶	
a. Provisions based on at least 2 of the WHA resolutions as listed below are included	√ 5.5
b. Provisions based on all 4 of the WHA resolutions as listed below are included	6
3b: Implementation of the Code/National legislation	
3.10 The measure/law provides for a monitoring system	1
3.11 The measure provides for penalties and fines to be imposed to violators	√ 1
3.12 The compliance with the measure is monitored and violations reported to concerned agencies	√ 1
3.13 Violators of the law have been sanctioned during the last three years	1
Total Score (3a + 3b)	7.5/10

Information Sources Used:

- Report on national surveys of Code compliance – “Do justice to the code”
- The state of the code by the country published periodically by the International Documentation Centre (ICDC) of the IBFAN).
- The Georgian Law “On Protection and Promotion of Breastfeeding and Regulation of Artificial Feeding”, 1999y. <https://extranet.who.int/nutrition/gina/en/node/15014>

Conclusions:

In 1998 the monitoring of the International Code (“Do justice to the Code”) was carried out by “CLARITAS” to obtain the objective evidence of violations of the Code. The research demonstrated a great number of violations of the Code and aggressive marketing practice using by the sale representatives and distributors of baby feeding products. The findings confirmed the necessity of future ongoing activities on legislation of the Code. As a result of the activities carried out by “CLARITAS” at every level of the society and lobbying the governmental structures and legislators the parliament approved the law “On Protection and Promotion of Breastfeeding and Regulation of Artificial Feeding” (elaborated and represented by “CLARITAS”). After the law was The law of Georgia “On Protection and Promotion of Breastfeeding and Regulation of Artificial Feeding”.adopted the numbers of violations have been considerably decreased. Advertising the baby food products in TV, Radio and mass media, also the usage of visual advertisements such as posters, billboards, flip-charts and spreading the IEC have been almost ceased, hospitals have stopped accepting donations of infant formula though baby food manufacturers have been trying and continuing to use the possible means to bypass the law and aggressively market the products, especially by bribing the health workers, holding different conferences and meetings, financing their travelling costs abroad. Nowadays there is no responsible official Body which will observe on executing the law. “CLARITAS” voluntarily carried out monitoring and reveals the violations of the law and executes them. In order to achieve the results for the comprehensive implementation of the law requirement there is a need to take appropriate measures and carry out some particular actions.

Gaps:

- Monitoring on the execution of the law is not regular.
- Lack of funding for monitoring of law implementation.
- Public and health workers awareness on the law is inadequate.
- There is no official responsible Body on law compliance and implementation.

Recommendations:

- Raise resources for law compliance and overall its comprehensive implementation.
- Sensitize the public and health workers on the law requirements and their responsibilities towards the law.
- Integrate the law provisions in pre-service and in-service training for health workers.
- Reinforce capacity of government in law and regulation of implementation.

Indicator 4: Maternity Protection

<i>Guidelines for scoring</i>	
Criteria	Tick one which is applicable
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave <ul style="list-style-type: none"> a. Any leave less than 14 weeks b. 14 to 17weeks c. 18 to 25 weeks d. 26 weeks or more 	0.5 1 1.5 ✓ 2
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. <ul style="list-style-type: none"> a. Unpaid break b. Paid break 	0.5 1 ✓
4.3) Legislation obliges private sector employers of women in the country to (<i>more than one may apply</i>) <ul style="list-style-type: none"> a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks. 	0.5 0.5
4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector. (<i>more than one may be applicable</i>) <ul style="list-style-type: none"> a. Space for Breastfeeding/Breastmilk expression b. Crèche 	1 0.5
4.5) Women in informal/unorganized and agriculture sector are: <ul style="list-style-type: none"> a. accorded some protective measures b. accorded the same protection as women working in the formal sector 	0.5 ✓ 1
4.6) . (<i>more than one may be applicable</i>) <ul style="list-style-type: none"> a. Information about maternity protection laws, regulations, or policies is Made available to workers. b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided. 	0.5 ✓ 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:	5/10	

Information Sources Used:

- Georgia Labor Code (MoLSHA) 2014
<http://www.amcham.ge/res/various/labor-code-of-georgia-en.pdf>
- Report on survey of Maternity Protection in Georgia (<http://www.cdc.gov>)
http://www.cdc.gov/breastfeeding/pdf/mpinc/states/2013/georgiampinc13_508tagged.pdf
- ILO conventions (<http://www.ilo.org>)

Conclusions:

Even though ILO convention has been ratified by the Georgian government, the issue to implement maternity protection was rather far from ideal. In 2006 by in financial assistance of WABA"CLARITAS" made a survey on Maternity Protection in Georgia the purpose of which was to reveal the status of pregnant and breastfeeding mothers' right protection. The monitoring has shown the relative neglect of this area of support to women. It was revealed that the level of structural and legal support to pregnant and breastfeeding mothers have not been enough. Paid maternity leave was defined by 4 months. There were no obligations for employers, particularly in informal sector to secure breastfeeding tie for nursing mothers and this was usually left to the discretion of the supervisors of employees. Information about maternity protection is not available to workers and employers. The results of the survey showed the need for a plan of action to put proper legislation on maternity protection in Georgia. In 2014 MoLSHA adopted the new Labor Code which defines the requirements necessary for women's right protection.

New Code foresees the following Maternity Protection requirements:

- An employee, at his/her own request shall be given maternity and parental leaves in the amount of 477 calendar days.

- Out of the Maternity and Parental leaves an employee shall be paid for 126 calendar days in general, whereas in the event of pregnancy complications or multiply birth 140 calendar days shall be paid.
- The break for feeding an infant shall be regarded at working time and shall be paid. The employee may request an additional break for not less than 1 hour a day if she is breastfeeding an infant under the age of 1.
- An employee may at her sole discretion apportion the leave.
- It is prohibited to employ pregnant women or a woman who has recently given birth, a breastfeeding mother of a child under the age of 3 for night job (from 22:00pm to 6:00am) without their consent.
- It is prohibited to require a pregnant woman, a woman who has recently given birth to work overtime without their consent.

The requirements of the new Code cover the public sector only. In informal sector its fulfillment is depended on the desire of employer.

To adopt a Labor Code is certainly a progressive act though the control and monitoring on its execution hasn't been made till present. It is needed to reveal the real situation in the aspect of Code implementation and fulfillment.

Gaps:

- There is no system and plan for monitoring of implementation of the Labor Code.
- Informational ensure about Code requirements is not a place.

Recommendations:

- Reinforce the capacity of government to form regulations that the guide compliance with the Code and its implementation.
- Intensify the advocacy for rights of nursing women and child right for breastfeeding in informal sector.
- Sensitize employers on Labor Code and Maternity protection issues.
- Raising awareness of the women about the maternity protection and their rights to it.
- Raise adequate resources for monitoring of the Code implementation.
- Ensure workplace made baby-friendly.

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

Guidelines for scoring

Criteria	Scoring		
	Check that apply		
	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 ⁷ 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. ⁸	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
5.5) Infant feeding and young child 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. ⁹	√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:	9.5/10		

Information Sources Used:

- Guidelines on BF, BFHI, IMCI, diarrheal diseases, newborn care, Family Planning.
http://www.moh.gov.ge/index.php?sec_id=52&lang_id=ENG
- Child health and breastfeeding national policie http://pdf.usaid.gov/pdf_docs/Pdabn177.pdf

Conclusions:

In 2009, by MoLSHA initiation groups of experts and professionals were selected, who elaborated the guidelines related different topics including BF and BFHI issues. According to the mentioned guidelines in-service training are being held for Health Workers throughout the country. IYCF issues are integrated into Guidelines focusing on related topics such as IMCI, diarrheal diseases, family planning and newborn care. There is a need to update the existing guidelines.

Gaps:

- Many health workers do not have adequate information about the Georgian Law “On Protection and Promotion of Breastfeeding and Regulation of Artificial Feeding” provision and requirements and health workers responsibilities under the law.
- There is not the assessment and monitoring plan for control and evaluation how trained Health workers use and implement their gained knowledge and skills.

Recommendations:

- Integrate the Code/law issues in pre-service and in-service training process.
- Develop and assessment/monitoring system.
- Develop a national data base of accomplished work.

Indicator 6: Mother Support and Community Outreach – Community-based support for the pregnant and breastfeeding

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	Yes	No	
6.1) All pregnant women have access to community-based ante-natal and post -natal support systems with counseling services on infant and young child feeding.	2 √	1	0
6.2) All women receive support for infant and young child feeding at birth for breastfeeding initiation.	2 √	1	0
6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage.	2 √	1	0
6.4) Community-based counseling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/Nutrition Policy.	2	1	0
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	1 √	0
Total Score:		7/10	

Information Sources Used:

- Reports on Breastfeeding and IMCI programs implementation.
http://apps.who.int/iris/bitstream/10665/65002/2/WHO_CHS_CAH_98.1B_eng.pdf
- National Health and Nutrition policy

Conclusions:

All women in Georgia have possibility to receive antenatal and prenatal support with counseling services on IYCF from trained Health workers and professionals. As for the community outreach activities in previous years in the process of breastfeeding and IMCI program implementation there was held a community meetings in different regions of Georgia, there were created trained mother-to-mother support groups in the capital city of Georgia which carried out individual or group counseling of women on the optimal breastfeeding issues. Annually WBW also took place. Unfortunately because of the lack of financial support the existing groups could not continue functioning. During the last 5 years WBW hasn't been carried out as well. Due to the fact that women need support on the community level to succeed in practicing optimal breastfeeding much more attention needs to be paid to enhancing the counseling capacity of community.

Gaps:

- Community outreach system of support to women to practice optimal IYCF is not adequate.
- Lack of funding for implementation of community-based support to women on IYCF during pregnancy and after delivery.

Recommendations:

- To ensure an easy access of women to skilled counseling provided by trained mother-to-mother support Groups, peer counselors along with Health Workers serving under the health service.
- Rising funding for revitalization of community-based activities.
- Build community outreach into IYCF policy.

Indicator 7: Information Support

<i>Guidelines for scoring</i>			
Criteria	Scoring <i>✓ Check that apply</i>		
	Yes	To some degree	No
7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts or interest are avoided.	2	✓ 0	0
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1 ✓	0.5	0
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding	1 ✓	0.5	0
7.3) IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding	2 ✓	1	0
7.4. IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence	2	1 ✓	0
7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF). ¹¹	2 ✓	0	0
Total Score:	7/10		

Information Sources Used:

- Reports on implementation of BF, BFHI and IYCF programs at national level.
- Reports on WBW celebrations in Georgia.
- The Georgian Law “On Protection and Promotion of Breastfeeding and Regulation of Artificial Feeding”. <https://extranet.who.int/nutrition/gina/en/node/15014>

Conclusions:

Since 1997 by financial support of UNICEF and other international partners “CLARITAS” has been carried out the information support to the community by preparing and distributing various IEC materials within the frames of specific projects and during the period of WBW celebrations. There were used the electronic (TV, radio) and print media (newspaper, flip-charts, posters, leaflets, brochures etc). All distributed materials were in line with requirements of Georgian Law “On Protection and Promotion of Breastfeeding and Regulation of Artificial Feeding”. They were far free from commercial influence including information on risks of artificial feeding etc. Nowadays information support activities spreading communicate important information and educational materials as well as celebrations of WBW are not actively implemented due to the lack of finances.

Gaps:

- IEC national strategy is inadequate.
- Lack of funding.

Recommendations:

- Develop a specific strategy for IYCF including correct and adequate information and communication of different aspects of IYEC.
- IEC efforts need to be intensified, increasing IEC production and widen distribution by bringing in the proper funds.

Indicator 8: Infant Feeding and HIV

<i>Guidelines for scoring</i>			
Criteria	Results		
	<i>Check that apply</i>		
	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 counseling 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 counseling 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 counseling 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:		8/10	

Information Sources Used:

- National Guidelines on BF, BFHI.
http://www.moh.gov.ge/index.php?lang_id=ENG&sec_id=52
- WHO Guidelines on HIV and Infant Feeding Practices and recommendations for infant feeding in the control of HIV
http://apps.who.int/iris/bitstream/10665/44345/1/9789241599535_eng.pdf

Conclusions:

The **Global Fund to Fight AIDS, Tuberculosis and Malaria** is very active. It carries a number of programmes, one of which is the prevention of mother to child HIV transmission. In Georgia breastfeeding is contraindicate for HIV-positive mothers. Only in emergency situations there is a need to protect and promote appropriate Infant and Young child feeding by providing an adequate support to HIV positive mothers to make informed choice to feed their children successfully.

Gaps:

- All Health staff does not receive the training on HIV and infant feeding in emergency.
- The monitoring and evaluation system is not adequate.
- A national system and facilities are not in place to determine the effects of interventions on prevent HIV transmission through breastfeeding and Health outcomes for mothers and infants.

Recommendations:

- Establishing and strengthening of monitoring and evaluation on infant feeding in the context of HIV.
- Government and partners to provide support funding for nationwide updating of Health Workers on guidelines and Code/law.

Indicator 9: Infant and Young Child Feeding during Emergencies

<i>Guidelines for scoring</i>			
Criteria	Scoring ✓ Check that apply		
	Yes	To some degree	No
9.1) The country has a comprehensive policy on infant and Young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance	2	1	0 ✓
9.2) Person(s) tasked with responsibility for national Coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1 ✓	0
9.3) An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers:			
a) basic and technical interventions to create an enabling environment for breastfeeding, including counseling by appropriately trained counselors, support for relactation and wet-nursing, and protected spaces for breastfeeding	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	1	0.5	0 √

management and relevant health care personnel. b) Orientation and training is taking place as per the national emergency preparedness and response plan	1	0.5	0 √
Total Score:	3/10		

Information Sources Used:

- National Guidelines on BF, BFHI
http://www.moh.gov.ge/index.php?lang_id=ENG&sec_id=52
- National programs for emergency response
- The Georgian law “On Protection and Promotion of Breastfeeding and Regulation of Artificial Feeding”. <https://extranet.who.int/nutrition/gina/en/node/15014>
- Operational guidance for emergency relief staff and program managers (WHA)
<http://www.unhcr.org/45f6cd022.pdf>
- ABM Annual Conference, 2008, Vienna, Austria
- Infant and Young Child Feeding in Emergencies – Operational Guidance for Emergency Relief Staff and Program Managers, IFE Core Group;
- Benefits of breastfeeding – UNICEF/HQ, Presentation made at the MENA Regional meeting, Cairo, 2008;
- Preventing and controlling micronutrient deficiencies in populations affected by an emergency – Joint Statement by the WHO, UNICEF and World Food Program;
- Use of BMS (Breast Milk Substitutes) in exceptional cases – WHO Recommendations;
- Acceptable medical reasons for use of breast-milk substitutes – WHO Recommendations;
- Strategies to Avoid the Loss of Developmental Potential among Over 200 Million Children in the Developing World - UNICEF, New York, Department of Pediatrics, University of Maryland Baltimore, Department of Economics, University of Pennsylvania, World Health Organization, The World Bank, University of Toronto;

Conclusions

In August 2008 a short but intense conflict was fought between Russia and Georgia over the region South Ossetia. This caused about 138 000 Georgian (including 1888) infants and young children from zero to 23 months of age to flee from their homes in the war-affected zones. Most of these IDP come in Tbilisi where collective centers were rapidly established.

Based on collaboration between UNICEF and “CLARITAS” has been developed the nutritional strategy and nutritional status assessment among early age IDP children. The mission of the strategy was to improve nutritional status of 0-2 year-old IDP children via BF promotion and adequate nutritional politics development in ER situations.

Orientation meeting was held for medical representatives which was attended by representatives of UNICEF, “CLARITAS” etc. The meeting was devoted to discuss the project elaborated by UNICEF and “CLARITAS”. During the meeting constitution of core groups are determined and group heads were selected, fifteen mobile groups were created. They were given appropriate equipment and needs assessments questionnaires developed in advance. Special meeting of Reproduction Council was held in the MoLSHA in Georgia where project goals and tasks as well as planned activities were discussed.

The function and responsibility of mobile groups was the following: to advocate and support breastfeeding and re-lactate; to monitor BMS distribution at their target sites; o obtain and register parameters for nutritional status assessment; o consult mothers on appropriate complementary feeding; To consult non-breastfeeding mothers on safe preparation of BMS.

The mobile groups made basic and technical interventions to create enabling environment for breastfeeding including counseling, support for relactation and wet-nursing and protected spaces for breastfeeding. The groups also took measures to minimize the risks of artificial feeding including statement on avoidance of donations of breastmilk substitutes, bottles and teats and use of any BMS in accordance with Code/Georgian Law; support early exclusive and continued breastfeeding and appropriate complementary feeding. Besides, micronutrients-Plumpy Doz provided by UNICEF have been distributed among breastfeeding mothers and children above 6 months of age. Information on infant and young child feeding in emergency has been provided to all who was involved in humanitarian assistance work. Appropriate information materials on infant and young child feeding has been elaborated and distributed among mothers and caregivers.

As a result of the activities carried out, early initiation of breastfeeding, continuing of exclusive breastfeeding and avoiding inappropriate giving of BMS, due to all saving children’s lives have been achieved.

Though it must be mentioned that infant and young child feeding issues is not included in government policy in emergency. It is an area that needs an utmost attention. It is necessary to formulate plans for ensuring appropriate feeding for infants and young children in emergency and other exceptionally difficult circumstances; effectively implementing the Georgian Code/Law, including the requirements on marketing of BMS; skilled BF and IYCF training for all levels of Health providers and emergency management personal. Ensure provision of basic information on IYCF in emergencies to all who may be involved in humanitarian assistance work.

Gaps

- National policy on Infant and young child feeding does not include all basic elements for infant feeding in emergency.
- Health workers and most humanitarian Aid agencies are not aware of IYCF in emergencies.

Recommendations:

- Develop and endorsement of National program and policy that addresses issues related to IYCF in emergency.
- Integrate of relevant information and materials on IYCF in emergencies into pre-service and in-service training.
- Appropriate orientation and information on IYCF in emergencies should be provided to all who may be involved in humanitarian assistance work.
- Policies and guidelines on IYCF in emergency should be compliance with the Georgian Law “On Protection and Promotion of Breastfeeding and Regulation of Artificial Feeding”

Indicator 10: Mechanisms of Monitoring and Evaluation System

<i>Guidelines for scoring</i>			
Criteria	Scoring √ Check that apply		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2 √	1	0
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions	2	1 √	0
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2 √	1	0
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2 √	1	0
10.5) Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2 √	1	0
Total Score:	9/10		

Information Sources Used:

- National Health and Nutrition Plan.
- Child Health and Nutrition information system.
- BFHI assessment report.
- Nutrition survey reports

Conclusions:

Monitoring and evaluation components are built into major IYCF programmes activities. At the same time the results of monitoring and evaluation are incompletely used to ensure evidence-based decision making and measure the outcomes. There are needs in budgetary allocation for putting the planning to action, to strengthen routine data collection IYCF and commit more resources for monitoring evaluation of progress activities.

Gaps:

- Monitoring and evaluation component is not built into all major programs activities and data is not always used to improve IYCF practices.
- Monitoring is based on availability of funds.

Recommendations:

- Availability of funds reach need to strengthen routine data collection on IYCF.
- To commit more resources for evaluation of progress activities.
- To assure that results of monitoring are used to enhance IECF practices.

Part II: *Infant and Young Child Feeding Practices*

Indicator 11: Early Initiation of Breastfeeding

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

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% 70%	9	Blue
	89.1-100%	10	Green

Data Source (including year):

National Center for Disease Control and Public Health (NCDC) **2014**
http://www.ncdc.ge/AttachedFiles/Yearbook_2014_GEO_8ab1dc4a-1ecf-4d92-ad54-7b2533ebd765.pdf

Summary

Deliveries in Georgia are conducted in the health facilities; in rare cases the birth takes place at home. Almost in all facilities all mothers of newborns are assisted from Health workers to initiate the breastfeeding.

According to the data of 2014 (NCDC rate of early initiation of breastfeeding, within one hour after birth was 70%.

The strategy target is to increase rate of early initiation of breastfeeding from 70 to 90 (by 2017 year). For this it is necessary to reactivate and strengthen BFHI activities and its comprehensive implementation.

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: What is the percentage of babies 0<6 months of age exclusively breastfed¹ in the last 24 hours? **54.8%**

Guideline:

Indicator 12	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Exclusive Breastfeeding (for first 6 months)	0.1-11%	3	Red
	11.1-49%	6	Yellow
	49.1-89%	9	Blue
	54,8%		
	89.1-100%	10	Green

Source of data:

<http://www.factfish.com/statistic-country/georgia/breastfeeding>

National Center for Disease Control and Public Health (NCDC) **2014** (<http://www.ncdc.ge>)

Summary

Breastfeeding is high impact intervention prioritized in Georgia for child survival and development that assist country to achieve the MDG4 which addresses reduction of infant mortality.

According to the data 2009 (WorldBank), 54, 8% of infants were on exclusive breastfeeding for the first six months. On the basis of the mentioned data Georgia is on the 29th place.

The national target is to increase exclusive breastfeeding rates from 54,8 to 70% by 2017 year.

¹ 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? **12 months%**

Guideline:

Indicator 13	<i>Key to rating adapted from WHO tool</i> (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		<i>Scores</i>	<i>Colour-rating</i>
Median Duration of Breastfeeding	0.1-18 Months (12 months)	3	Red
	18.1-20 "	6	Yellow
	20.1-22 "	9	Blue
	22.1- 24 or beyond "	10	Green

Data Source (including year):

Reproductive Health Survey (Georgia, 2010)

(http://hivhealthclearinghouse.unesco.org/sites/default/files/resources/reproductive_health_survey_georgia_2010.pdf)

Summary

According to the data of 2010 year (Reproductive Health Survey) the median duration of any breastfeeding among Georgian children was 12 months, 2 months longer from 10 months recorded in the 2005 survey.

The strategy is to achieve continued breastfeeding for 2 years and beyond for all children less than two years by 2017.

Indicator 14: Bottle feeding

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

Guideline:

Indicator 14	<i>Key to rating adapted from WHO tool (see Annex 11.1)</i>	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):

No data available

Summary

There is no data about bottle feeding as the mentioned issue has never been in the survey questionnaires. It will be foreseen to involve this issue in the proper surveys.

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

Key question: Percentage of breastfed babies receiving complementary foods at 6-8 months of age?

...34.8...%

Guideline

Indicator 15	WHO's	IBFAN Asia Guideline for WBTi	
	Key to rating	Scores	Colour-rating
Complementary Feeding (6-8 months)	0.1-59% 34,8%	3	Red
	59.1-79%	6	Yellow
	79.1-94%	9	Blue
	94.1-100%	10	Green

Data Source (including year):

<http://www.who.int/nutrition/databases/infantfeeding/countries/geo.pdf>

State Department of Statistics of Georgia (SDS), National Centre for Disease Control (NCDC) and UNICEF. Georgia Multiple Indicator Cluster Survey 2005. Georgia: SDS, NCDC and UNICEF, 2008.

Summary

According to the data 2009 (WHO Global data Bank – on IYCF) the rate of complementary feeding at 6-8 months of age was equal to 34.8%. There was also contrast cases revealed with late introduction of complementary food at the age of 9 months and even later in the age of 1 year, as well as early introduction of complementary feeding, at the age of 3-4 months especially in the villages and distant regions.

The target is to increase the rate of timely complementary feeding (at 6-8 months) from 34.8 to 60% by 2017 year, for this there is need to strengthen educational activities and community-based support.

Summary Part I: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Programme and Coordination	4
2. Baby Friendly Hospital Initiative	4
3. Implementation of the International Code	7.5
4. Maternity Protection	5
5. Health and Nutrition Care Systems	9.5
6. Mother Support and Community Outreach	7
7. Information Support	7
8. Infant Feeding and HIV	8
9. Infant Feeding during Emergencies	3
10. Monitoring and Evaluation	9

IBFAN Asia Guidelines for WBTi

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

Scores	Colour- rating
0 – 30.9	Red
31 – 60.9	Yellow
61 – 90.9 - 65	Blue
91 – 100	Green

Conclusions

Georgian government officially adopted the BF, BFHI policies consistent with international guidelines.

In 1999 Georgian parliament adopted the law “On Protection and Promotion of Breastfeeding and Regulation of Artificial Feeding”(the draft of the law was elaborated by “CLARITAS” and it reflects almost all provisions of International Code.

In 2014 a new Labour Code was elaborated by MoLSHA which defines the most requirements for working women’s rights protection.

In 2009 by MoLSHA initiative the representative of “CLARITAS” were invited in expert group and they elaborated BF, BFHI, IMCI guidelines for Health workers the using of which it was started in-service training throughout the country. The average score ranges are from 3 for infant feeding in emergencies to 9.5 for Health and Nutrition system. The total score of IYCF policies and programs is equal to 65 and is placed in blue according to colour-rating.

In spite of an essential progress the gaps are as follows:

- Recently the interest and support for continuing the BFHI implementation has been decreased and is deficient.
- Women in informal sectors are effort minimal level or neglected on Maternity Protection.
- Health workers are inadequately trained on provisions and requirements of Georgia Code/Law.
- Community outreach of support to women in practice of optimal IYCF is insufficient.
- National Policy on IYCF does not include the main elements for infant feeding in emergency.

The results show the necessity to have comprehensive policy and cross-cutting strategy for action and adequate budgets for implementing large-scale action in all areas and to assure that the results of monitoring/evaluation are used in evidence-based decision making.

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

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	70 %	9
Indicator 12 Exclusive Breastfeeding for first 6 months	54.8 %	9
Indicator 13 Median duration of Breastfeeding	50 %	3
Indicator 14 Bottle-feeding	No Data	No Data
Indicator 15 Complementary Feeding	34.8 %	3
Score Part II (Total)		24

IBFAN Asia Guidelines for WBTi

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

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

Conclusions

In spite of the fact that many activities have been done to scale up the interventions to improve the IYCF practice the rates of optimal breastfeeding practice is not sufficient.

The analysis shows that women need more support at both levels the facility and the community to carry out optimal breastfeeding practice. There is the necessity to provide Health workers and community with the skills and knowledge necessary to provide counseling and support related to exclusive breastfeeding complementary feeding and to fulfill the Health Workers responsibilities under the Georgian Code/Law. There is a need to organize coordination and funding adequately in order to scale up interventions in increase breastfeeding rates.

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

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

Scores	Colour- rating
0 – 45.5	Red
46 – 90.5 /89/	Yellow
91 – 135.5	Blue
136 – 150	Green