World Breastfeeding Trends Initiative (WBTi)

Assessment Report

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MONGOLIAN PEDIATRIC SOCIETY

World Breastfeeding Trends Initiative (WBTi)

Report

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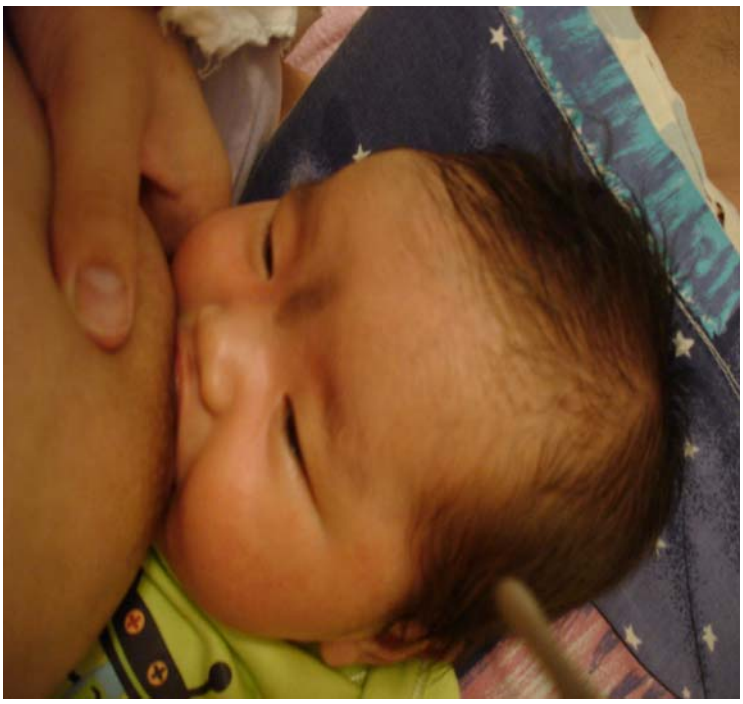

Introduction

This report presents the results of the third assessment in Mongolia regarding Infant and Young Child Feeding. The assessment was completed according to the World Breastfeeding Trends Initiative (WBTi) Assessment Tool, developed by International Baby Food Action Network (IBFAN) Asia. The WBTi tool is very helpful guide in finding the facts as validated by practices and looking at the gaps on how to fill in with actions to implement the Infant and Young Child Feeding strategy with existing practices.

The imported formula milk sales is increasing drastically and exclusive breastfeeding rate is declining. Young mothers are constantly engaging in social media network which is affected decisions and choices in infant and young child feeding. Despite a generally high level of cultural acceptability of breast-feeding, statistics indicate that rates of exclusive breast-feeding in first six months reduced comparing with previous assessment.

About WBT*i*

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 level.The tool is based on two global initiatives, the first is WABA's (GLOPAR) and the second the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". The 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 WBT*i* has identified 15 indicators in two parts, each indicator having specific significance.

	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 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 Global Strategy for Infant and Young Child Feeding (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005). For each indicator, there is a subset of questions. Answers to these can lead to identify achievements and gaps in policies and programmes to implement Global Strategy for Infant and Young Child Feeding . This shows how a country is doing in a particular area of action on Infant and Young Child Feeding.

Part II: Infant and Young Child Feeding Practices in Part II ask for specific numerical data on each practice based on data from random household survey that is national in scope.

Once the information about the indicators is gathered and analyzed, it is then entered into the web-based toolkit through the ' WBT*i* Questionnaire'. Further, the toolkit scores and colour- rate each individual indicator as per **IBFAN Asia's Guidelines for WBT*i***

Background

Mongolia is a landlocked country in Central Asia bordered by China to the south, east and west and Russia to the north with an area of 1.565million km2 , geographically bounded on the north. The population is about 3 million of which nearly 69% live in urban areas.
Children representing almost a third of the population at 907,000 (under 5 population: 306,000; Total Fertility Rate: 2.4). According to the UNICEF source, 69% of the population live in urban areas, primarily as a consequence of increasing levels of rural to urban migration since 1990 which is currently
presenting significant environmental and developmental challenges. Rural populations are very sparsely dispersed across the country, driving up the cost of service delivery and also presenting significant logistical and policy challenges.[1]

In Mongolia, there is improvement in nutrition of children under five. For instance, the underweight prevalence is 1.6 percent, the stunting prevalence is 10.8 percent, the wasting prevalence is 2.1 percent and the overweight prevalence is 10.5 percent among children under five years old.
There is significant differential according to background characteristics in the stunting prevalence among children. For instance, the stunting prevalence is the highest among children under 5 in Western, Eastern and Khangai regions. Furthermore, the rural stunting prevalence (14.5 percent) is almost 2 times higher than the urban stunting prevalence (8.4 percent)[2].

Mongolia adopted, based on the principles and concept of the Convention of the Rights of the Child (CRC) , the Law on the Protection of the Child Rights was enacted in 1996 and established legal basis for implementation of the child rights. Mongolia has implemeneted the National Programme of Action for the Development and Protection of Children in 2002-2010.

CRC recommendation 2005, specified to Mongolia was to ratify international code to provide legal and normative guidance on protecting, promoting and supporting infant and young child feeding. As a response of CRC recommendation, Government of Mongolia adopted international code and approved National Law on marketing of BMS. It reflects almost all the provisions of the international code and, thus, can be considered a strong instrument of breastfeeding protection in Mongolia and protects a mother's right to choose the method of feeding for her baby on the basis of objective and available, complete information the advantages of the breastfeeding .

In 2015, Ministry of Health decided to assess implementation of BMS law. The findings of this survey demonstrated there is urgent need to update the BMS law to make stronger and improve monitoring mechanism. Currently it is in the process of the updating .

Socioeconomic changes during the transitional period from a centrally planned to a market economy have been followed by continued rural-to-urban migration.
While ensuring access and utilisation of nutritious food for children and access to appropriate health services is key to ensuring improved nutritional outcomes for children, ensuring access to appropriate nutritional information and counselling is also needed. However, both institutional and health worker capacity for health promotion, counselling and the delivery of health information, including in relation to appropriate nutrition and IYCF practices, is limited.

[1] https://www.unicef.org/mongolia/unicef_sitan_english_final.pdf
[2] Multiple Indicator Cluster Survey 2013 UNICEF

Assessment process

The goal of the assessment in Mongolia is to analyze situation of infant and young child feeding and find out achievements and gaps in the existing policy, program and practices in reference to IYCF to build a consensus among all the partners.

Consensus workshop for third WBTi assessment was discussed with key institutions in area of child health and child nutrition – Ministry of Health (MOH), Public Health Institute, Mongolian Paediatric Society (MPS), Mongolian Midwifery Association (MMA), Department of Paediatric and Department of Family Medicine of Health Science University of Mongolia (HSUM) and National Center of Maternal and Child Health (NCMCH) agreed to attend the proposed IYCF workshop in 12th Februray 2015 . Core groups for WBTi assessment were identified. Team as a core group– MOH, MMA, HSUM, MPA conducted the assessment process. Indicators were discussed in detail and groups agreed to conduct assessment using web-based toolkit developed by the IBFAN Asia Pacific - World Breastfeeding Trends initiatives (WBTi) – Tracking, Assessment and Monitoring. Core group worked for four weeks to collect documents and data on IYCF using various sources including datas of MICS (Multi Indicator Cluster Survey) conducted by Natiobnal Statistical Commette together with UNICEF 2013 which was published in 2015. Those surveys have a few indicators, such as rate of early initiation of breastfeeding, proportion of exclusive breastfeeding and complementary feeding rate. Collected data is analyzed and report is developed by the 'WBT Questionnaire', toolkit.

List of the partners for the assessment process

- Ministry of Health
- Public Health Institute (PHI)
- National Health development center
- WHO, Mongolia
- National Center of Maternal and Child Health (NCMCH)
- Mongolian Paediatric society
- Mongolian Midwifery Association
- Department of Paediatrics , National Medical University
- Department of Family y medicine in HSUM
- Ministry of Labor and Social Welfare
- NGO-Child and Adolescent Support Center

ASSESSMENT FINDINGS

Indicator 1: National Policy, Programme and Coordination

Key question: *Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National infant and young child feeding committee and a coordinator for the committee ?*

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	0	
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	
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	
Total Score	**7,0/10**	

Conclusion : In 2015, a new national infant and young child feeding strategy was approved by order of Minister of Health . IYCF is included government plan of action.

Gaps:

1. Regarding the breastfeeding committee, the group felt that it should be made more representative, the coordinator's terms of reference is not clearer and the meetings schedule should be regularized.

2. Due to frequent change of Government, there is lack of institutional memory and less sustainability of the representatives for the Breastfeeding task force.
3. Funding for implementation of IYCF strategy is not adequate due to government economic problems however international organizations including UNICEF, WHO and WV are very much supportive.

Recommendations:

There is needed a system based approach to have a sustainable intervention for implementation of Infant feeding programme. More work needs to be done to strengthen and make these powerful and increase awareness of policy makers. National Breastfeeding Committee should be established.

Information Sources Used (please list):

1. MOH 's decree No 325, 25th August 2015 " IYCF and Maternal feeding strategy 2015-2020"

INDICATOR 2 : BABY FRIENDLY CARE AND BABY FRIENDLY HOSPITAL INITIATIVE (Ten Steps to Successful Breastfeeding[3])

[3] **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 BFHI are:

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.

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) Reassessment specific for 12 out of 185 Baby Friendly Hospitals was done in 2015, however it was combined with survey on Code implementation.

2.1 Percentage of maternity facilities accredited as Baby Friendly. (%)

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

Guidelines – Qualitative Criteria

Quality of BFHI programme implementation:

Guidelines for scoring	

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

Criteria	Scoring	Results √ Check that apply
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme[4]	1.0	✓
2.3) A standard monitoring[5] system is in place	0.5	
2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5	✓
2.5) An assessment system relies on interviews of mothers.	0.5	✓
2.6) Reassessment[6] 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	**3.0 /5**	
Total Score	**7.0 /10**	

Information Sources Used (please list):

1. Assessment survey on implementation of BMS Law in Mongolia 2015
2. Interview with HCW-s
3. Interview with mothers
5. Assessment report of BFHI

Conclusions Since the introduction of BFHI in the Mongolia 1994 , many of health care staff have been trained on Baby Friendly standards, and there are 185 health facilities have earned baby-friendly hospital certificate. It means 75% of hospitals which have have delivery service. The *Global Strategy for Infant and Young Child Feeding* indicates that revitalization of BFHI is necessary and its assessment is also carried out periodically to sustain this programme and contribute to increase in exclusive breastfeeding. The indicator focuses on both quantitative and qualitative aspects.

[4] IYCF training programmes such as IBFAN Asia's '4 in1' IYCF counseling training programme, WHO's Breastfeeding counseling course etc. may be used.

[5] ***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.

[6] ***Reassessment*** can be described as a "re-evaluation" of already designated baby-friendly hospitals to determine if they continue to adhere to the *Ten Steps* and other babyfriendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for the purpose of evaluating on-going compliance with the *Global Criteria* and includes a reassessment visit by an outside team.Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.

Antenatal education, early initiation of BF, BF counseling and practical support provided by health workers improve the knowledge of mothers and support positive practices.

The BFHI Ten Steps include evidence-based practices, such as skin-to-skin contact during the first hour after birth, and keeping mothers and babies together to enable breastfeeding to become effectively established and avoidance of practices that undermine breastfeeding, such as non-medically indicated supplementation with breastmilk substitutes.
BFHI programme should be revived immediately linking it to health system and relevant programmes

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. More than 75% of health facilities were certified by baby-friendly hospitals, but the programme lacks a regular monitoring system from the Government.
2. Number of BFH is not increased since last WBTi assessment, no progress.
3. No sustained regulation to revive BFHI.
4. Certification criteria for BFHI is outdated.

Recommendations *(List action recommended to bridge the gaps):*

1. BFHI should be refreshed
2. **N**eed to be developed new criteria for BFHI certification
3. Policy commitment to be strengthened
4. To be established a regular reassessment system

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[7] 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	✓
3b: Implementation of the Code/National legislation		✓ ***Check that apply***

[7] Following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.
1. Donation of free or subsidized supplies of breastmilk substitutes are not allowed (WHA 47.5)
2. Labeling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
3. Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
4. Labels of covered products have warnings on the risks of intrinsic contamination and reflect the FAO/WHO recommendations for safe preparation of powder infant formula (WHA 58.32, 61.20)

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)	**7,5 / 10**	

Information Sources Used (please list):

1. *Survey on* Implementation of *BMS Law 2015*
2. *Reports of State Inspection Agency 2014*

Conclusions: ***(****Summarize which aspects of Code implementation have been achieved, and which aspects need*

The UN Committee on the Rights of the Child examines whether governments have implemented the Code when assessing progress in meeting their obligations under the CRC.

Government of Mongolia developed a Law on BMS based on the CRC country specific recommendation. National law on BMS was approved by Mongolian parliament in July 2005. According to the "State of the Codes by Country 2011" it is defined as a "Many provisions law" as well.

The aim of this Law was to contribute to the provision of safe and adequate nutrition for infants through the protection and promotion of breastfeeding, and by ensuring the proper use of BMS, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

Based on the findings of the Survey on Implementation of BMS Law (2015), it is identified that need to update the BMS law and make more strong.

Gaps:

1. No regular monitoring system for code implementation
1. Lack of proper budget for monitoring
2. Poor awareness of public including health professionals
3. Some provisions is not implemented

Recommendations: *(List action recommended to bridge the gaps):*

1. *Urgent need of amendment of the Law on BMS or new law*
2. *Code monitoring system should be in a place*

INDICATOR 4 : MATERNITY PROTECTION

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

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 b. 14 to 17weeks c. 18 to 25 weeks d. 26 weeks or more	 0.5 1 1.5 2	 ✓ 1.5
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. a. Unpaid break b. Paid break	 0.5 1	 ✓ 1
4.3) Legislation obliges private sector employers of women in the country to *(more than one may be applicable)* a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	 0.5 0.5	 ✓ 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. *(more than one may be applicable)* a. Space for Breastfeeding/Breastmilk expression b. Crèche	 1 0.5	
4.5) Women in informal/unorganized and agriculture sector are: a. accorded some protective measures b. accorded the same protection as women working in the formal sector	 0.5 1	 ✓ 1

4.6) . *(more than one may be applicable)* 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:	**8 /10**	

Information Sources Used (please list):

1. *Mongolia's Labor Code, Chapter, Chapter Seven:"Employment of Women"*
2. *http://www.ilo.org/dyn/natlex/docs/WEBTEXT/57592/65206/E99MNG01.htm#c7*

Conclusions ***(***Summarize which aspects of the legislation are appropritae, and which aspects need improvement and why. Identify areas needing further analysis***) :**

According to the Mongolia's Law about Labor, fully paid maternity leave of 120 days is provided to a mother. Besides the rest, food and regular break, an additional break of two hours to feed and take care of a child is provided to a woman with a child under six months of age or to a woman with twins under one year of age; and a break of one hour to a woman with a child between the ages of six months and one year or to a woman with a child who has reached one year of age, but needs special care according to a medical conclusion. Since 2012, every pregnant or nursing mother receives about 25 USD in month starting her pregnancy of 5 month until her baby reach 7 month old.

Gaps :

1. Some private sector is reluctant to follow the Law about Labor.
2. There is no legal protection for breastfeeding in the workplace

Recommendations *:*

1. Increase awareness of the private employers on women's employment regulation.
2. Increase knowledge of decision makers improrrtance of availability of the special place for the breastfeeding.

INDICATOR 5: HEALTH AND NUTRITION CARE SYSTEM (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[8] 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.[9]	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
			✓

8 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.

9 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 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.[10]	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:	**8/10**		

Information and Sources Used:

1. Early Essential Newborn national action plan 2013-2020 – Protocol for "The First Embrace"
2. *http://www.arnec.net/wp-content/uploads/2015/09/ANNEX-2-EENC-action-plan-approved_eng.pdf*
3. IMCI national guideline
4. Maternal child Health handbook
5. Terms of reference for Mother Baby Friendly Hospital

Gaps

No practical training of doctors and nurses specified on Code implementation.
Training coverage is low.

Recommendations

1. Take actions in academe and hospitals on development of the guidelines and curriculum to integrate IYCF into the continuing education especially for medical students.
2. Improved implementation of standards and guidelines for mother-friendly childbirth procedures and support,
3. In-service training programmes providing knowledge and skills related to infant and young child feeding etc.

10 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.

INDICATOR 6: MOTHER SUPPORT AND COMMUNITY OUTREACH –COMMUNITY BASED SUPPORT FOR 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 counseling services on infant and young child feeding.	2	1	0
		✓	
6.2) All women recieve 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:	**8/10**		

This section includes issues like access to counseling services on infant and young child feeding in the community during pregnancy and after birth. It also deals with status of skilled training to the counselors.

Conclusions *Mother suport is present in the antenatal care which is about 90% in Mongolia and hospital delivery is 98 %, therefore, support services available for women in maternity hospitals.*

Capability skills in counselling is inadequate in the some antenatal clinics.

Gaps:

1. No formal mechanism
2. No fixed regular training programme on counselling.
3. lack of human and financial resources.

Recommendations:

1. Create mother support group in every maternity unit and antenatal clinics
2. Allocate some fund for volunteer's training
3. The 10th Step of referral to a community-based mother support group (MSG) is best way of the training skills on how to working as Mother support group.
4. Sicilia workers to be strengthened

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 or interest are avoided.	2	1	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**		

Summary:

Maternal Child Health Handbook (pink book) is as a national programme, distributed to every pregnant mother during the antenatal care in which there is clear IYCF counselling message. Pink book is very useful IEC tool on IYCF.

Information and Sources Used:

1. WBW report
2. Maternal child Health Handbook
3. Community health worker's IYCF training agenda

Gaps

1. The group organized a discussion on the subject, IEC materials are printed on the occasion of WBW only.
2. The team felt that there is no separate IEC policy on infant and young child feeding available in Mongolia at present
3. Insufficient national coverage and public dissemination of IEC materials.

Recommendations:

IEC strategy for IYCF should be in the context of national health promotion strategy and funds to be allocated in Health Promotion fund. .

[11] 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;

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:	**8.5/10**		

Information Sources Used (please list):

1. *Information and Sources Used:*
2. *http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/mongolia_2010,*
3. *http://aids.mn/files/docs/2.National%20Strategic%20plan%20on%20HIVAIDS%20and%20STIs,%202010-2015.pdf*

Conclusions *(Summarize which aspects of HIV and infant feeding programming are appropriate, and which aspects need improvement and why. Identify areas needing further analysis)* ***:***

No pediatric HIV cases have thus far been registered. Because there is a high risk of pregnant women becoming infected with HIV, risk reduction for mother-to-child transmission is a major focus for planned expansion in the sector. Global fund is dealing most of HIV policy and strategy in country. Global fund annual report , National RH survey report 2013.
Gaps:

For babies of HIV positive mothers there is no state budget for baby formula.

Due to a low prevalence for HIV, there can be risk on inadequate counselling to HIV positive women regarding infant feeding options.

Recommendations:

1. Approve funds for infants of HIV-positive mothers in state budgetary system.
2. To be improved Counselling training to prevent HIV transmission through breastfeeding on infant feeding practices.
3. Need a common understanding for infant feeding for child born from HIV positive mothers.

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:	1	0.5	0
a) basic and technical interventions to create an enabling environement for breastfeeding, including counseling by appropriately trained counselors, support for relactation and wet-nursing, and protected spaces for breastfeeding	✓		
b) measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsollicited 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	0
			✓
b) Orientation and training is taking place as per the national emergency preparedness and response plan	1	0.5	0
		✓	
Total Score:	**5.5/10**		

Information Sources Used (please list):

1. *Interview with officer responsible for emergency*
2. *Government emergency plan*

Conclusions *(Summarize which aspects of emergency preparedness and response are appropriate and which need improvement and why. Identify areas needing further analysis)* **:**
MOH and WHO are co-cluster leads for health cluster and all stakeholders in the health sector are members of the cluster which meets frequently to coordinate each others work in health emergency and disaster preparedness. Ministry of Food and Agriculture is responsible for the nutrition cluster .

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. *_Nothing about IYCF in National Emergency Plan*

Recommendations *(List actions recommended to bridge the gaps):*

1. *Take a action on the awareness of the emergency people about IYCF.*
2. *More work to be organized within health and nutrition cluster*

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:	**7/10**		

Information Sources Used (please list):

1. National Health indicator
2. National health information
3. MOH decree

Conclusions *(Summarize which aspects of monitoring and evaluation are appropriate and which need improvement and why. Identify areas needing further analysis)**:***

Data on early initiation and exclusive breastfeeding is collected within routine health information system. Nutrition Research Department is collecting the data on IYCF from primary health facilities. Child Growth Monitoring became norm.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. Quality of recording is not sufficient.
2. Complementary feeding is not included in routine health information.
3.

Recommendations *(List actions recommended to bridge the gaps):*

1. Quality of data, interview methodology on data collection and timeliness of submission must be improved.
2. There should be a stronger coordination with first respondents as follow up on the outcome and impact.
3. Public health institute's role and responsibility to collection data on IYCF to be increased.

1.

INDICATOR 11: Early Initiation of Breastfeeding

Key question: *What is the percentage of babies breastfed within one hour of birth?* ***71.1.%***

Guideline:

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

Data Source (including year):

1. Mongolia Social Indicator sample Survey 2013(MICS)

Summary Comments :

Although a very important step in management of lactation and establishment of a physical and emotional relationship between the baby and the mother, only 71.1 percent of babies are breastfed for the first time within one hour of birth while 93.7 percent started breastfeeding within one day of birth. These two indicators remained almost at the same level in comparison with the results of CDS 2010, which were 71.4 percent and 92.1 percent, respectively. There are no significant differences in status of early breastfeeding for the first time by rural and urban areas, and regions

The percentages of children age 0-23 months that are breastfed for the first time within one hour of birth and within one day of birth do not differ considerably by areas, locations, education of mothers/ caretakers, and household wealth index quintiles.

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: *What is the percentage of babies 0<6 months of age exclusively breastfed*[12] *in the last 24 hours?* ***47.1.%***

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):

1. Mongolia Social Indicator sample Survey 2013(MICS)

Summary Comments :

Although it is recommended that all children under age of 6 months to be exclusively breastfed, according to the Mongolia's Social Indicator sample Survey 2013(MICS), the indicator trended to decrease and only half (47.1 percent) of those children were exclusively breastfed . The findings of this survey shows the highest percentage of exclusive breastfeeding among children age 0-5 months is in the Western region (59.9 percent), while lowest is in the Central region (33.6 percent). ..

[12] 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?* ***22,7% in 0-35 month*** *old children*

Guideline:

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

Data Source (including year):

1. Mongolia Social Indicator sample Survey 2013(MICS)

Summary Comments :

82.5 percent of children aged 12-15 months and 52.9 percent of children aged 20-23 months are still being breastfed. By wealth quintile, continued breastfeeding at 1 year and 2 years are the lowest in richest household while it is highest in middle class household.

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?* ***33.7.%***

Guideline:

Indicator 14	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBTi**	
Bottle Feeding (0-12 months)		**Scores**	**Colour-rating**
	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. Mongolia Social Indicator sample Survey 2013(MICS) UNICEF

http://www.washwatch.org/uploads/filer_public/9c/52/9c527504-1101-4638-9cbc-5262b59a2a6d/multiple_indicator_cluster_survey_mics_mongolia_2014.pdf

Summary Comments :

The percentage of under 2 years old drank anything from a bottle with teats is 28.9 percent. The bottlefeeding practice among children 0-6 month is **27.3%** but this practice is quite high for the children age 6-11 months (**40.2 %**). It means bottle feeding 0-12 month would 33.7%.
The practice of bottle-feeding among children age 0-23 months in urban areas (32.1 percent) is higher than that in rural areas (23.5percent). The percentage of bottle-feeding increases with higher level of mother's education and household wealth quintiles .

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?* ***94.4.%***

Guideline

Indicator 15	**WHO's**	**IBFAN Asia Guideline for WBTi**	
Complementary Feeding (6-8 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. Mongolia Social Indicator sample Survey 2013(MICS)

http://www.washwatch.org/uploads/filer_public/9c/52/9c527504-1101-4638-9cbc-5262b59a2a6d/multiple_indicator_cluster_survey_mics_mongolia_2014.pdf

Summary Comments :

Overall, of the total infants' age 6-8 months covered by the MICS survey, 94.8 percent received solid or semisolid foods. Among children age 6-8 months, currently breastfeeding this percentage is 94.4 percent . By household wealth quintile, the percentage of children age 6-8 months receiving solid, semi-solid or soft foods is 89.1 percent among ones from the poorest quintile, while this figure is 100 percent among children age 6-8 months, who live in the wealthy households.
Among currently breastfeeding children aged 6-23 months, one in every 10 (47.7 percent) children received solid or semi-solid foods the minimum number of times.
Among non-breastfeeding children aged 6-23 months, 56.3 percent milk feeds at least 2 times per day

Summary Part I: IYCF Policies and Programmes

Targets:		Score **(Out of 10)**
Indicator 1	National Policy, Programme and Coordination	**7.0**
Indicator 2	Baby Friendly Hospital Initiative	**7.0**
Indicator 3	Implementation of the International Code	**7.5**
Indicator 4	Maternity Protection	**8.0**
Indicator 5	Health and Nutrition Care Systems	**8.0**
Indicator 6	Mother Support and Community Outreach	**8.0**
Indicator 7	Information Support	**7.0**
Indicator 8	Infant Feeding and HIV	**8.5**
Indicator 9	Infant Feeding during Emergencies	**5.5**
Indicator 10	Monitoring and Evaluation	**7.0**
	Total Score IYCF Policies and Programmes	**73.5/100**

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

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

IYCF Practice	**Result**	**Score**
Indicator 11 Starting Breastfeeding (Initiation)	71.1 %	9
Indicator 12 Exclusive Breastfeeding for first 6 months	47.3 %	6
Indicator 13 Median duration of Breastfeeding	22.7 %	10
Indicator 14 Bottle-feeding	33.7 %	3
Indicator 15 Complementary Feeding	94.4 %	10
Total Score IYCF Practice (Part II)		38

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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	**38/50**
46 – 50	**Green**

Conclusions*:*

Mongolia scored 111 out of 150 scores in the third WBTi assessment. Although it can be considered as a good result compared with some other countries, there is still lot of gaps to be improved. The assessment result is highly useful for the further planning of national programmes, interventions.

We acknowledge the technical and financial support of IBFAN Asia and professional assistance of MPA, MMA for third WBTi assessment.

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	**Yellow**
91 – 135.5	**111/150**
136 – 150	**Green**

Key Gaps

- Weak national coordination for Breastfeeding Promotion.
- Reduction of the rate for exclusive breastfeeding 0-6 month.
- The implementation of baby friendly initiatives has been discontinued since 2012. Since then none of baby friendly facilities has been designated and practices of the maternity facilities have weakened.
- Lack of regular monitoring for implementation of BMS law.
- Poor IEC and social media to promote breastfeeding
- Availability of MSG is limited
- No sustained individual counseling and group education and counseling services on infant
- and young child feeding to all pregnant women and mothers of young infants.
- Very little knowledge about IYCF in emergencies

Key Recommendations

- National Breastfeeding coordination Committee to be formed, with clear terms of reference
- BFHI policy should be revived and reinforced .
- IEC on IYCF including Importance of exclusive breastfeeding to be improved and more involvement in social media.
- Update BMS law and make stronger).