



World Breastfeeding Trends Initiative (WBTi)

# Assessment Report







**World Breastfeeding Trends Initiative (WBTi)**

# Report



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# The World Breastfeeding Trends Initiative (WBTi)

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THAILAND

2015

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## Introduction

Thailand firstly conducted the situation analysis for breastfeeding and complementary feeding practices using WBTi tool by the Thai Breastfeeding Center Foundation and the Department of Health, Ministry of Public Health in 2010. During 2010 and 2015, there were various policies and programmes implemented for promoting, protecting, and supporting breastfeeding and improving the complementary feeding practices among Thai people such as the national strategies for children and youth, the national plan for promoting health and nutrition of pregnant women, and the voluntary measures for setting 'Breastfeeding corner' in the workplaces. As a result, there were signs of social change about the situation of breastfeeding and complementary feeding practice in Thailand that needs to be monitored and evaluated.

The second situation analysis using WBTi tool was then conducted this year by the cooperation of the researchers of Breastfeeding Policy Research (BPR) under the International Health Policy Programmes (IHPP) and the Department of Health (DOH), Ministry of Public Health. This analysis is aimed to explore the current situation of the breastfeeding and complementary feeding practice in Thailand, compare the improvement in terms of policies and results between the 2010 and 2015 analysis, identify the existing gaps, and provide policy recommendations for the national authority on what should be done next in order to achieve the ultimate goal according to the Global Strategy for Infant and Young Child Feeding.

This report will explain how the researchers conducted the analysis. It is a cross-sectional study using group-interview for data collection. The relevant stakeholders were mapping and recruiting into the study. The WBTi tool was used as main questions for interview. The results were shown in terms of grading of progress in color rating, gaps, and policy recommendations. This study was approved by the Ethical committee in June 3<sup>rd</sup>, 2015.

The results of the study showed that, at this moment, Thailand reached 86 total score and was rated in yellow color. Comparing with the total score 75.5 with yellow color rating in 2010, it implies that the overall situation in Thailand has improved although the rating color is still the same as the last 5 years. Focusing on each indicator, there were 5 indicators that got less score comparing with the analysis in 2010 including indicator 1, 3, 6, 11, and 14.

The main gaps identified by the stakeholders are included the unavailability of comprehensive and clear national policy or strategy for infant and young child feeding practice in Thailand, the enforcement of laws, rules, and regulations related to infant and young child feeding practices, and insufficient knowledges and skills for appropriate infant and young child feeding practices of Thai people due to inadequate public communication and knowledges transfer.

The prioritized policy recommendations drawn from the recruited relevant stakeholders are included the formulation of clear national policy and strategy on infant and young child feeding practices, the advocacy for legislation of the International Code of Breastmilk Substitutes and relevant WHA resolutions, and improving the knowledges and understanding of people about the appropriate infant and young child feeding practices through health professionals support and other communication channels.

## 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

During the last five years, Thailand has introduced various plans, policies and programs in order to promote, protect, and support breastfeeding and complementary feeding practices including;

1. The national Plan for children and youth 2012-2016 which focuses on promoting full growth and development of all children and youth in terms of physical, mental, social, and spiritual aspects. This plan composes of many important measures related to health and well-being promotion of infant and young children such as the measures to increase public communication on healthy diet and proper complementary feeding to promote appropriate nutritional status of pregnant women, infant, and young children, and promoting reading as daily activity for families namely bookstart program;
2. The national plan for woman under the National Economic and Social Development Plan 2012-2016 which emphasize the important of breastfeeding and the commitment to implement specific measures to promote breastfeeding such as the establishment of Breastfeeding Corner in workplaces for female employees;
3. The Maternal and Child Health Plan of the Department of Health, Ministry of Public Health 2010-2013 which set the national target on breastfeeding as to achieve at least 50% exclusive breastfeeding rate for the whole country;
4. The Family Love Bonding Hospital or the National Standard for Maternal and Child Health services in hospitals, established by the Department of Health, Ministry of Public Health in 2007, which emphasized the concept of exclusive breastfeeding by integrating the Ten Step to Successful Breastfeeding into real practices of health professionals and into guideline for hospital evaluation;
5. The 3<sup>rd</sup> National Health Assembly in 2010 approved the resolution that urged the national authorities to draft the Controlling of Marketing of infant and young child food Act and study the feasibility of extending maternity leave for lactating women from 90 to 180 days with full payment. This resolution was one of the main driver to advocate for the legislation of the International Code of Marketing of Breastmilk Substitutes and relevant WHA resolutions into national law;

From the abovementioned plans, policies, and programs, there were tangible changes in Thai society in terms of attitude and understanding of people towards breastfeeding and complementary feeding practices. In order to plan for further directions and actions, policy makers need to understand clearly the current situation and existing gaps of infant and young child feeding policies and practices. Therefore, the second situation analysis using WBTi tool was then conducted this year by the cooperation of the researchers of Breastfeeding Policy Research (BPR) under the International Health Policy Programmes (IHPP) and the Department of Health (DOH), Ministry of Public Health.



## Assessment process followed by the country

This assessment is a cross-sectional study using group interview following the key questions of WBTi tool in which composed of 15 indicators. The result of the study will be shown in terms of score for each indicator, and the total score will be translated into color rating. To get the result for each indicator, the participants of group interview have to reach consensus for the answer of each question. The participants of group interview are those relevant stakeholders whose role involved with infant and young child feeding policies and practices including governmental organization, non-governmental organization, private sectors, and civil society.

In brief, the assessment process are according to these following steps;

1. Group of researchers from IHPP and DOH work as national IYCF assessment coordinator
2. The researcher identified key person or country focal points whose works are related to infant and young child feeding policy and practice and free from conflict of interest, and invited them to be a steering committee;
3. The researcher convened steering committee meeting to conduct stakeholders mapping in order to identify relevant stakeholders to participate in the group interview for each indicator;
4. Planning for data collection by following these steps:
  - a. Inviting the relevant stakeholders to participate in group interview for collecting information on each indicators in terms of current situation, gaps, and recommendations according to the WBTi questions.
  - b. Collecting, analyzing, and summarizing all information needed to fill the WBTi assessment
  - c. Presenting the preliminary report of the assessment to the stakeholders who joined the group interview and re-check the accuracy of the result
  - d. Writing full report with prove-reading
5. Submitting the report to WBTi coordinating office;
6. Using web tool kit to rating score and color for the result of country assessment
7. Presenting the result to relevant stakeholders and policy makers

## List of the partners for the assessment process

Indicators	Participants/ organization
1. National policy, programme and coordination	Thai Breastfeeding Center Foundation
	UNICEF
	Department of Health, Ministry of Public Health <ul style="list-style-type: none"> <li>- Bureau of Health Promotion</li> <li>- Bureau of Nutrition</li> </ul>
	Department of Labour Protection and Welfare, Ministry of Labour
	Institute of Nutrition, Mahidol University
2. Baby Friendly Hospital Initiative (Ten Step to Successful Breastfeeding)	Thai Breastfeeding Center Foundation
	UNICEF
	Department of Health, Ministry of Public Health <ul style="list-style-type: none"> <li>- Bureau of Health Promotion</li> <li>- Bureau of Nutrition</li> <li>- Health Promoting Center 1<sup>st</sup>- 12<sup>th</sup></li> </ul>
	Health Professionals working in public hospitals
	Public Health Bureau, Bangkok Metropolitan Administration
3. International Code of Marketing of Breastmilk Substitutes	Thai Breastfeeding Center Foundation
	UNICEF
	Department of Health, Ministry of Public Health <ul style="list-style-type: none"> <li>- Bureau of Health Promotion</li> <li>- Bureau of Nutrition</li> <li>- Health Promoting Center 1<sup>st</sup>- 12<sup>th</sup></li> </ul>
	Health Professionals working in public hospitals
	Public Health Bureau, Bangkok Metropolitan Administration
4. Maternity Protection	Thai Breastfeeding Center Foundation
	UNICEF
	Department of Labour Protection and Welfare, Ministry of Labour
	Social Security Offices, Ministry of Labour
	Ministry of Social Development and Human Security
	Trade Union
	Confederation of Thai Labour
	Bureau of Health Promotion, Department of Health
5. Health and Nutrition Care System (in	Thai Breastfeeding Center Foundation

Indicators	Participants/ organization
support of breastfeeding& IYCF)	UNICEF
	Department of Health, Ministry of Public Health - Bureau of Health Promotion - Bureau of Nutrition - Health Promoting Center 1 <sup>st</sup> - 12 <sup>th</sup>
	Health Professionals working in public hospitals
	Public Health Bureau, Bangkok Metropolitan Administration
	The Royal College of Pediatricians of Thailand
	Thailand Nursing and Midwifery Council
	6. Mother Support and Community Outreach, Community-based support for the pregnant and breastfeeding mother
UNICEF	
Public Health Bureau, Bangkok Metropolitan Administration	
Bureau of Health Promotion, Department of Health	
Department of Health Service Support	
Community Health Volunteers	
7. Information Support	Thai Breastfeeding Center Foundation
	UNICEF
	Communication experts
	Department of Health, Ministry of Public Health - Bureau of Health Promotion - Bureau of Nutrition
	Consumer Protection Research Node
	8. Infant Feeding and HIV
UNICEF	
Department of Health, Ministry of Public Health - Bureau of Health Promotion - Bureau of Nutrition	
Thailand- USA Coperation Center	
The Thai Red Cross Society	
Queen Sirikit National Institute of Child Health	
9. Infant Feeding During Emergencies	
	UNICEF
	Department of Health, Ministry of Public Health - Bureau of Health Promotion - Bureau of Nutrition
	The Thai Red Cross Society
	Queen Sirikit National Institute of Child Health

<b>Indicators</b>	<b>Participants/ organization</b>
10. Mechanism of Monitoring and Evaluation Systems	Thai Breastfeeding Center Foundation
	UNICEF
	Bureau of Health Promotion, Department of Health
	Bureau of Policy and Strategy, Ministry of Public Health
	National Statistical Office
11. Percentage of babies breastfed within one hour of birth	Thai Breastfeeding Center Foundation
	UNICEF
12. Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours	Department of Health, Ministry of Public Health
13. Babies are breastfed for a median duration of how many months	<ul style="list-style-type: none"> <li>- Bureau of Health Promotion</li> <li>- Bureau of Nutrition</li> </ul>
14. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles	Institute of Nutrition, Mahidol University
15. Percentage of breastfed babies receiving complementary foods at 6-9 months of age	National Statistical Office
	Nutrition Association of Thailand

# 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>4/10</b>	

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

1. The National Child and Youth Development Plan B.E. 2555 - 2559 (2012 - 2016):  
[http://www.youthpolicy.org/national/Thailand\\_2012\\_Youth\\_Development\\_Plan.pdf](http://www.youthpolicy.org/national/Thailand_2012_Youth_Development_Plan.pdf)
2. *The Action plan of mother, infant and young child nutrition. Department of Health, Ministry of Public Health, Thailand*
3. *National MCH standard. Department of Health, Ministry of Public Health, Thailand*

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

Thailand has no comprehensive IYCF policy and strategy formulated by all relevant stakeholders and there is no national IYCF committee who responsible for guiding the directions of actions for infant and young child feeding policy.

### **Gaps**

1. *There is no comprehensive IYCF policy and strategic plan in Thailand.*
2. *There is no national IYCF committee.*
3. *There is no database or record of total budget allocated for national IYCF policies and programmes*
4. *The communication channels for IYCF issues to people or related organizations are not adequate.*

### **Recommendations**

1. *Thailand should develop national policy and strategic plan for IYCF by engaging all related stakeholders. This national policy should be linked with the upcoming 12<sup>th</sup> National Economic and Social Development Plan.*
2. *There should be a working group or national committee on IYCF in order to guide the further movement for IYCF policy and program.*
3. *Database or record for IYCF investment should be developed.*
4. *Increasing of communication channels on IYCF to target groups should be done through multiple channels.*

## 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) 848 out of 1,342 total hospitals ( both public & private )and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly”in the last 5 years 63.2 %

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results
		√ <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>3 / 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:*

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results √ <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>4/5</b>	
<b>Total Score</b>	<b>7/10</b>	

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

1. *Sai yai rak hospital report. Department of Health, Ministry of Public Health, Thailand*
2. *BFHI report (2007-2008 . Department of Health, Ministry of Public Health, Thailand*

<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):*

Almost of all public hospitals in Thailand adopted 'Baby Friendly Hospital Initiative program' with 10 steps to successful breastfeeding guideline into their policies and real practices through maternal and children related health services including antenatal care unit, labour room, postpartum unit, and well-child clinic. The quality of care of the hospitals will be assessed and reassessed every 3 years by the committee organized by the Department of Health.

### **Gaps**

- 1. Very few of private hospitals adopted the Baby Friendly Hospital Initiative program into their policies and practices or followed the Ten Step To Successful Breastfeeding.*
- 2. The quality of Ten Step To Successful Breastfeeding related services of each hospital is widely varied.*

### **Recommendations**

- 1. There should be a measure to encourage all kinds and levels of hospitals to adopt the Baby Friendly Hospital Initiative program.*
- 2. The quality assessment of maternal and child health related services provided by hospital should be re-analyzed and re-organize into new sustainable manner.*

## 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>		✓ <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>4/10</b>	

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

Thailand has adopted the International Code of Marketing of Breastmilk Substitutes into national regulation as the Ministerial regulation called ‘the marketing of food for infants and young children and related products’ in 2008. This regulation is a voluntary measure without any punishment for those who violated. The violation to this Ministerial regulation have been found out in many patterns until now.

**Gaps:**

1. *The International Code of Marketing of Breastmilk Substitute was adopted as voluntary measure, so the code violation is still on-going.*
2. *The national monitoring system for CODE violation is limited in only public hospitals.*

**Recommendations:**

1. *Thailand should legislate the CODE as national law with punishment for those who violate it.*
2. *The national monitoring system for CODE violation should be revised and strengthened to be more public and user-friendly.*

## 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>		
<b>Criteria</b>	<b>Scoring</b>	<b>Results</b> <b>Check ✓ that 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>4.5/10</b>	

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

1. Labour Protection Act B.E. 2541 (1998): [http://thailaws.com/law/t\\_laws/tlaw0132a.pdf](http://thailaws.com/law/t_laws/tlaw0132a.pdf)
2. Social Security Act B.E. 2533 (1990): [http://thailaws.com/law/t\\_laws/tlaw0266.pdf](http://thailaws.com/law/t_laws/tlaw0266.pdf)

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

In Thailand, female employees working in formal sector are entitled to get paid maternity leave for 90 days according to Labour Protection Act B.E. 2541 (1998) and Social Security Act B.E. 2533 (1990).

**Gaps**

1. Maternity leave period in Thailand is less than the recommendation of ILO and majority of mothers return to work before 90 days after delivery.
2. Female employees working in informal sector could not enjoy their rights to have paid maternity leave for 90 days.
3. Female employees have limited understanding and knowledge on their rights according to the national law.
4. The establishment of breastmilk corner in workplace is a voluntary measure, but not a law.

**Recommendations**

1. Thailand should advocate the establishment of breastfeeding corner in workplace policy as a national law.
2. The employees should be advised and informed about their rights and how to exercise them.

## 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 <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>4/10</b>		

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

1. *Curriculum Plan for Medical students and residency of Medical Council of Thailand*
2. *Curriculums for pre-school nurses of Thai Nurse Council*

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

The health professionals have chances to learn and be trained about IYCF in both pre-service training and in-service training. However, there is no comprehensive national curriculum on IYCF for pre-service training of each health professional. For in-service training, there are many programs developed by many partners for training the health professional such as the 20-hours training program developed by the Department of Health, and the 4-day training course developed by the Thai Nurse and Midwifery council.

**Gaps:**

1. *The curriculums of IYCF for in-service training are developed by many stakeholders and are not standardized into a single one. This situation leads to the different practice of health professional who have been trained by different organization.*
2. *There is no mother-friendly childbirth policy and special space for mother or child who is illness live together.*

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

1. *The national authority should develop a core package of IYCF including the knowledge on nutrition of pregnant women for all health professional as both pre-service and in-service training.*

<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.



2. *The Royal Thai College of the Obstetricians and Gynaecologists should review the WHO mother-friendly childbirth and consider to recommend it as standad care for mother and children.*
3. *Each Hospitals should provide separated area for thoseadmitted mother or child who is still continue breastfeeding.*

## 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. Health volunteer guideline and report. Department of Health, Ministry of Public Health, Thailand

2. *Tambon Council and Tambon Administrative Authorities Act B.E. 2537 (1994):*  
[http://thailaws.com/law/t\\_laws/tlaw0462.pdf](http://thailaws.com/law/t_laws/tlaw0462.pdf)

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

Thailand has a health and nutrition care system rooted in the community level. The community health volunteers are key person who work as a supporter for pregnant women and lactating mothers by providing advices on IYCF practices. Although, the community health volunteers are trained about IYCF, their skills and knowledge are somehow limited.

**Gaps:**

1. *Medical staff have inadequate knowledge and counseling skill for IYCF issue. Also, the numbers of nutritionists working in the community are not enough.*
2. *The urbanization creates barriers for community health volunteers to reach out the target groups for IYCF counseling.*

**Recommendations:**

1. *Community Health volunteer should be empowered to continue their work as supporter for mothers and families about IYCF..*
2. *The national policy and strategy for IYCF should include the plan for improving community based-support system for pregnant and lactating mothers on IYCF.*

## 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>9/10</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. *Infant and young child feeding guideline. Department of Health, Ministry of Public Health, Thailand*
2. *Maternal and Child Health Handbook. Department of Health, Ministry of Public Health, Thailand*
3. *Food Act B.E. 2522 (1979): [http://thailaws.com/law/t\\_laws/tlaw0106a.pdf](http://thailaws.com/law/t_laws/tlaw0106a.pdf)*
4. *WHO breastfeeding counseling A training Course: [http://www.who.int/maternal\\_child\\_adolescent/documents/pdfs/bc\\_participants\\_manual.pdf](http://www.who.int/maternal_child_adolescent/documents/pdfs/bc_participants_manual.pdf)*

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

Although Thailand has no IEC strategic plan, there is IEC national guideline focusing on role of medical staff to advise mother and family about IYCF in hospital. Mother and family can access IYCF information via published document, poster, brochure, radio, website and etc.

**Gaps**

1. *There are no national IEC policy and strategies on IYCF.*
2. *The main channel to advise mothers and families about IYCF is the counseling by the health professional. Inadequate numbers of health professional working in each hospital is a main reason related to poor quality of counseling activity.*
3. *There is no national law to control the marketing of breastmilk substitute, so that people who exposed to those marketing promotion will misunderstand about IYCF.*

**Recommendations:**

1. *The national policy and strategy for IYCF should include the IEC strategies.*
2. *The health and nutrition consultant should be empowered and build up capacities to be a counseling expert for IYCF.*
3. *Thailand should advocate the legislation of the CODE into national law.*

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

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

*Guidelines for prevention of transmission of HIV from mother For Thailand, Department of Health, Ministry of Public Health, Thailand. BE 2554 (2011)*

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

Thailand has clear policy and system on infant feeding and HIV by which recommends the formula milk support instead of breastfeeding in order to prevent mother to Child transmission of HIV.

**Gaps:**

1. The policy of Infant Feeding and HIV covers only Thai citizen.

**Recommendation:**

None

## 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.	1	0.5	0
		✓	
b) Orientation and training is taking place as per the national emergency preparedness and response plan	1	0.5	0
		✓	
<b>Total Score:</b>	<b>3/10</b>		

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

*The guideline for training to IYCF management in emergency situation or disaster, Bureau of Nutrition, Department of Health, Ministry of Public Health, Thailand*

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

Thailand has no national policy and strategic plan about IYCF in emergency or disaster situation.

**Gaps:**

*There is no policy and strategy about IYCF management during emergency or disaster situation.*

**Recommendations:**

*The national plan and strategy for IYCF should include the strategy for IYCF management during emergency and disaster situation.*

## Indicator 10: Mechanisms of Monitoring and Evaluation System

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

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

### Information Sources Used (please list):

1. Health Database Center. Beaur of policy and strategy, Ministry of Public Health, Thailand
2. IYCF Assessment data.. Department of Health, Ministry of Public Health, Thailand
3. National Health Exam survey. National Health Examination Survey Office, Health System Research Institute
4. The Multiple Indicator Cluster Survey (MICS) 2012 : [http://www.unicef.org/thailand/57-05-011-MICS\\_EN.pdf](http://www.unicef.org/thailand/57-05-011-MICS_EN.pdf)

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

Thailand has various database for monitoring the situation of IYCFpractices including routine reporting system namely 43-files database, the data from maternal and child hospital assessment, national survey, and research. With many types of database, the information of IYCF practices in Thailand is still not comprehensive and accurate for further planning or analyzing the budget allocation.

**Gaps:**

1. *The information of IYCF from different database is sometime inconsistent.*
2. *The information about investment and budget for implementation on IYCF policy and programme cannot be collected. Then, the policy makers cannot monitor and evaluate the efficiency and cost-effectiveness of intervention for IYCF promotion.*

**Recommendations**

1. *The data of IYCF from multiple sources should be validated and reviewed before using as reference. The database of IYCF should be revised to be more accurate and comprehensive.*
2. *The relevant organizations especially local authority should collect data about budget used and monitor the efficiency of budget used for IYCF policy and programs.*

## Indicator 11: Early Initiation of Breastfeeding

**Key question:** What is the percentage of babies breastfed within one hour of birth? **46.3%**

### 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):

The Multiple Indicator Cluster Survey (MICS) 2012 : [http://www.unicef.org/thailand/57-05-011-MICS\\_EN.pdf](http://www.unicef.org/thailand/57-05-011-MICS_EN.pdf)

## 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? **12.3%**

### 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):

The Multiple Indicator Cluster Survey (MICS) 2012 : [http://www.unicef.org/thailand/57-05-011-MICS\\_EN.pdf](http://www.unicef.org/thailand/57-05-011-MICS_EN.pdf)

<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?* **6.5 Months**

### Guideline:

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

### Data Source (including year):

*The Multiple Indicator Cluster Survey (MICS) 2012* : [http://www.unicef.org/thailand/57-05-011-MICS\\_EN.pdf](http://www.unicef.org/thailand/57-05-011-MICS_EN.pdf)

## 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? **64.4%**

### 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):

The Multiple Indicator Cluster Survey (MICS) 2012 : [http://www.unicef.org/thailand/57-05-011-MICS\\_EN.pdf](http://www.unicef.org/thailand/57-05-011-MICS_EN.pdf)

## 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?* **68.3%**

### 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):

*The Multiple Indicator Cluster Survey (MICS) 2012 :* [http://www.unicef.org/thailand/57-05-011-MICS\\_EN.pdf](http://www.unicef.org/thailand/57-05-011-MICS_EN.pdf)



## Summary Part I: IYCF Policies and Programmes

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Targets:	Score (Out of 10)
1. National Policy, Programme and Coordination	4
2. Baby Friendly Hospital Initiative	7
3. Implementation of the International Code	4
4. Maternity Protection	4.5
5. Health and Nutrition Care Systems	4
6. Mother Support and Community Outreach	5
7. Information Support	9
8. Infant Feeding and HIV	10
9. Infant Feeding during Emergencies	3
10. Monitoring and Evaluation	10
<b>Score Part I (Total)</b>	<b>60.5</b>

### 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

## ***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)	46.3 %	6
Indicator 12 Exclusive Breastfeeding for first 6 months	12.3 %	6
Indicator 13 Median duration of Breastfeeding	6.5 %	3
Indicator 14 Bottle-feeding	64.4 %	3
Indicator 15 Complementary Feeding	68.3 %	6
<b>Score Part II (Total)</b>		<b>24</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>

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

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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:

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

**Total score is 84.5 out of 150**

## Key Gaps

1. Thailand still has no national policy or strategic plan of IYCF written by all relevant stakeholders. Also, there is no clear strategy on IYCF management in emergency or disaster situation. Moreover, the clear IEC strategies and IYCF marketing control law is still unavailable.
2. Some laws and regulations that international organization recommended for promoting appropriate IYCF are still unavailable. On the other hand, the enforcement of existing measures is not seriously monitored and evaluated.
3. The IYCF information or knowledge is communicated to general population mainly through the counselling activity by health personnels. Inadequate numbers of health personnels affects the timing, quality, and coverage of counselling activity. On the other hand, the massive numbers of advertising and marketing promotion from the formula milk companies create misunderstanding about the breastfeeding and formula milk benefit and then lead to inappropriated IYCF practices.

## Key Recommendations

1. The national authority should develop the national policy and strategic plan on IYCF by engaging all relevant stakeholders to be partners. Also, the group of IYCF experts or the national IYCF committee should be set up in order to guide the directions of the national policy on IYCF.
2. Thailand should legislate the International Code of Breastmilk Substitutes into national law in order to control the marketing of infant and young child food.
3. Increasing communication channels to general public in order to provide correct information, create understanding, and appropriate social norms about IYCF practices particularly through health professional, and other multimedia.