



World Breastfeeding Trends Initiative (WBTi)

# Assessment Report







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# Report



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# The World Breastfeeding Trends Initiative (WBTi)

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Name of the Country: Taiwan

Year : 2015

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**PHOTO**



## **Introduction**

*(please insert text about the report)*

The WBTi is a tool adapted and developed by IBFAN Asia from the WHO's IYCF for assessing national practices, policies and programs.

The assessment has been conducted in Taiwan, in 2008, 2012, 2013. The current assessment is the 4<sup>th</sup> round of WBTi for Taiwan by using the updated WBTi 2014 tool.

There are 2 parts in the tool, including 15 indicators. Chinese Women Consumers Association (CWCA) jointly coordinated with members of core group during May and October 2015 and reached a consensus on scoring and recommendations.

## 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.

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

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. )*

According to the 2014 Annual Report of the Health Promotion Administration, Taiwan, the information regarding child nutrition and child survival is as follows:

The infant mortality rate is one of the key indices of child health.

1. There were a total of 195,251 births in 2013 of these, 8.4% were with low birth weight ( $\leq 2,500$  grams) and 0.8% with extremely low birth weight ( $\leq 1,500$  grams).
2. The neonatal mortality rate was 2.4‰ in 2013, 3.5‰ in 1996, and 2.1‰ in 1986.
3. The infant mortality rate was 3.9‰ in 2013 and 6.3‰ in 1986.

Exclusive breast feeding rate of less than a month after birth rose from 5.4% in 1989 to 70.8% in 2013, while mixed breast feeding rate rose from 26.0% in 1989 to 95.2% in 2013.

The CODE has been introduced to Taiwan by Consumer NGO in 1982. The BFH accreditation in Taiwan has been initiated in 2001. WBTI was assessed periodically to see progress in policies and programs to promote and support IYCF practices.



## **Assessment process followed by the country**

Chinese Women Consumer Association (CWCA) coordinated with health professional bodies to form a core group.

The updated WBTi 2014 tool was used for the current assessment. Each indicator was discussed and scored in the consensus meetings during May and August 2015.

May 30: Explaining WBTi on data collection with CWCA council members and seeking collaboration with professional bodies: Chinese Dietetic Society (CDS) and Taiwan Academy of Breastfeeding (TAB) as core groups.

Each society assigns a chief representative to coordinate the data collection of each society.

The data collection assignment:

- CWCA: Part I (Indicator 1-5), drafting and compiling the final report.
- CDS: Part I (Indicator 6-10)
- TAB: Part II (Indicator 11-15)

June 27: Discussing data collection by CWCA and Chinese Dietetic Society. It was decided to use the latest national level data, if unavailable, survey data of the most recent years will be acceptable.

July 1: Reporting data collection by CWCA, CDS and TAB

July 15: Discussing the preliminary findings by CWCA and CDS with TAB.

August 1: Discussing the gaps and recommendation by CWCA, CDS and TAB.

September~October: The report was drafted and commented, and recommendation was developed to compile the final report.

## List of the partners for the assessment process

The core group consisted of the representatives from the following professional organizations and civil society organizations.

1. Chinese Women Consumers Association  
Representative: Chwang Leh-Chii, Part I (Indicator 1-5) & compiling report
2. Chinese Dietetic Society  
Representative: Chiu Ching-Hwa, Part I (Indicator 6-10)
3. Taiwan Academy of Breastfeeding  
Representative: Chen Chao-Huei, Part II (Indicator 11-15)

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

### **Information Sources Used (please list):**

1. Core group
2. Health Promotion Administration Annual Report
3. BFH accreditation plan
4. \_\_\_\_\_

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

Although the Health Promotion Administration has the intention to promote breastfeeding, the Hospital Administration has the BFH accreditation to evaluate the breastfeeding performance, and the FDA has Food Safety Act to regulate advertisement of special dietary foods, including infant formula, however, whether each Administration effectively links or collaborates with each other toward IYCF goal is questionable, and needs further analysis. MOH starts working on the national policy this year.

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

- 1. There is no clear national policy with plan of action for IYCF.
- 2. There is no national BF/IYCF committee
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

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

- 1. Continue to lobby the health authorities to develop the national policy and establish BF/IYCF committee
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

## Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding<sup>1</sup>)

### 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) 177 out of 386 total hospitals ( both public & private )and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly”in the last 5 years 45.9 %

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

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

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

## Guidelines – Qualitative Criteria

*Quality of BFHI programme implementation:*

<b>Guidelines for scoring</b>		
<b>Criteria</b>	<b>Scoring</b>	<b>Results</b> √ <b>Check that apply</b>
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme <sup>2</sup>	1.0	
2.3) A standard monitoring <sup>3</sup> 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 <sup>4</sup> 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	
<b>Total Score</b>	<b><u>2.5</u>/5</b>	
<b>Total Score</b>	<b><u>4.5</u>/10</b>	

### **Information Sources Used (please list):**

1. Core group
2. BFH accreditation plan
3. Hospital accreditation plan
4. Health Promotion Administration Annual Report

<sup>2</sup> IYCF training programmes such as IBFAN Asia’s ‘4 in1’ IYCF counseling training programme, WHO’s Breastfeeding counseling course etc. may be used.

<sup>3</sup> **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.

<sup>4</sup> **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.

**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 BFH accreditation is one of the indicators for overall hospital accreditation. Since the result of hospital accreditation links with national health insurance reimbursement, therefore the majority hospitals apply for BFH accreditation. The number of BFHs was 94 in 2008, and it increased to 176 in 2013, i.e. 45.9% of hospitals with maternity facilities and services. These BFHs covered 79.2% of total births in Taiwan, a great increase for 46.3% in 2008.

Hospital accreditation is reassessed periodically, therefore BFH is reassessed, though not exactly implementation of national plan. BFHs are mainly implemented in accredited hospitals, clinics and small district hospitals should also implement BF practices.

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

1. Mechanisms to enforce BFH for clinics and small district hospitals.
2. The training for BFH was 8 hours/year, now only 4 hours/year since 2009. It is much lower than the global criteria of 20 hours.
3. \_\_\_\_\_
4. \_\_\_\_\_

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

1. MOH should take step and set target to increase the percentage of BFHs.
2. Increase the training hour to the global standard of 20 hours.
3. \_\_\_\_\_
4. \_\_\_\_\_



## 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>		
<b>Criteria</b> <i>(Legal Measures that are in Place in the Country)</i>	<b>Scoring</b>	<b>Results</b>
<b>3a: Status of the International Code of Marketing</b>	<b>4</b>	✓ <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 <sup>5</sup>		
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	

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

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

<b>3b: Implementation of the Code/National legislation</b>		✓ <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	
<b>Total Score (3a + 3b)</b>	<b>5 /10</b>	

**Information Sources Used (please list):**

1. Act Governing Food Safety and Sanitation
2. Core group
3. \_\_\_\_\_
4. \_\_\_\_\_

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

The newly revised Act Governing Food Safety and Sanitation restricts the sales, promotion or advertising of special dietary foods, such as infant formula. This is a great step to be included in the law. Its implementation needs follow-up monitoring.

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

1. The law only regulates the sales and advertising of infant formula (age 0-12 months) not follow-up formula or other baby foods.
2. Awareness of the law is not adequately addressed for professional groups, law enforcement agency and the public.
3. The law does not restrict direct contact of companies with mothers. This is assessed by BFH accreditation which is a voluntary measure.
4. \_\_\_\_\_

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

1. Continuous monitoring to evaluate whether the newly revised Act is implemented.
2. \_\_\_\_\_

## 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?*

<b>Guidelines for scoring</b>		
<b>Criteria</b>	<b>Scoring</b>	<b>Results</b> <b>Check ✓ that</b> <b>apply</b>
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave <ul style="list-style-type: none"> <li>a. Any leave less than 14 weeks</li> <li>b. 14 to 17 weeks</li> <li>c. 18 to 25 weeks</li> <li>d. 26 weeks or more</li> </ul>	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"> <li>a. Unpaid break</li> <li>b. Paid break</li> </ul>	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"> <li>a. Give at least 14 weeks paid maternity leave</li> <li>b. Paid nursing breaks.</li> </ul>	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"> <li>a. Space for Breastfeeding/Breastmilk expression</li> <li>b. Crèche</li> </ul>	1 0.5	✓
4.5) Women in informal/unorganized and agriculture sector are: <ul style="list-style-type: none"> <li>a. accorded some protective measures</li> <li>b. accorded the same protection as women working in the formal sector</li> </ul>	0.5 1	✓

4.6) . <i>(more than one may be applicable)</i>		
a. Information about maternity protection laws, regulations, or policies is made available to workers.	0.5	✓
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	0.5	✓
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	✓
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	✓
4.9) There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	✓
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	✓
<b>Total Score:</b>	<b>7 / 10</b>	

**Information Sources Used (please list):**

1. Labor Standard Act
2. Gender Equality Act
3. The Public Breastfeeding Act

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

Except maternity is 8 weeks ( $\leq$  14 weeks of ILO), all other indicators are OK. The Public Breastfeeding Act since 2010 is a favorable act that safeguards the rights to BF in public areas and requires setting up lactation rooms to provide BF environment.

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

1. Not all informal sectors follow the same measures.
2. The paid maternity is 8 weeks, less than ILO standard of 14 weeks, one of the key factors for high drop off rate of BF after the maternity leave is over.

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

1. All regulation needs to be monitored to see if it is implemented, especially nursing break at work place.

## 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 <i>√ Check that apply</i>		
	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 <sup>6</sup> 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. <sup>7</sup>	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
		√	

<sup>6</sup> 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.

<sup>7</sup> 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. <sup>8</sup>	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
		✓	
<b>Total Score:</b>	<b>6 / 10</b>		

**Information Sources Used (Please list):**

1. Core group
2. BFH accreditation plan
3. \_\_\_\_\_
4. \_\_\_\_\_

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

Although there is continuing education for health professionals, however, not covering all aspects of IYCF, especially CODE, COI.

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

1. Health professionals are not sufficiently trained on optimal IYCF practice.
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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

1. Strengthening education and training curriculum on IYCF and CODE to all relevant health professionals.
2. \_\_\_\_\_

<sup>8</sup> 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
		✓	
<b>Total Score:</b>	<b>5 / 10</b>		

**Information Sources Used (please list):**

1. Core group
2. The Public Breastfeeding Act
3. Health Promotion Bureau Survey, 2014
4. \_\_\_\_\_

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

Women in BFHs have more opportunity to get access to mother’s support groups that cover health education on IYCF and breastfeeding. The Public Breastfeeding Act supports breastfeeding in public areas, and 59.8% of women have used nursing room in public areas. However, only 3.2% women joined BF support groups. More effort is needed to evaluate the quality of the counseling services in the community.

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

1. Insufficient access to community-based support systems with counseling services.
2. Postpartum confinement centers focus on ensuring mothers relax and not spend much time for BF.
3. \_\_\_\_\_
4. \_\_\_\_\_

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

1. The training on IYCF for counseling services for community health agency and post-partum confinement center workers.
2. Evaluating the quality of IYCF support service in the community.
3. \_\_\_\_\_
4. \_\_\_\_\_



## 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). <sup>9</sup>	2	0	0
		✓	
<b>Total Score:</b>	<b>3.5 / 10</b>		

<sup>9</sup> 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. Core group
2. Website of companies
3. \_\_\_\_\_
4. \_\_\_\_\_

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

IEC strategy for WBW that include IYCF is now implemented by some but not all local health departments. However, national IYCF policy is still lacking.

Information on IYCF is also delivered by companies through website, it is easier for mothers to get access than through health facilities. Parents may probably receive biased information.

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

1. There is no national policy or strategy for improving IYCF.
2. There is no national health / nutrition systems include individual counseling on IYCF.
3. \_\_\_\_\_
4. \_\_\_\_\_

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

1. National policy is required to implement individual counseling and group education on IYCF.
2. Assessment and monitoring the information offered by companies on the website.
3. \_\_\_\_\_
4. \_\_\_\_\_

## 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		
	✓ <i>Check that apply</i>		
	Yes	To some degree	No
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV	2	1	0
		✓	
8.2) The 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
			✓
<b>Total Score:</b>	<b>3.5 / 10</b>		

**Information Sources Used (please list):**

1. Core group
2. Center of Disease Control, website
3. \_\_\_\_\_
4. \_\_\_\_\_

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

There is HIV testing for pregnant women, though HIV prevalence is low in Taiwan. The website of Center of Disease Control says: no breastfeeding for HIV mothers. Awareness and adequate training on feeding options for HIV to support mother’s decision is required.

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

1. Lack of clear policy and training on feeding options for HIV.
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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

1. Coordination of Health Promotion Administration and Center of Disease Control to develop clear policy and training curriculum for health workers on feeding options for HIV.
2. Disseminate information to health workers.
3. \_\_\_\_\_
4. \_\_\_\_\_

## 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
			✓
<b>Total Score:</b>	<b>1 / 10</b>		

**Information Sources Used (please list):**

1. Core group
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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

Emergency situation in Taiwan includes typhoon and earthquake. It takes place several times a year, but the duration is short. Resources are allocated for emergency preparedness, but not including BF.

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

1. The policy or guidelines for BF during emergency is lacking.
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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

1. Raise the awareness of IYCF during emergency and incorporate in training curriculum.
2. National policy of IYCF should include emergency feeding.
3. \_\_\_\_\_
4. \_\_\_\_\_

## 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
			✓
<b>Total Score:</b>	<b>4 / 10</b>		

### Information Sources Used (please list):

1. Core group
2. Health Promotion Administration Annual Report
3. \_\_\_\_\_
4. \_\_\_\_\_

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

There is data on BF rate, but data on complementary feeding is fragmental.

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

1. The data on IYCF is insufficient.
2. The data is not routinely collected.
3. There is no regular and systematic monitoring system.
4. \_\_\_\_\_

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

1. Data of IYCF should be collected continuously and routinely.
2. The evaluation of IYCF should be integrated into national nutrition and health survey.
3. \_\_\_\_\_
4. \_\_\_\_\_



## Indicator 11: Early Initiation of Breastfeeding

**Key question:** *What is the percentage of babies breastfed within one hour of birth? ..21.1%*

### 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):

Health Promotion Administration, 2014

### Summary Comments :

The Health Promotion Administration emphasizes skin to skin within 1 hour and BF provision at the same time. Therefore the data of skin to skin is used: 37.4% in 2012, 21.1% in 2014

## Indicator 12: Exclusive Breastfeeding for the First Six Months

**Key question:** What is the percentage of babies 0<6 months of age exclusively breastfed<sup>10</sup> in the last 24 hours? ...**45.8...** %

### Guideline:

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

### Data Source (including year):

Health Promotion Administration Report

35.1% in 2008, 44.5% in 2010, 49.6% in 2012, 45.8% in 2014

### Summary Comments :

The exclusive BF rate has been increasing over the years.

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

## Indicator 13: Median Duration of Breastfeeding

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

### Guideline:

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

### Data Source (including year):

Core group: Median duration of BF is 5 months.

This is a survey data from outpatient mothers at hospital in Taipei, 2013.

### Summary Comments :

Promote and support BF up to 6 months of duration with support from community and work place.

## Indicator 14: Bottle feeding

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

### Guideline:

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

### Data Source (including year):

Core group: 79% are fed from bottles.

This data is collected from outpatient mothers at hospital in Taipei, 2013.

### Summary Comments :

Babies mainly drink milk from bottles, milk can be either breast milk or formula.

## 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?*  
*...99.... %*

### Guideline

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

### Data Source (including year):

Core group: 99% of BF babies receiving complementary foods at 6-9 months of age.  
 The data was collected from outpatient mothers at hospital in Taipei, 2013.

### Summary Comments :

Complementary foods are fed to babies usually starting from 6 months of age.

## Summary Part I: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Programme and Coordination	1
2. Baby Friendly Hospital Initiative	4.5
3. Implementation of the International Code	5
4. Maternity Protection	7
5. Health and Nutrition Care Systems	6
6. Mother Support and Community Outreach	5
7. Information Support	3.5
8. Infant Feeding and HIV	3.5
9. Infant Feeding during Emergencies	1
10. Monitoring and Evaluation	4

### 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)<sup>11</sup> :

Compared with the last assessment in 2013 (26.5), there is an increase in the score of 2014 (40.0). Color-rating is moved from Red to Yellow for the first time. It is mainly due to some articles of the CODE as laws, the BF rate and the number of BFH has increased. There are 6 indicators (#1, 2, 7, 8, 9, 10) with score less than 5, need further improvement, especially national policy.

<sup>11</sup> 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***

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<b>IYCF Practice</b>	<b>Result</b>	<b>Score</b>
Indicator 11 Starting Breastfeeding (Initiation)	<u>21.1</u> %	3
Indicator 12 Exclusive Breastfeeding for first 6 months	<u>45.8</u> %	6
Indicator 13 Median duration of Breastfeeding	<u>5 months</u> %	3
Indicator 14 Bottle-feeding	<u>79</u> %	3
Indicator 15 Complementary Feeding	<u>99</u> %	10
<b>Score Part II (Total)</b>		<b>25</b>

### **IBFAN Asia Guidelines for WBTi**

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

<b>Scores</b>	<b>Colour-rating</b>
0 – 15	<b>Red</b>
16 – 30 ✓	<b>Yellow</b>
31 - 45	<b>Blue</b>
46 – 50	<b>Green</b>

**Conclusions** (*Summarize which infant and young child feeding practices are good and which need improvement and why, any further analysis needed*)<sup>12</sup> :

Exclusive BF rate for the first 6 months has increased, 3/4 of the new borns are giving birth in BFHs. The initiation of breastfeeding starting within one hour of birth needs to be emphasized and improved.

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<sup>12</sup> 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 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



## Key Gaps

1. There are some activities of IYCF, however, clear national policy, budget allocation, committee to enforce implementation of IYCF and monitoring are lacking.
2. Inadequate in-service training or education on IYCF and CODE for health professionals in healthcare institutions and community services.
3. Maternity leave is 8 weeks not sufficient to support 6 months of exclusive BF.
4. There is no policy or guideline for IYCF during emergency.
5. Information of IYCF by commercial sectors in the websites lacks monitoring.

## Key Recommendations

1. Develop a clear policy and establish the committee for IYCF, including emergency feeding and appropriate resource allocation.
2. Develop standard training curriculum for health professionals/workers in hospitals, health agencies and community services.
3. Expansion of maternity leave needs to be considered for law.
4. Take action to include IYCF indicators in national nutrition and health survey.
5. Monitor regularly the implementation of the relevant Act in all aspects, especially promotion of formula on the website.