



World Breastfeeding Trends Initiative (WBTi)

Assessment Report





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Report



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The World Breastfeeding Trends Initiative (WBTi)

Name of the Country: Philippines
Year : 2015

Introduction

Infant and Young Child Feeding issues in the Philippines is a continuum process with the birth of 4 babies born every minute at 100 million population from 7, 101 islands. The imported formula milk sales continue to increase at P42 billion yearly vis avis with breastfeeding problems.

Remarkably, the generation Y of young parents' awareness and desire to breastfeed is on the rise amongst digital communication users. It cut across social strata and geographic locations. Many generation Y are constantly engaged in mobile phone chat exchanges daily. Thus, the resurgence of the social media network affected decisions and choices in infant and young child feeding.

Comparatively, in the Philippines with the first submitted WBTi assessment in 2005 and the present re-assessment 2015, a strong social media platform of IYCF has interactively emerged in response to many mothers plea for help and registered need for breastfeeding information as in the case of Breastfeeding Pinays formation responding to present 70,000 membership and earlier with LATCH group and Arugaan and other breastfeeding groups in interplay of intervention on IYCF action for moms by moms and active support by few medical personnel who are staunch breastfeeding advocates and practitioners.

The WBTi tool becomes the compass in finding the facts as validated by practices and looking at the gaps on how to fill in with actions in the realm of IYCF – Infant and Young Child Feeding policies with existing practices. It is a helpful guide in charting the IYCF Plan of Action for the coming 5 years hence and make it a reality in cooperation with people's action as the government is Constitutionally mandated to fulfill its obligation.

The WBTi Philippine Report is a consolidated action of the NGOs and government agencies as partners in inquiry how far we are with IYCF and what practical needs to be done within practical resources.

About WBTi

World Breastfeeding Trends Initiative (WBTi)

Background

The World Breastfeeding Trends Initiative (WBTi) is an innovative initiative, developed by IBFAN Asia, to assess the status and benchmark the progress of the implementation of the Global Strategy for Infant and Young Child Feeding at national level. The tool is based on two global initiatives, the first is WABA's (GLOPAR) and the second the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". The WBTi is designed to assist countries in assessing the strengths and weaknesses of their policies and programmes to protect, promote and support optimal infant and young child feeding practices. The WBTi has identified 15 indicators in two parts, each indicator having specific significance.

Part-I deals with policy and programmes (indicator 1-10)	Part –II deals with infant feeding practices (indicator 11-15)
<ol style="list-style-type: none">1. National Policy, Programme and Coordination2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)3. Implementation of the International Code of Marketing of Breastmilk Substitutes4. Maternity Protection5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)6. Mother Support and Community Outreach7. Information Support8. Infant Feeding and HIV9. Infant Feeding during Emergencies10. Mechanisms of Monitoring and Evaluation System	<ol style="list-style-type: none">11. Early Initiation of Breastfeeding12. Exclusive breastfeeding13. Median duration of breastfeeding14. Bottle feeding15. Complementary feeding

Once assessment of gaps is carried out, the data on 15 indicators is fed into the questionnaire using the WBTi web based toolkit© which is specifically designed to meet this need. The toolkit objectively quantifies the data to provide a colour- coded rating in Red, Yellow, Blue or Green. The

toolkit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

Each indicator used for assessment has following components;

- The key question that needs to be investigated.
- Background on why the practice, policy or programme component is important.
- A list of key criteria as subset of questions to be considered in identifying achievements and areas needing improvement, with guidelines for scoring, colour-rating, and ranking how well the country is doing.

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

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

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

Background

(please insert general information about the country regarding child nutrition, child survival, any initiation to improve IYCF practices etc.)

The Philippine government agencies involved in generating data to find out the status of the Filipino children in terms of health are the following: National Demographic Health Survey of 2013 was conducted by the Food Nutrition Research Institute (FNRI) under Department of Science and Technology. These were cited as sources of information for the WBTi. The FNRI data survey of 2013 was problematic with breastfeeding advocates because Nestlé participated in its launching. Thus, conflict of interest marked the issue beclouding FNRI credibility. Later, it manifested with Nestle's partnership with FNRI with its campaign United for Healthy Children with corresponding logos alongside in public announcements of the campaign posters and media broadcast spots. In search of truth and veracity with Philippine WBTi Report, the DOH and WHO confronted FNRI surveyed data and reconciled to the following conclusions.

Technically, the nutritional status of Filipino children below 5 years old showed in the findings that 30.3% is underweight, 19.5% is stunted and 7.9% is stunted (FNRI, 2013).

There was a slight difference with breastfeeding rates comparatively with data of 2008 and 2013 reflecting the following:

- Exclusive breastfeeding for 6 months year 2008
- Exclusive breastfeeding for 6 months year 2013

The planning of the Philippine Strategic Plan of Action on IYCF 2011-2016 was a collective participation represented by government agencies led by Department of Health (DOH), academe, medical societies, breastfeeding groups as NGO etc.

Public events were organized by respective group in celebration of the national month for Breastfeeding Awareness nationwide. Media highlighted the breastfeeding theme generating increase public interests with breastfeeding celebrities being involved personally.

Increased participation of various leaders from different sectors lately with union workers and the Department of Labor and Employment as well as ILO for the Maternity Protection improvement campaign and specifically for the passage of the 2009 law on Expanded Breastfeeding Promotions Act at the workplace for working women. Presently, in the Senate and Congress/Parliament there are pending laws to increase paid maternity leave from pitiful 2 months.

Comparatively, the span of 2008 data with 2013 showed a slight increase in breastfeeding practices but seemingly with greater participatory efforts of the breastfeeding advocate involved in IYCF program at this time gives hope of a better profile (for 2018 data revelation) on exclusive breastfeeding with the flagship campaign TSEK, a collaborative undertaking for both government and non-government leaders. TSEK started in 2012. TSEK means *Tama* (right), *Sapat* (enough) and *Eksklusibo* (exclusive breastfeeding for 6 months).

Every 5 years data compilation will be presented. Though yearly respective government agencies have its own yearly report reflective of IYCF outcome.

Assessment process followed by the country

WBTi Philippines were participated by select invitees that formed as core group for the workshop. Criteria for the participants were based on active leadership in IYCF program services and campaign, participant to the Philippine Plan of Strategic Plan of Action 2011-2016, strong breastfeeding advocates committed in the implementation of a strong IYCF especially the Milk Code law. Participants came from different sectors namely: Philippine Pediatric Society for the medical sector, Health Justice for the legal sector, government came from Department of Health and National Nutrition Council, legislative sector were represented from Congress or House of Representatives/Parliament, labor sector from women's trade union, community-based mother support group and youth represented by the breastfeeding group online and UN agencies WHO and ILO.

The representatives for Congress who enacts laws were eager to launch the Maternity Protection campaign to improve entitlements for working mothers at the workplace. Chiefs of Staff were active in the WBTi workshop discussion. There were feminist leaders but belong to different party list and ideologies. Remarkably, the breastfeeding issue like WBTi brought them to a friendly speaking terms to discuss women's empowerment particularly Maternity Protection in MIYCF. It was a battle of wits in depth analysis for the 23 participants.

List of the partners for the assessment process

- 1) Arugaan
- 2) Department of Health (DOH)
- 3) Philippine Pediatric Society (PPS)
- 4) Health Justice Philippines
- 5) WHO-WPRO
- 6) Gabriela Women's Partylist (feminist women's group)
- 7) Trade Union of the Philippines
- 8) Breastfeeding Pinays Inc.
- 9) Pinay Doulas Collective
- 10) LATCH, Inc.
- 11) Mother Support Groups from Batasan Hills
- 12) National Nutrition Council
- 13) AKBAYAN (Partylist for progressive multi-sectors)
- 14) Ang Nars Inc. (Partylist for the nurses sector)
- 15) Office of Congress/Rep. Lani Mercado-Revilla

Assessment Findings

Indicator 1: National Policy, Programme and Coordination

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

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results ✓ <i>Check any one</i>
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	1	1
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
1.3) A national plan of action developed based on the policy	2	2
1.4) The plan is adequately funded <i>Note: Is funded but not adequately</i>	2	0
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1	1
1.6) The national breastfeeding (infant and young child feeding) committee meets, monitors and reviews on a regular basis <i>Note: Lacks monitoring IYCF task force</i>	2	0
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc. <i>Note: Including NGOs</i>	0.5	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	0.5
Total Score	<u>6</u> /10	6

Information Sources Used (please list):

1. DOH Administrative Order 2005-0014
2. Strategic Framework for Comprehensive Nutrition Implementation Plan for 2014-2025
3. Philippine IYCF Strategic Plan of Action for 2011-2016

Conclusions (*Summarize which aspects of IYCF policy, program and coordination are appropriate; which need improvement and why; and any further analysis needed*):

The development of Philippines IYCF Strategic Plan of Action for 2011-2016 were participated by multi-sectoral representations from many government agencies, international agencies and NGOs from mother support groups.

Multi-layer action prongs were expressed from institutional level at the government structural units including local governance (LGUs) as well as with medical professional groups and academe to integrate IYCF program.

Peer Counselling for community-based and lactation management were enhanced with wider participation from training different local health departments and NGOs.

Implementation of the comprehensive plan of action is much desired because IYCF covers intensive action and delivery covering the following areas:

- a) Milk Code*
- b) MBFHI*
- c) Complementary Feeding*
- d) Mother Support Groups*
- e) Emergency*
- f) HIV*
- g) Exclusive breastfeeding and continued breastfeeding beyond 2 years*

Pool of resources in terms of human personnel, funds, attractive visual aids and effective coordination and monitoring of inputs.

Complementary Feeding programme and services are lacking in many aspects.

Functional FDA Secretariat and functional Inter-agency Committee for the Milk Code Action is much desired and expected.

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

- 1. Monitoring and evaluation*
- 2. Data collection and management*
- 3. Stronger coordination within and outside government sectors*
- 4. Funding*

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

- a) *IYCF Task Force should meet regularly and plan practical actions that are doable with impact*
- b) *IYCF Task Force must create a monitoring and evaluation system with Report Card to track output*
- c) *Develop new Plan of Action for 2016-2020 that can be realized, not wish lists.*
- d) *Constant dissemination and documentation of good practices*
- e) *Survey forms for Breastfeeding Pinays to forward violations*

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

Key questions:

- What percentage of hospitals and maternity facilities that provide maternity services have been designated as “Baby Friendly” based on the global or national criteria?
- What is the quality of BFHI program implementation?

Guidelines – Quantitative Criteria

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

Note: The Department of Health reported that as of August 2013, 426 of 1798 (24%) hospitals had received a Certificate of Commitment, and 26 national, regional and private hospitals were accredited as Mother-Baby Friendly Hospitals.²

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	

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

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

² Notes from the Department of Health, 1 September 2012.

69.1-89 %	4	
89.1 - 100%	5	
Total rating	2 / 5	2

Guidelines – Qualitative Criteria

Quality of BFHI programme implementation:

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results √ Check that apply
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme 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 post natal 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 <i>Note: Trainees transferred or change of assignments/areas</i>	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	3/5	3
Total Score	5/10	

Information Sources Used (please list):

³ IYCF training programmes such as IBFAN Asia’s ‘4 in1’ IYCF counseling training programme, WHO’s Breastfeeding counseling course etc. may be used.

⁴ **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.

⁵ **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.#

1. *National Capital Regional Office Statistics*
2. *Philippine IYCF Strategic Plan of Action 2011-2016*

Conclusions (*Summarize how the country is doing in achieving Baby Friendly Hospital Initiative targets (implementing ten steps to successful breastfeeding) in quantity and quality both. List any aspects of the initiative needing improvement and why and any further analysis needed*):

The once glorified achievement of transforming thousands of MBFHI awardees in the 90's had backslide tremendously in numbers. A compromised Certificate of Compliance (COC) has been released to bring back the certification process of a truly Mother-Baby Friendly Hospital Initiative medical institution.

Full implementation of MBFHI Assessment Programme and certification process must be genuinely done with replete resources from staffing, time table and command of responsibility on specific department of DOH.

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

1. *Data tracking of MBFHI or checklist course*
2. *Sporadic Training Course for facility personnel*
3. *Doctors in the hospitals are consultants and not staff, oftentimes breaking the 10 Steps*

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

1. *Strengthen MBFHI assessment*
2. *Strengthen its structure within DOH*
3. *Facilitate the participation of experts in the MBFHI assessment team*
4. *10 Steps must be acted in full understanding and compliance. The 10th sStep referral to mother support groups (MSG) is inadequate due to MSG not available or non-existent. This require organizing work to form MSG. Who is responsible and where to get resources?*
5. *Birth plan is a must step by the mothers with doctors before number 1-10 steps.*
6. *Documentation is an important activity in data processing.*

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

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

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

⁶ 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)

3b: Implementation of the Code/National legislation		✓ <i>Check that apply</i>
3.10 The measure/law provides for a monitoring system	1	✓
3.11 The measure provides for penalties and fines to be imposed to violators	1	✓
3.12 The compliance with the measure is monitored and violations reported to concerned agencies	1	✓
3.13 Violators of the law have been sanctioned during the last three years	1	0
Total Score (3a + 3b)	8.5/10	

Information Sources Used (please list):

1. *Executive Order 51 (EO 51) Philippine National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplements and Related Products 1986*
2. *Revised Implementing Rules and Regulations (rIRR)*

Conclusions: *(Summarize which aspects of Code implementation have been achieved, and which aspects need improvement and why. Identify areas needing further analysis)*

The EO 51 or popularly known as “Milk Code” has evolved into a strongest Code as a law with its Revised Implementing Rules and Regulations (Rirr) in 2006 issued by the Department of Health. It was upheld by the Supreme Court in October 2007. The Pharmaceutical Healthcare Association of the Philippines (PHAP) with the American milk companies as members sued the DOH Secretary and its staff in 2006 because of the passage of the stringent rIRR's. The inclusion of updated WHA Resolutions on nutritional and health claims and young children sector protection as well as total effect in advertising. In contrast, the full implementation of the Milk Code and on pending violators as well as acting on Code complaints with FDA’s weak response in its public dissemination needs revisiting

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

1. *Ineffective monitoring*
2. *Lack of personnel at the FDA and in the provinces*
3. *Inaction on Milk Code violation and complaints by the FDA and secretariat.*

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

1. *Prioritize action and enforce the Milk Code law entoto.*
2. *Infuse resources: staff and funds for Milk Code implementation*

3. *Elicit public participation with Milk Code monitoring*
4. *Public dissemination on the Milk Code law*
5. *Publicity on Milk Code's action*
6. *Inter-Agency Committee (IAC) reporting – Department of Justice, Department of Health and Department of Social Welfare and Development*
7. *Inclusion of Department of Education where the multinational Milk Companies marketing and promotion started its inroads.*

Indicator 4: Maternity Protection

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

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results Check ✓ that apply
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave <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 be applicable)</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 	0.5 1	

formal sector		
4.6) . <i>(more than one may be applicable)</i> a. Information about maternity protection laws, regulations, or policies is made available to workers.	0.5	
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	0.5	
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	✓
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	✓
4.9) There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	✓
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	
Total Score:	4.5/10	4.5

Information Sources Used (please list):

1. RA 10028: - AN ACT EXPANDING THE PROMOTION OF BREASTFEEDING, AMENDING FOR THE PURPOSE REPUBLIC ACT NO. 7600, OTHERWISE KNOWN AS "AN ACT PROVIDING INCENTIVES TO ALL GOVERNMENT AND PRIVATE HEALTH INSTITUTIONS WITH ROOMING-IN AND BREASTFEEDING PRACTICES AND FOR OTHER PURPOSES"
2. *Magna Carta for Women*
3. *Occupational Safety and Health Laws*
4. *Paternity Leave*
5. *Labor Code*
6. *SSS Law (Social Security System)*

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

Pitiful two months (8 weeks) paid maternity leave within the law needs urgent amendment. Other entitlements such as work safety and job security and discrimination especially for pregnant and moms who just gave birth must truly be protected with strong policies and laws. The laudable act was the passage of RA 10028 that allows paid breastfeeding breaks at 40 minutes and creation of breastfeeding stations with tax deductions for employer.

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

1. *Low paid maternity leave*
2. *Breastfeeding support for working women*
3. *Strong policy but low implementation*
4. *Monitoring of compliance is weak*
5. *Less dissemination of information*

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

1. *Implementation of laws strictly adhered*
2. *Human Resources Department and Organization must be engaging to fulfill entitlements and maternity protection at workplace*
3. *Public campaign to increase paid and improved maternity leave and maternity protection*
4. *Wide dissemination of information on maternity rights*

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

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

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	Adequate	Inadequate	No Reference
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country 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
		✓	

⁷ 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.

⁸ The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

5.5) Infant feeding and young feeding information and skills are integrated, as appropriate, into training programmes focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women’s health, NCDs etc.)	1	0.5	0
	✓		
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. 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:	8.5/10		

Information Sources Used (Please list):

1. *Mother Baby Friendly Hospital Initiative*
2. *Early Essential Newborn Care Protocol – The First Embrace (Unang Yakap)*
3. *Administrative Order 2009-0025*
4. *Philippine Pediatric Society modules for medical schools on IYCF*

Conclusions: (Summarize which aspects of health and nutrition care system are appropriate and which need improvement and why. Identify areas needing further analysis.)

Development of good guidelines and curriculum responding to the needs of the times were timely such as integration of IYCF into the continuing education especially for medical students. But continuous application in a yearly occurrence or more is not assured in many institutions. Sporadic action in both academe and hospitals.

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

1. *Continuity*
2. *Budget Constraints*

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

1. *Revisit the curriculum to update and upgrade latest researches to be integrated in the trainings*
2. *Inclusion of added resources to expand IYCF training coverages*
3. *Retraining of health personnel*
4. *Integration of IYCF training curriculum into all education sectors*
5. *Institute report cards that track on follow-ups of trainees on IYCF impact*

⁹ 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 the pregnant and breastfeeding mother

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

<i>Guidelines for scoring</i>			
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 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 (please list):

1. *Philippine IYCF Strategic Plan of Action 2011-2016*
2. *Strategic Framework for Comprehensive Nutrition Implementation Plan for 2014-2025*

Conclusions (*Summarize which aspects of a health and nutrition care system are adequate and which need improvement and why. Identify areas needing further analysis*):

Mother support is present in the policy mandating counselling and support services for women in birthing facilities but in fragmented delivery. Likewise, capability skills in counselling is inadequate in the same breathe with tracking impact. Creation of mother support group is an organizing skills amiss in healthcare system and nutrition.

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

1. *Fragmented services at the community level*
2. *Weak integrated approach in practices*
3. *No formal mechanism*
4. *Weak local government unit (LGU) implementation for the grassroots communities*
5. *Spirit of volunteerism of local health workers dampened by political patronage*

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

1. *Have a monitoring system with regular reporting scheme in trained IYCF trainers and trainees*
2. *Improve the TSEK (Tama, Sapat, Eksklusibo - Right, Adequate and Exclusive Breastfeeding) campaign of branding:*
3. *The 10th Step of referral to a community-based mother support group (MSG) is another dimension of training skills on how to form and transport a working MSG. Community development must be learned by the health personnel unit, the social work and community development sector*

Indicator 7: Information Support

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

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	√ <i>Check that apply</i>		
	Yes	To some degree	No
7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts or interest are avoided.	2	0	0
	✓		
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1	.5	0
	✓		
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding	1	.5	0
	✓		
7.3) IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding	2	1	0
		✓	
7.4. IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence	2	1	0
		✓	
7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF). ¹⁰	2	1	0
			✓
Total Score:	6/10		

¹⁰ to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;

Information Sources Used (please list):

1. *EO 51 or Milk Code*
2. *Department of Health National Campaign for Exclusive Breastfeeding (TSEK 2012)*
3. *COMBI – Communication Behavioural Impact Strategic Plan*

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

The key question “on implementation does not match criteria” or simply criteria does not respond to key question.

The COMBI – communication behavioural impacts was applied to the TSEK campaign branding and rolled out to complementing activities such as Peer Counselling. The messages carried risks of formula feeding into the Peer Counselling but not through public posters nor media broadcasts.

Government WBW celebration mostly observe MILK Code rules of no sponsorship from babyfood companies with commercial interests.

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

1. *Weak national coverage in its public dissemination of IEC materials and messages*
2. *Rehash of messages such as benefits of breastfeeding which are already known by the public but the most message with impact is the dangers of formula milk feeding*
3. *Continuing of IEC campaign materials is inadequate.*

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

1. *Include in IEC materials on risks of artificial feeding*
2. *IEC validation and spot checks*
3. *Creation of infomercials vital to breastfeeding information*
4. *Maximizing internet communication*

Indicator 8: Infant Feeding and HIV

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

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

8.8) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0
	✓		
8.9) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5	0
			✓
Total Score:	4.5/10		

Information Sources Used (please list):

1. *IMCI – Intergrated Maternal and Child Illnesses Training Basic Course*
2. *IMCI Chart Booklet*
3. *National Aids Law*

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

Even in national policies and trainings on HIV, IYCF is not fully integrated thus infant feeding choices and counselling is not complete in delivering services. The special efforts to counter misinformation on breastfeeding must be strengthened and requires enabling skills for the HIV Counselors.

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

1. *Low information on all aspects of HIV as well as IYCF*
2. *Not a priority despite risk*
3. *Not upgraded with latest WHO/UNICEF policies*

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

1. *Risk-based approach*
2. *HR – human rights approach for informed choices and decision*
3. *Adequate counselling and support services integrating IYCF into HIV programme*
4. *Amend IYCF policy to reflect on HIV action*

Indicator 9: Infant and Young Child Feeding during Emergencies

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

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

9.4) Resources have been allocated for implementation of the 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. b) Orientation and training is taking place as per the national emergency preparedness and response plan	1	0.5	0
	✓		
	1	0.5	0
	✓		
Total Score:	10/10		

Information Sources Used (please list):

1. *Draft operational guidelines on IYCF in emergencies (Technical Working Group under Nutrition Cluster*

Conclusions (Summarize which aspects of emergency preparedness and response are appropriate and which need improvement and why. Identify areas needing further analysis):

The Guidelines on IYCF in Emergencies specifically referring to the Milk Code law ensures no to formula milk donations and highlighted breastfeeding counselling and clustering mothers with babies in one corner at the evacuation center. But public has less information on the Milk Code nor the guidelines that has not been officially signed by the Secretary of Health. Even the government officials Secretaries of Health and Social Welfare and Developed violated the Milk Code when it broadcasted plea for milk donations at the height of typhoon Yoland/Haiyan. Thus confusion of policy mandate.

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

1. *Low information and weak understaind og the PIF – powdered infant formula harmful effect*
2. *Government officials weak stand DOH and DSWD heads*
3. *Red Cross and other international aid agencies includish church-based relief packs had powdered milk cans*

Recommendations (List actions recommended to bridge the gaps):

1. *Both national and provincial Disaster Risks Reduction Management Councils must undergo trainings on IYCF for inclusion into their policy and checklist.*

2. *IYCF counseling skills for relief workers highlighting practical options of wetnursing and donors breastmilk to protect survivors*
3. *Indigenous food feeding for MIYC – mother, infant and young child*
4. *Widest dissemination of operational guidelines*

Indicator 10: Mechanisms of Monitoring and Evaluation System

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

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	✓ Check that apply		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
	✓		
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions	2	1	0
		✓	
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2	1	0
		✓	
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2	1	0
	✓		
10.5) Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2	1	0
	✓		
Total Score:	8/10		

Information Sources Used (please list):

1. National Demographic Health Survey
2. Philippine IYCF Strategic Plan of Action for 2011-2016
3. Strategic Framework for Comprehensive Nutrition Implementation Plan for 2014-2025
4. Philippine Plan of Action for Nutrition Monitoring and Evaluation System

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

Plan of action based on gathered data by respective government agencies involved in health and nutritional surveys but implementation has not been fully met. The maximization of rich data on IYCF did not match actions on the field or communities response. Thus, monitoring and evaluation system must be strengthened.

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

1. *Regular reporting from the field or local level*
2. *Lack of capability in quality research methodology especially on exclusive breastfeeding for full 6 months*
3. *No follow through*
4. *Timeliness not fulfilled in report submission*
5. *Activate nutrition cluster meetings on regular basis*
6. *Fully implement Plan of Action in IYCF during emergencies*

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. *Utility Field Health Service information system*

Indicator 11: Early Initiation of Breastfeeding

Key question: *What is the percentage of babies breastfed within one hour of birth? 77.1 %*

Guideline:

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

Data Source (including year):

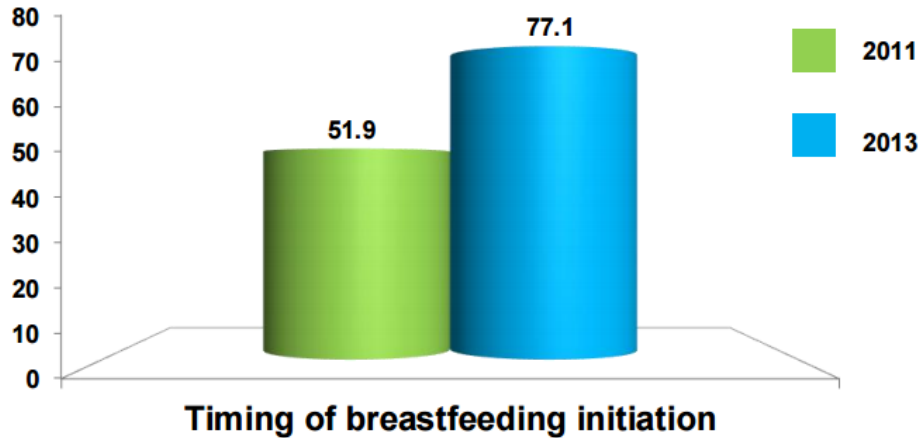
1. Food and Nutrition Research Institute (FNRI)
2. National Nutrition Survey (NNS), 2013

Summary Comments :

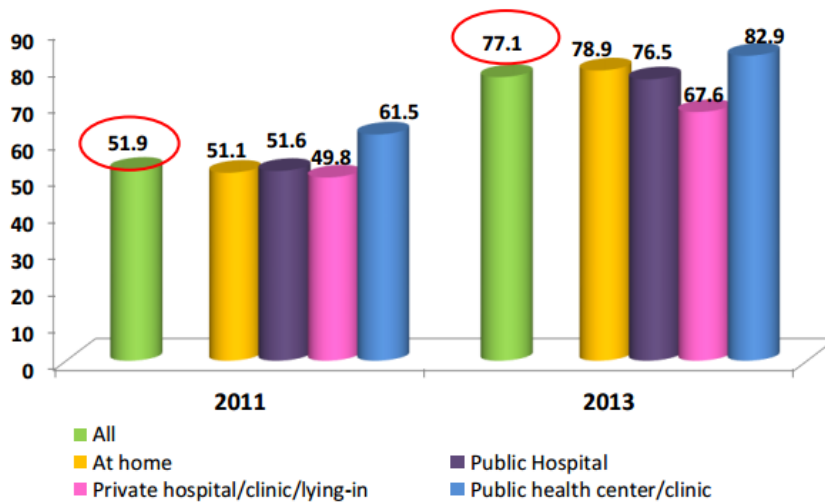
The data now has been reconciled with the two sources: FNRI and NSS through WHO and DOH action. 77.1% reflected an increase of awareness amongst moms especially new young mothers due to public messages on breastfeeding. But only the first desire to breastfeed prosper given mother-to-mother support. But the practices dwindle when support for the mom to pursue breastfeeding is amiss.



Comparison of the timing of breastfeeding initiation: Philippines, 2011 & 2013



Comparison of the percentage distribution of children 0-23 months initiated to breastfeeding within one hour by place of delivery: Philippines, 2011 & 2013



Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: What is the percentage of babies 0<6 months of age exclusively breastfed¹¹ in the last 24 hours? **28.3%**

Guideline:

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

Data Source (including year):

1. Food and Nutrition Research Institute (FNRI)
2. National Nutrition Survey, 2013

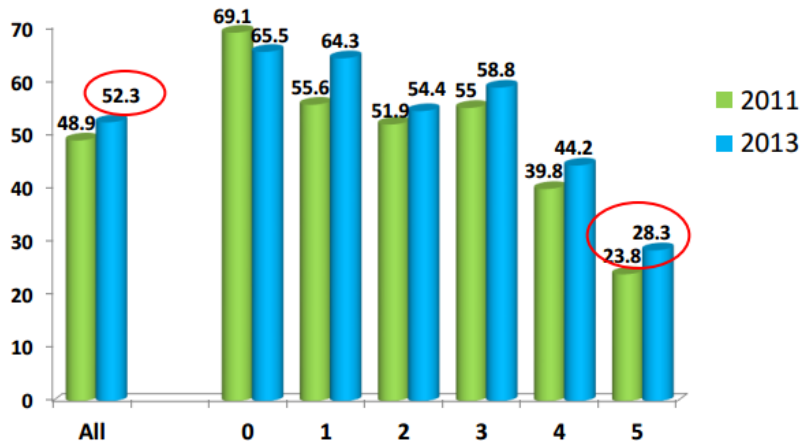
Summary Comments :

28.3% reflected the present breastfeeding mothers on exclusive breastfeeding. At the 5th month after birth 52.3% ranges from one month, two months intervals. Likewise, the mode of questionnaire and methodology applied was questionable with regards to researcher consistency.

¹¹ 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)

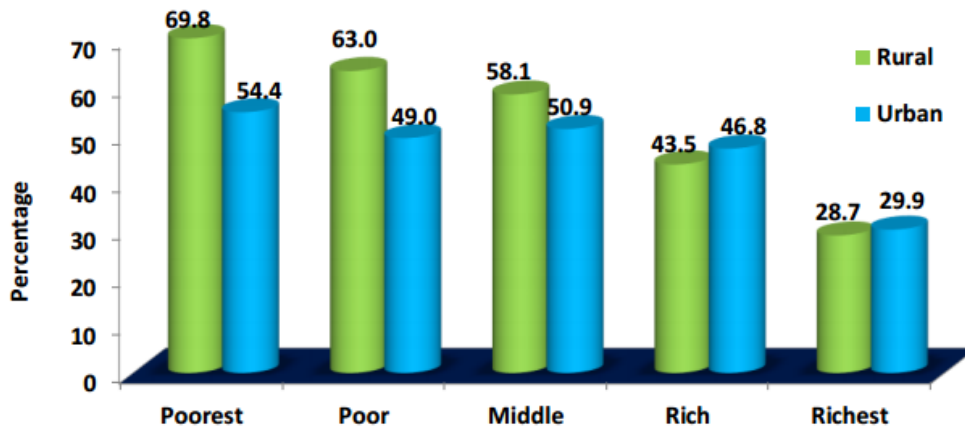


Comparison of percentage distribution of exclusively breastfed children 0-5 months by age in months: Philippines, 2011 & 2013



Percentage distribution of exclusively breastfed children 0-5 months by wealth quintile: Philippines, 2013

Philippines: 52.3





Reasons for giving prelacteal feed among children 0-23 months: Philippines, 2013

Philippines: 20.9

Reasons	Percentage
No milk flow	71.4
Prevent dehydration	24.4
To cleanse/prepare baby's gut	8.5
Prevent jaundice	0.6
Others	1.1

Indicator 13: Median Duration of Breastfeeding

Key question: *Babies are breastfed for a median duration of how many months? **BF – 8.2 months and EBF 4.1 months***

Guideline:

Indicator 13	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Median Duration of Breastfeeding 8.2	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):

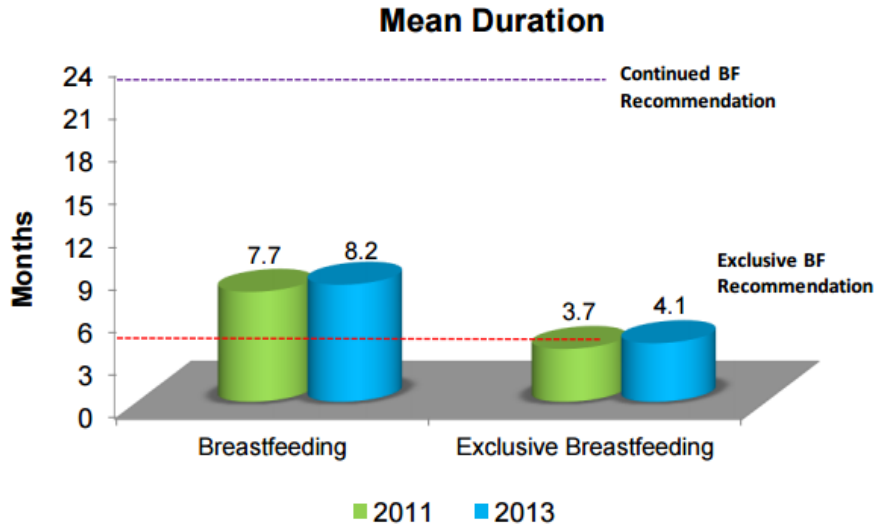
1. Food and Nutrition Research Institute (FNRI)
2. National Nutrition Survey, 2013

Summary Comments :

The breastfeeding journey till 8.2 months of breastfeeding encounters many modes such as the complementary drinks, beverages and cereals that contain milk ingredients example Cerelac, Gerber etc. Breastfeeding continues but how often is another factor.



Comparison of breastfeeding duration among 0-23 months: Philippines, 2011 & 2013



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? **48.8 %**

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

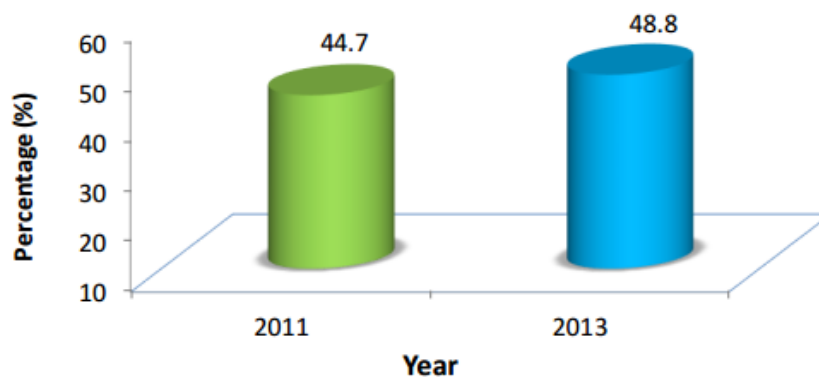
Data Source (including year):

1. Food and Nutrition Research Institute (FNRI)
2. National Nutrition Survey, 2013

Summary Comments :



Comparison of bottle-fed children 0-23 months: Philippines, 2011 & 2013



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

Key question: *Percentage of breastfed babies receiving complementary foods at 6-9 months of age?*
6 months – 2011 72.8% and 2013 65.8%
7 months – 2011 84.7% and 2013 86.2%
8 months – 2011 92.6% and 2013 92.6%

Guideline

Indicator 15	WHO's	IBFAN Asia Guideline for WBTi	
Complementary Feeding (6-9 months) 92.6%	<i>Key to rating</i>	<i>Scores</i>	<i>Colour-rating</i>
	0.1-59%	3	Red
	59.1-79%	6	Yellow
	79.1-94%	9	Blue
	94.1-100%	10	Green

Data Source (including year):

1. *Food and Nutrition Research Institute (FNRI)*
2. *National Nutrition Survey, 2013*

Summary Comments:

From 6-9 months, the breastfeeding babies given complementary foods increasing the ratio as months continue. In 2013, it registered at 65.8% for the 6 months old breastfed babies because exclusive breastfeeding TSEK campaign heightened and the babies on TSEK were thriving well and visibly robust. Thus, complementary food was gradually introduced.

Summary Part I: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Programme and Coordination	6
2. Baby Friendly Hospital Initiative	5
3. Implementation of the International Code	8.5
4. Maternity Protection	4.5
5. Health and Nutrition Care Systems	8.5
6. Mother Support and Community Outreach	7
7. Information Support	6
8. Infant Feeding and HIV	4.5
9. Infant Feeding during Emergencies	10
10. Monitoring and Evaluation	8
	68

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	Blue
91 – 100	Green

Conclusions (Summarize the achievements on the various programme components, what areas still need further work)¹² :

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

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

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	77.1 %	9
Indicator 12 Exclusive Breastfeeding for first 6 months	28.3 %	6
Indicator 13 Median duration of Breastfeeding	8.2 months	3
Indicator 14 Bottle-feeding	44.8 %	3
Indicator 15 Complementary Feeding	92.6 %	9
Score Part II (Total)		30

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	Yellow
31 – 45	Blue
46 – 50	Green

Conclusions (*Summarize which infant and young child feeding practices are good and which need improvement and why, any further analysis needed*)¹³ :

¹³ In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

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

Total score of infant and young child feeding **practices, policies and programmes (indicators 1-15)** are calculated 98 out of 150. Countries are then rated as:

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