



World Breastfeeding Trends Initiative (WBTi)

# Ukraine Assessment Report







**World Breastfeeding Trends Initiative (WBTi)**

# Report



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# The World Breastfeeding Trends Initiative (WBTi)

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## Ukraine

### 2015

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# Introduction



The Global Strategy for Infant and Young Child Feeding, endorsed by WHO Member States and the UNICEF Executive Board in 2002, aims to revitalize efforts to protect, promote and support appropriate infant and young child feeding. The World Health Assembly Resolution 55.25 ( 18 May 2002), urges member states as a matter of urgency to develop, implement, monitor and evaluate a plan of action on IYCF.

World Breastfeeding Trends Initiative (WBTi) developed by IBFAN Asia, intends to assess the status and benchmark the progress of the implementation of the Global strategy for Infant and Young Child Feeding. WBTi is tool for analyzing the policy & programs and Tracking, Assessing and Monitoring (TAM) the Global Strategy for Infant and Young Child Feeding.

The results of the evaluation of the policy, programs and trends in infant and young child feeding in Ukraine according to WBTi methodology are presented in this report, prepared by Dr. Olga Shlemkevych, the member of national BFHI committee, chief of regional Lviv Lactation management Center, chief of Ukrainian IBFAN – group (Lviv), MD, PhD.

IBFAN Ukraine appreciates the occasion to take part in WBTi 2015 for the first time and acknowledges the input of the following organizations: BPNI / IBFAN Asia, MOH of Ukraine, WHO and UNICEF Ukraine country offices, Center for Global Health/CDC.

## 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. 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 programs". The WBTi is designed to assist countries in assessing the strengths and weaknesses of their policies and programs 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 program 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 programs 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



## UKRAINE <sup>1</sup>



### Geographical Location.

*Ukraine* is a country in Eastern Europe, bordered by Russia to the east and northeast, Belarus to the northwest, Poland and Slovakia to the west, Hungary, Romania, Moldova to the southwest, and the Black Sea and Sea of Azov to the south and southeast, respectively.

- **Largest European country**

(total area is 603 628 sq. km)

- **Population is about 44.5 million**

**Has wide outlet to the Black Sea , the Sea of Azov**

**Capital:** Kiev

**Currency:** Ukrainian hryvnia

**President:** Petro Poroshenko

**Official language:** Ukrainian

**The national flag consist of 2 colors – blue and yellow.**

**Blue is the sky and yellow – wheat.**



**1:** <https://en.wikipedia.org/wiki/Ukraine>



**DEMOGRAPHIC DATA:** According to CIA World Factbook  
(see at: <http://www.indexmundi.com/ukraine>)

<b>Data</b>	<b>2013</b>	<b>2014</b>
Population	44,573,200	44,291,413
Birth rate	9.52	9.41
Death rate	15.75	15.72
Total fertility rate	1,29	1,3
Infant mortality rate	8.24	8.1
HIV/AIDS – people living with HIV/AIDS	350,000	230,000

### THE IMPLEMENTATION OF BFHI IN UKRAINE

Breastfeeding is the best natural feeding and the optimal nutrient mix for infants and young children.

It is introduced immediately after birth, since it is a great time to begin the intimate relationship with breastfeeding of the child. Both mother and baby benefit from being in contact immediately after birth. Exclusive breastfeeding for 6 months is the optimal way of feeding infants. Thereafter infants should receive complementary foods with continued breastfeeding up to 2 years of age or beyond. The evidence is well-established that both mother and baby benefit from breastfeeding. Breastfeeding has some of the most wide-reaching and long-lasting effects on the baby's health.

The implementation of BFHI (Baby friendly hospital Initiative) based on “The ten steps of successful breastfeeding” started in Ukraine in 1995, when the 1st national program – “Supporting of the breastfeeding children in Ukraine on 1996-2000” was adopted by the Ministry of Health of Ukraine.

Two more programs “Supporting of the breastfeeding children in Ukraine” have been adopted in Ukraine by 2010. Each of the programs was designed for 5 years. The Order of the MoH of Ukraine of 28.10.11 №715 “On further implementation of Expanded Baby-friendly Hospital Initiative in Ukraine” regulating the activity of health care institutions concerning the promotion of breastfeeding was adopted in 2011. This order acts on the regular base. Two more steps to “10 Steps of successful breastfeeding” have been adopted by this Order. They are:

- The 11th - evaluation of compliance with the International Code of the Marketing of Breast Milk Substitutes.
- The 12-th step - assessment of compliance with perinatal practices (partner attended delivery, family type delivery rooms, free positions in delivery etc.) In the edition of WHO– 2009: «Mother friendly care.

According to this Order the implementation of BFHI is compulsory for all mother and child health care institutions.

BFHI accreditation system of maternity hospitals was introduced in Ukraine in 2001. Since 2006 “The Expanded Initiative WHO/UNICEF “Baby friendly hospital” (EBFH) has been implemented in Ukraine. It provides for, apart from the issues of breastfeeding support, the introduction of effective perinatal technologies in maternity hospitals, as well as the introduction of BFH Initiative in maternity hospitals, children’s hospitals, children’s outpatients departments, antenatal clinics.

In 1996 the Expanded-BFHI national Methodological and Monitoring Centre ([www. kdm-idd.org.ua](http://www.kdm-idd.org.ua)) was created with the support of UNICEF to coordinate the activity of BFHI in all over Ukraine. Ukraine consists of 24 regions. A regional E-BFHI coordination centers were created for planning, evaluation and monitoring of BFHI activities in each region.

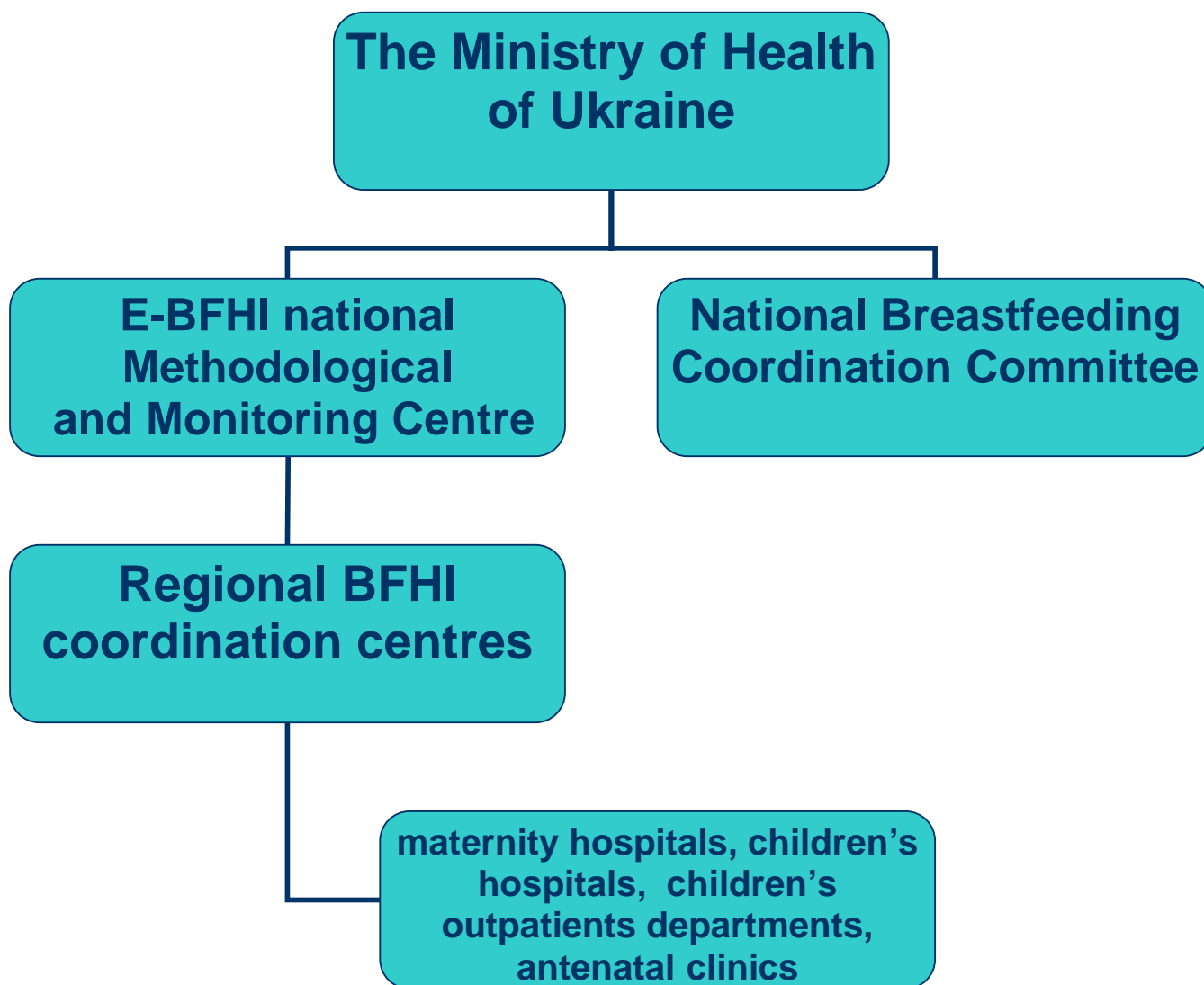
The State Program “The National Action Plan on implementation of the UN Convention on the Rights of the Child for the period till 2016 foresees:

- to ensure that at least 90% of births take place at a health facilities designated as BFH;
- to reach the target for of exclusive breastfeeding rate of 60% in the first 6 months.

According to the state statistics the percentage of children exclusively breastfed in the first six months is 54,9% in 2014. The same indicator in BFH amounts to 65,9%.

The Expanded WHO/UNICEF “Baby friendly hospital Initiative” accentuates the importance of first medical aid, the importance of consulting , and introduction of baby friendly, mother friendly, family friendly care. EBFH– is an inseparable part of legal and political base of Ukraine in the sphere of Mother and Child protection.

# Structure of the Baby Friendly Hospital Initiative implementation in Ukraine



## Assessment process followed by the country



### **ASSESSMENT PROCESS IN UKRAINE.**

Olha Shlemkevych, a chief of Ukrainian IBFAN group “Mothers source”, attended the WBTi & WBC training, on 14-15 of May in Geneva.

In Ukraine assessment of the situation on the Global Strategy for Infant and Young Child Feeding implementation was carried out during September and October, 2015.

Dr. Olha Shlemkevych was assigned as a “National IYCF Assessment Coordinator” to coordinate the process of assessment at country level. Then a core group of experts, involved in the field of infant and young child feeding, including breastfeeding, was formed. In the beginning of September one-day training on WBTi was conducted by Olga Shlemkevych. During this training participants, core group, obtained comprehensive information about WBTi project, what is the aim and the tasks, how project works. Persons, responsible for collection of the information on each of the 15 indicators were defined. Participants of core group reviewed the available country data, the policy and program documents, orders thoroughly, they held Interviews with official persons for collect necessary information. After that they listed gaps in the policy and breastfeeding promotion program using the 15 indicators of the WBTi and recommended solutions to overcome these gaps. Report, based on the results of the project was developed and spread among the representatives of Ministry of health of Ukraine, WHO and UNICEF for discussing.

During this project were organized one training and 2 workshops: to develop the plan of gathering the information, to discuss possible sources of information, to discuss the results, gaps and develop recommendations, to present the report. On the last workshop was decided to present the recommendations, made during the project, on the meeting of National BFHI Coordination Committee (on December, 2015). It is planed to propose some of the recommendations put in to action plan of Ministry of health of Ukraine on the next year.

#### **THE CORE GROUP FOR THE ASSESSMENT PROCESS:**

1. Olga Shlemkevych, the member of national BFHI committee, chief of regional Lviv Methodological Methodological and Monitoring Center, chief of IBFAN – group (Lviv), MD, PhD
2. Dr Lidiya Romanenko: BFHI National Coordinator, The chief of E-BFHI National Methodological and Monitoring Center / NCH "OHMATDET".
2. Olena Kostiuk, MD, PhD, Associate professor, National Medical Academy of Postgraduate Education named after PL Shupyk, national BFHI assessor

3. Gavrylenko Tetiana, pediatrician of Kiev Methodological and Monitoring Center " and "Adolescent Friendly Health Services", national BFHI assessor.
4. Yuliia Savelieva, head of IBFAN-Sumy group and breastfeeding support group in Sumy region
5. Ksenia Solovey, Chair person of Breastfeeding support group «Milky rivers», lactation consultant.

#### **LIST OF THE PARTNERS FOR THE ASSESSMENT PROCESS**

- Ministry of health of Ukraine
- WHO
- UNICEF
- National Medical Academy of Postgraduate Education named after PL. Shupyk
- Center for Global Health/CDC

# 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>9,5/10</b>	

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

1. The Law of Ukraine №2402 - III on "The protection of Childhood",art.6.  
<http://dsmsu.gov.ua/index/ua/material/54>
2. The Law of Ukraine «On country-wide program «National action plan on implementation of the UN Convention on the Rights of the Child “for the period till 2016.  
<http://zakon4.rada.gov.ua/laws/show/1065-17>
3. The resolution of the cabinet of ministers of 27.12.2006 №1849 “On Approval of the State Program ‘Reproductive Health of the Nation’ for the period till 2015”.  
<http://zakon5.rada.gov.ua/laws/show/1849-2006-п>

4. The Order of the MoH Ukraine of 28.10.11 №715 “On further implementation of Expanded Baby-friendly Hospital Initiative in Ukraine “ regulating the activity of health care institutions concerning the promotion of breastfeeding.  
[https://www.moz.gov.ua/ua/portal/dn\\_201101028\\_0715.html](https://www.moz.gov.ua/ua/portal/dn_201101028_0715.html)
5. The provisions of the Expanded Initiative of WHO/UNICEF “Baby friendly hospital” on baby and young child breastfeeding and introducing modern perinatal technologies are included in the current orders of The Ministry of Health of Ukraine on obstetric and pediatric services, in particular:
  - The Orders of the MoH Ukraine №582, №676, №782 “On Approval of the Clinical Protocols for Obstetric and Gynecological Care”.
  - The Order №149 «On approval of the Clinical Protocols for medical care for healthy children up to three years of age». <http://golovbukh.ua/regulations/1521/8459/8460/470226/>
  - The Order №484 «On approval of the Clinical Protocols for care for newly born babies with respiratory disorders». [http://moz.gov.ua/ua/portal/dn\\_20080821\\_484.html](http://moz.gov.ua/ua/portal/dn_20080821_484.html)
  - The Order №225 « Initial, resuscitation and postresuscitation care of the newborn in Ukraine ». <http://motherandchild.org.ua/ukr/resource/520>
  - The Order №234 «On prevention of hospital nosocomial infections in obstetric hospitals. <http://zakon5.rada.gov.ua/laws/show/z0694-07>
  - The Order №584 «On approving the clinical protocol of medical care of low birth weight babies». [http://www.moz.gov.ua/ua/portal/dn\\_20060829\\_584.html](http://www.moz.gov.ua/ua/portal/dn_20060829_584.html)
  - The Order №255 «On approving the clinical protocol of medical care of newborns “Neonatal jaundice». [https://www.moz.gov.ua/ua/portal/dn\\_20060427\\_255.html](https://www.moz.gov.ua/ua/portal/dn_20060427_255.html)
  - The Order №152 «On approving the clinical protocol of medical care of healthy newborn baby». [https://www.moz.gov.ua/ua/portal/dn\\_20050404\\_152.html](https://www.moz.gov.ua/ua/portal/dn_20050404_152.html)
  - The Order №417 «On organizing inpatient obstetric and gynecological care in Ukraine». [https://moz.gov.ua/ua/portal/dn\\_20110715\\_417.html](https://moz.gov.ua/ua/portal/dn_20110715_417.html)

### Conclusions:

1. A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government of Ukraine, which ensures and supports optimal nutrition for infants and young children ,and the policy which is supported by state programs.
2. There exists a mechanism of coordination:
  - The national EBFHI Coordinating Council of the MoH of Ukraine is created and works on a regular basis .The head of the Coordinating Council is the deputy minister of health .The council also includes members of other organizations (education, social policy),UNICEF,WHO, NGO, in particular, IBFAN (Sumy, Lviv).
  - The Coordinating Council carries out monitoring and checkups on regular basis. The Council holds quarterly meetings
3. With the assistance of UNICEF E-BFHI National Methodological and Monitoring Center under the NCH "OHMATDET"/ has been created to coordinate the activity of BFHI in Ukraine. In every region of Ukraine there are Regional Methodological and Monitoring Centers, responsible for planning, monitoring and evaluation of BFHI activities in the region.
4. BFHI is fully integrated into the health care system (mothers and child health care institutions)



**Gaps :**

1. The National Breastfeeding Committee in Ukraine does not exist. Its functions are carried out by the Coordinating Council of the MoH of Ukraine. The cooperation of the Coordinating Council with such sectors as nutrition and information is not sufficient.

2. Implementation of international recommendations concerning Neo BFH for neonatal departments needs special consideration.(Sweden,Upsala,2015 conference).

**Recommendations:**

1. Structural changes in the coordination board of the MoH of Ukraine should be introduced, considering the need for establishment of effective coordination and cooperation between all the sectors involved in promoting child breastfeeding, including nutrition, information, etc.
2. Changes to The Expanded Baby Friendly Hospital Initiative in Ukraine should be introduced.
3. According to the recommendations of Neo BFH initiative for neonatal departments.

## 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) \_\_\_\_ out of \_\_\_\_ total hospitals ( both public & private )and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly” in the last 5 years **89 %**

<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>4 / 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>		
<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>4,5/5</b>	
<b>Total Score</b>	<b>8,5/10</b>	

### *Information Sources Used :*

1. The Law of Ukraine «On country-wide program «National action plan on implementation of the UN Convention on the Rights of the Child “for the period till 2016. <http://zakon4.rada.gov.ua/laws/show/1065-17>
2. The National program “Reproductive Health of the Nation” for the period till 2015. <http://zakon5.rada.gov.ua/laws/show/1849-2006-п>
3. The annual analysis of the development of the the Extended Initiative of WHO/UNICEF “Baby

<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.#

friendly hospital” in Ukraine,2014. <http://kdm-ldd.org.ua/medics/?tab=1>

### **Conclusions:**

1. Infant and young child feeding/breastfeeding policy in Ukraine:
  - Has been officially adopted and approved by the government.
  - Is spread and conveyed to the specialists, who manage and realize the respective programs.
  - Is integrated in other relevant national strategies (nutrition, family planning, Child care Integrated Policy).

The Law of Ukraine «On country-wide program «National action plan on implementation of the UN Convention on the Rights of the Child “for the period till 2016,provides for:

- the births of at least 90% of the babies in Baby Friendly Hospitals ;
- reaching at least 60% of exclusively breast feeding until the baby reaches the age of 6 months.

Among the expected results of the National Reproductive health strategy implementation for the period till 2015 are: to increase to at least 60% the rate of exclusive breastfeeding during in the first six month.

2. The Baby Friendly hospital Initiative is completely integrated in Ukraine’s health care system. According to the order № 715 of the MoH of Ukraine BFHI is to be implemented in all mother and child health care institutions.
3. National criteria for BFHI fully coincide with Global Criteria, including WHO recommendations, 2009.
4. The training of health workers is organized to provide consultations on breastfeeding, introducing supplementary feeding, feeding infants of HIV infected mothers. Health workers are trained to observe the provisions of the International Code of Marketing of Breast milk substitutes
5. In Ukraine there exists a network for support of optimal infant and young child feeding after they are discharged from a maternity facility
6. The Program on BFH does not include HIV issues, since according to the WHO recommendations, they are only included when the maternity facility has a prevalence of more than 20 HIV positive clients.

### **Gaps :**

1. Changes and additions are to be made in the Manuel “Modern lactation and breastfeeding guide”(2002) considering the recent recommendations of the WHO and MoH of Ukraine.

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

1. The state program “Reproductive health of the nation” ,which is coming to the end of the period of validity at the end of 2015 must be amended by inclusion of the issues of breastfeeding support in the new edition.
2. Changes and amendments should be introduced in the Manuel “Modern lactation and breastfeeding guide (2002.) considering the recent recommendations of the WHO and MoH of Ukraine .

## 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	
<b>3b: Implementation of the Code/National legislation</b>		✓ <i>Check that apply</i>

<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)

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>	

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

1. The law of Ukraine of 14.09.2006 No 142-V "About baby food".  
<http://zakon4.rada.gov.ua/laws/show/142-16>
2. The Order of the Ministry of Health of Ukraine of 28.10.2011 № 715 "On further implementation of Expanded Initiative "Baby Friendly Hospital" in Ukraine"..  
<http://www.moz.gov.ua/ua/portal/?CID=25&sort=docName&order=-1>
3. The International Code of marketing of breast milk substitutes. The Preparation manual for medical professionals of Ukraine. The United nations Children's Fund (UNICEF), 2008.  
[http://www.unicef.org/ukraine/7\\_Code\\_on\\_Breastfeeding\\_substitutes.pdf](http://www.unicef.org/ukraine/7_Code_on_Breastfeeding_substitutes.pdf)
4. UN Committee on the Rights of the Child: Concluding Observations. Ukraine, (2011).  
[http://www.unicef.org/ukraine/UN\\_CRC\\_ConcludingObservations\\_Ukr.pdf](http://www.unicef.org/ukraine/UN_CRC_ConcludingObservations_Ukr.pdf)
5. The Law of Ukraine On the Quality and Safety of Food Products (in particular article 39" Food products labeling requirements» Article 61."International cooperation of Ukraine in the field of food safety.  
<http://zakon5.rada.gov.ua/laws/show/771/97-%D0%B2%D1%80>
6. The law of Ukraine "On advertising" (in particular, article 21: Advertising medicines, medical equipment, prophylactics, diagnostics equipment, rehabilitation)  
<http://zakon3.rada.gov.ua/laws/show/2657-12>
7. The Law of Ukraine "On Protection of Childhood." (in particular, art.6, on familiarizing the population with the benefits of breastfeeding) <http://zakon3.rada.gov.ua/laws/show/2402-14>
8. Periodic reports of the Coalition of NGOs "Child Rights in Ukraine" concerning the fulfillment of Child's rights in Ukraine and implementation of the Concluding Observations and Recommendations of the UN Committee on the Rights of the Child (Ukraine, 2011)  
<http://www.childrights.in.ua/reports>

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

In spite of the criticism and recommendations from the UN Committee on the rights of the child of 2011, concerning ineffective implementation of The Code in Ukraine, there still does not exist a separate legislation within the Code .

However the departmental order of the Ministry of Health of Ukraine of 28.10.2011 № 715, contains a list of Steps to Successful Breastfeeding with step 11 being devoted to adherence to the Code.

This, in a way, prevents violations of the Code in health institutions, at least those which are designated as BFH facilities. The Coordination board can revoke the status of a BFI in case the institution fails to meet the requirements or violates the Code. Adherence to the provisions of the Code is monitored (ИЛИ ASSESSED) every time the hospital's aptitude for the Baby Friendly hospital status is to be confirmed. During certification no incidence of advertising milk substitutes or any assertion regarding the benefits of artificial feeding of children were revealed. Hence, due to the above stated Order, observance of the code is partially displayed, though it is limited only by the personnel's reliability. Thus, due to the above stated Order, the provisions of the Code are adhered to, though only by the medical personnel.

Adaptation of Baby-Friendly Hospital Initiative and Program Manual for Ukraine as well as carrying out a number of trainings for the medical personnel. Both printed and electronic versions of the manual are available for further use. At the same time, since protecting, promoting and supporting breastfeeding activities are carried out almost exclusively on the level of the department of Ministry of Health of Ukraine, the impact on the producers of milk substitutes for babies or distributors of baby foods, or, what is more, on their advertising in mass media, is low.

The current Law of Ukraine "On Quality and Safety of Food Products and Food Raw Materials", the law of Ukraine "On advertising" contain in some of their provisions the statements close to those in the Code, but because of the ambiguity of formulations and flaws in spelling out the sanctions for violations, a considerable number of tactics employed for promoting baby foods substitutes banned by the law are observed. Moreover, such violations are not prosecuted.

#### **Gaps:**

1. The International code of Marketing of Breast –milk substitutes is not ratified.
2. The basic responsibility for adherence to the Code lies only with medical institutions whereas other related institutions: educational, legal, mass media, advertising other stay aside and don't share the responsibility.
3. Inclusion of the Code's provisions in the above Order of the Ministry of Health of Ukraine deters the violations of the law, however does not completely eliminate the possibility of violations. Inclusion of the Code's provisions in the above Order of the Ministry of Health of Ukraine deters the violations of the law, however does not completely eliminate the possibility of violations.
4. Lack of information on the International Code of marketing of breast milk substitutes in the curricula of the medical educational institutions of the 1-4 accreditation levels.
5. Lack of a rule-based system of tools for monitoring the adherence to the code. The situation is only monitored in the medical institutions designated as Baby Friendly Hospital or on a voluntary basis by NGO. Even the existing IBFAN groups can't react to the Code violations otherwise than raising the problem in the reports of International legal organizations.

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

1. To establish Multisectoral National breastfeeding committee represented apart from medical sphere by the educational, legal, mass media, advertising, public relations, which would enlarge the number of agencies for monitoring and observance of the Code.
2. Complementing the curricular of medical educational institutions of accreditation levels 1-4 with the information regarding the international Code of marketing of breast milk substitutes.
3. Exploring the practice of introducing regular monitoring the observance of the Code in various spheres of society by means of agencies with the capacity to respond and counter.

## 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 17weeks</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>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> <ul style="list-style-type: none"> <li>a. Information about maternity protection laws, regulations, or policies is made available to workers.</li> </ul>	0.5 0.5	✓ ✓



b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.		
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>9/ 10</b>	

**Information Sources Used:**

1. The Code of Labor laws of Ukraine (<http://zakon5.rada.gov.ua/laws/show/322-08>)
2. The Law of Ukraine “About the state help to families with children” (<http://zakon1.rada.gov.ua/laws/show/2811-12/print1270204897733506>)
3. The Law on Ukraine's state budget for 2015 (<http://zakon3.rada.gov.ua/laws/show/80-19>)
4. Convention No.183 Convention concerning the Revision of the Maternity Protection Convention (Revised), 1952 ([http://zakon1.rada.gov.ua/laws/show/993\\_294](http://zakon1.rada.gov.ua/laws/show/993_294))
5. The site of State Labor Inspection (<http://dpu.gov.ua/Lists/internationalcooperation/DispForm.aspx?ID=9>)
6. The Law of Ukraine on Childhood Protection (namely article 6 on giving mothers proper pre natal and post natal care . (<http://zakon3.rada.gov.ua/laws/show/2402-14>)
7. The Regulation of the Cabinet of Ministers of Ukraine of 27.12.2006 № 1849 “ On adoption of the State Program Reproductive Health of the Nation for the Period till 2015. ” (<http://zakon0.rada.gov.ua/laws/show/1849-2006-%D0%BF>)
8. An interview with researchers and experts from Family Friendly Institution Initiative. (<http://leleka.sumdu.edu.ua/uk/>)
9. An interview with scholars representing All Ukrainian Network of gender education centers of institutions of higher education (<http://gendercenter.sumdu.edu.ua/>)

**Conclusions** :Ukrainian legislation reflects the guarantees of motherhood protection in the Code of Labor laws. In particular:

- **Article 176.** Prohibition of involving pregnant women and mothers of the children under 3 in overtime work, work during holidays and days off and sending them on business trips. -

**Article 178.** Transferring pregnant women and the women who have children under the age of 3 to easier jobs (the average earnings are saved)

- Article 179....Pregnancy and infant care leaves till the baby reaches the age of 3 are paid according to the legislation. Given the context when the child needs home care the mother is entitled to an additional non paid leave, whose duration is defined according to the medical conclusion. But the leave may only last until the child reaches the age of 65.

-**Article 181.** ... infant care leave is included in the total years of service.

- **Article 183.** ...The women with children under 1,5 years of age are granted apart from a regular break for rest and lunch, additional breaks for feeding the baby. Breaks for feeding the child, which are included in the working time and are subject for payments at the rate of average salary.

-**Article 184.**... it is prohibited to refuse to hire women for reasons connected with pregnancy or the existence of children under 3 or single mothers with children under 14 or a disabled child. In case of getting a refusal to be admitted to the workplace such an employee may appeal to court

- **Article 185.** Granting pregnant women and mothers with the children up to 14 years of age a pass to a sanatorium and holiday centers (free of charge or on preferential terms) and providing them with financial assistance.

- **Article 186.** Treatment of a woman –employee at an enterprise and organization. Women’s enterprises and organizations where women’s labour force participation is the highest infant schools, kindergartens, rooms for feeding babies and rooms for personal hygiene are set up.

Besides, according to the Law of Ukraine “On the State Help to Families with Children” women to are entitled to pregnancy and child birth related benefits. The size of the help may vary according the economic situation in the country.

Thus, in general the Legislation of Ukraine on social protection of children and families with children can be described as generous. Primarily because it grants a woman a long enough maternity leave, it also applies to all women regardless of work experience. Under the Law the woman’s workplace is preserved, payments are provided and finally, it provides for a possibility for a father to take a child care leave instead of a mother. But in practice only the provisions concerning maternity leave payments and state child care assistance are strictly adhered to. The rest are seldom used, and hence, are not observed, in particular, a break for feeding a baby, though legislators are giving more attention to this provision,

At present a new bill has been submitted for consideration in Ukrainian parliament № 2523-a, under which special rooms are to be fitted at the enterprises for the women who have just resumed work after a maternity leave but still breastfeed to enable them to do it. (<http://samopomich.ua/uk-kimnaty-dlya-materiv-kotri-hoduyut-hrudnyu-mozhut-zyavytysya-na-usih-pidpryjemstvah/>).

Mother, Child and Family friendly Initiatives have been put forward and are implemented currently, such as childrens’ rooms, facilities for parents with children, where it is also possible to breastfeed a baby. Sumy state university is the example of the institution, which has been implementing the Initiative ”Family Friendly University” (<http://leleka.sumdu.edu.ua/uk/>).

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

1. In public places and job places there are no appropriate facilities for breastfeeding.
2. The number of educational programmes for the women willing to combine motherhood, breastfeeding and professional activity is insufficient.

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

1. The practice of creating “Family, child and woman friendly” conditions in the places of public use and in workplaces..
2. To inform masses of population in general and women in particular about the possibilities of harmonious combining work, family responsibilities and breast- feeding.

## 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?

<b>Guidelines for scoring</b>			
<b>Criteria</b>	<b>Scoring</b>		
	<b>Adequate</b>	<b>Inadequate</b>	<b>No Reference</b>
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
5.5) Infant feeding and young feeding information and skills are integrated, as appropriate, into training programmes	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.

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.)			
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>8/10</b>		

### Information Sources Used (Please list):

1. An interview with the chief neonatologist of the Health Care Ministry of Ukraine, Y. Shunko, about including educational programs on Breastfeeding in the curriculum of postgraduate training.
2. Examining the curriculum of medical institutions of higher and secondary level.
3. The Law of Ukraine №2402 - III on "The protection of Childhood", art.6. <http://dsmsu.gov.ua/index/ua/material/54> (to ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding...).
4. The Law of Ukraine «On country-wide program «National action plan on implementation of the UN Convention on the Rights of the Child "for the period till 2016. <http://zakon4.rada.gov.ua/laws/show/1065-17>
5. The resolution of the cabinet of ministers of 27.12.2006 №1849 "On Approval of the State Program 'Reproductive Health of the Nation' for the period till 2015". <http://zakon5.rada.gov.ua/laws/show/1849-2006-п>
6. The Order №152 «On approving the clinical protocol of medical care of healthy newborn baby». [https://www.moz.gov.ua/ua/portal/dn\\_20050404\\_152.html](https://www.moz.gov.ua/ua/portal/dn_20050404_152.html)
7. The Order of the MoH of Ukraine of 03.11.2008 №624 «On amending the Order №582 of 15.12.2003 "On approval of the clinical protocols for obstetric and gynecological care". [https://www.moz.gov.ua/ua/portal/dn\\_20081103\\_624.html](https://www.moz.gov.ua/ua/portal/dn_20081103_624.html)
8. The Order №149 «On approval of the Clinical Protocols for medical care for healthy children up to three years of age». <http://golovbukh.ua/regulations/1521/8459/8460/470226/>
9. The Order of the MoH Ukraine of 28.10.11 №715 "On further implementation of Expanded Baby-friendly Hospital Initiative in Ukraine " regulating the activity of health care institutions concerning the promotion of breastfeeding. [https://www.moz.gov.ua/ua/portal/dn\\_201101028\\_0715.html](https://www.moz.gov.ua/ua/portal/dn_201101028_0715.html)
10. The International Code of Marketing of Breast-milk Substitutes. A Manual for training health workers of mother and child health care institutions of Ukraine. : [http://www.unicef.org/ukraine/ukr/7\\_Code\\_on\\_Breastfeeding\\_substitutes.pdf](http://www.unicef.org/ukraine/ukr/7_Code_on_Breastfeeding_substitutes.pdf)
11. The national Manual of Pediatrics edited by professor V.V. Berezhnoy in 2 volumes ,2013..
12. The national Manual of Neonatology edited by professor Y.E.Shunko. in 2 volumes , 2015.

<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.

## Conclusions:

At the graduate and postgraduate education departments ( medical colleges ,medical universities) the curricula have a fixed the number of hours to teach students breastfeeding, care and young child feeding, but the curricula don't contain the information on the International Code. The curricula of the higher level institutes for medical training are formed according to the normative acts of the MoH of Ukraine listed above and are adopted by the Academic Council of the educational institution in question.

Mother and child health care institutions designated as Baby friendly hospitals , hold regular trainings "Consulting on Breastfeeding" for the health workers. The training includes the items listed in the International Code. The training in the International Code is also carried out according to the "Manual" for medical professionals. "The International Code of Marketing of breast milk substitutes" is adapted for Ukraine and supplied with a set of teaching materials and texts , was developed by Gabriella Palmer in collaboration with Ellen Sokol, Lida Lotska and other international experts "and prepared for publication by IBFAN-ICDC in 2006. Trainings of medical personnel is also carried out according to the manual "Modern lactation and breastfeeding support guide", developed according to the order of the Ministry of Health of Ukraine (2002p.) with the support of the Children's Fund of UNO /UNISEF in Ukraine. The manual needs to be updated and supplemented considering the recommendations of the WHO of 2009.

The Expanded Baby Friendly Hospital Initiative in in Ukraine contains 12 principles .The 12<sup>th</sup> principles "The practice of partnership delivery involves partners preparation and assisting a woman during the labor, in assuming positions of women's choice while giving birth, allowing a spouse free visits to a woman and a child after delivery in the departments of rooming-in. In the WHO recommendation, 2009 this step complies to criteria: Mother Friendly Care " But this step is adhered to only in the facilities designated as Baby friendly Hospitals.

According to the Orders of the MOH of Ukraine stated herein, rooming-in is introduced in all the mother and child health care institutions.

The quality of training is an embarrassing issue: the lecturers' level of knowledge, the sources used both by the lecturer and the students are low. The chapters concerning modern feeding (including breastfeeding) of prematurely born or ill newborn children.

## Gaps:

Lack of information on the International Code of marketing of breast milk substitutes. In the curricula of medical educational institutions of I-IV accreditation levels.

1. Principle 12 on the mother friendly care in labor is developed and is valid for all mother health care facilities (Order of the MOH of Ukraine № 715 ), but the principle is strictly and properly adhered to only in Baby Friendly hospitals.
2. Medical workers use the Manual "Modern guide for lactation and breastfeeding. 2002. The edition needs updating and renewal as well as supplementing considering the recommendations of the WHO, 2009.
3. There is shortage of equipped facilities for trainings.
4. There is shortage of handouts, leaflets, posters, films etc.in medical and educational institutions.

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

1. To revise and update the existing curricula of the educational institutions of the I-IV accreditation level according to the recent recommendations of WHO and MOH, including the information on the International Code of Marketing of Breast milk Substitutes.
2. To revise and update the Manual “Modern guide for lactation and breastfeeding” according to the normative acts of the MOH of Ukraine and WHO, in particular the Recommendations of 2009.
3. To introduce principle 12 concerning mother friendly care during labor and birth in all mother and child health care institutions .
4. To foresee financing medical and educational institutions in order to provide them with informational and educational materials.
5. To implement monitoring for assessment of knowledge and practical skills of trainers and teachers.

## 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>8/10</b>		

### Information Sources Used (please list):

1. The Law of Ukraine of 26.04.2001 №2402-III “On Childhood Protection art.6.”(All segments of society, particular parents and children are provided of the information about health protection, healthy child nutrition and the advantages of breastfeeding).  
<http://dsmsu.gov.ua/index/ua/material/54>
2. The Order of the MoH Ukraine of 28.10.11 №715 “On further implementation of Expanded Baby-friendly Hospital Initiative in Ukraine “ regulating the activity of health care institutions



concerning the promotion of breastfeeding.

[https://www.moz.gov.ua/ua/portal/dn\\_201101028\\_0715.html](https://www.moz.gov.ua/ua/portal/dn_201101028_0715.html)

3. The Order of the MoH Ukraine of 09.01 2014 №417 «On organizing inpatient obstetric and gynecological care in Ukraine». [https://moz.gov.ua/ua/portal/dn\\_20110715\\_417.html](https://moz.gov.ua/ua/portal/dn_20110715_417.html)
4. The Order of the MoH Ukraine of 20.03.2008 №149 «On approval of the Clinical Protocols for medical care for healthy children up to three years of age». [http://golovbukh.ua/regulations/1521/8459/8460/470226/.](http://golovbukh.ua/regulations/1521/8459/8460/470226/)”
5. The site of citizens' association “The center of breastfeeding support “Milky rivers” (<http://www.breastfeeding.org.ua/>).
6. The site of the project “Family friendly university” (<http://leleka.sumdu.edu.ua/uk/2013-02-26-19-54-25/141-grupa-pidtrimki-grudnogo-vigodovuvannya.html>)

### **Conclusions:**

1. Support to breastfeeding mothers is ensured on the legislative level of Ukraine and is carried out by medical workers of mother and child health care institutions (MCH): maternity hospitals, children's hospitals, antenatal clinics. During pregnancy and after child birth a woman can get current and relevant information on breastfeeding.

2. In state health care institutions mother to mother support groups are formed from mothers with good breastfeeding experience

3. The representatives of La Leche league ,IBFAN group, consultants with international IBCLC certification, work in Ukraine as well as local breast feeding support organizations (Center for breastfeeding support “Milky rivers”) and others. They ensure guidance, support and access to breast feeding knowledge for mothers. Online resources are created ,telephone consulting lines are established and educational activities are held, in particular the World Breastfeeding Week.

4. The monitoring procedure to assess the level of knowledge of mothers involved in mother-to-mother support groups should be improved, their qualification level, should be increased. The methods for spreading information to the families with children on the possibilities to join the support groups should be facilitated

. The activity carried out by breastfeeding support groups needs further analyses , their performance should be assessed , the best practices in this sphere should be spread and sustained.

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

1. The system of information delivery channels through which women can get psychological aid and consultations concerning breastfeeding does not perform properly
2. The number of breastfeeding mothers' support groups is insufficient in the facilities which are not designated as BFH.
3. Not all participants of mother support groups have the qualification and preparation level high enough to meet the criteria of modern methods of guidance/consulting on breastfeeding.
4. The procedure for control, assessment and increasing of the level of knowledge and of those involved in the group is elaborated .
5. The cooperation between government and nongovernmental institutions for supporting breast feeding mothers is insufficient

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

1. To increase awareness level of the population concerning the system of breastfeeding mothers support through better engagement of mass media.



2. To promote the creation of support groups in the medical institutions not certified as BFH.
3. To improve training methods and qualification skills for those women who want to be engaged in targeted support activities on the “peer to peer” basis.
4. To promote greater interaction between government and non-government institutions on supporting breastfeeding mothers.

## 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>6/10</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. The Law of Ukraine of 26.04.2001 №2402-III “On Childhood Protection art.6 (All segments of society, in particular parents and children are provided of the information about health protection, child nutrition and the advantages of breastfeeding...). <http://dsmsu.gov.ua/index/ua/material/54>
2. The Oder № 715 of MOH of Ukraine of 28.10.11 “On further implementation of the expanded Baby Friendly Hospital initiative in Ukraine. [https://www.moz.gov.ua/ua/portal/dn\\_201101028\\_0715.html](https://www.moz.gov.ua/ua/portal/dn_201101028_0715.html)
3. The Order of the MoH of Ukraine №624 of 03.11.2008 «On amendments to the Order of the 15.12.200 №582 «On developing clinical protocols on obstetric and gynecological». [https://www.moz.gov.ua/ua/portal/dn\\_20081103\\_624.html](https://www.moz.gov.ua/ua/portal/dn_20081103_624.html)
4. The Order №149 «On approval of the Clinical Protocols for medical care for healthy children up to three years of age». <http://golovbukh.ua/regulations/1521/8459/8460/470226/>.
5. An annual report of E-BFHI National Methodological and Monitoring Center under the NCH "OHMATDET" of the MOH of Ukraine on implementation of the UNICEF/WHO Expanded Baby-Friendly Hospital Initiative in Ukraine. <http://kdm-ldd.org.ua/medics/?tab=1>
6. Websites and Internet pages of National and regional Methodological and Monitoring Centers (Kiev, Ivano-Frankovsk, Lviv) on social networks (<http://kdm-ldd.org.ua/medics/?tab=1>, <http://www.odkl.if.ua/viddil/reg%D1%96onalnii-metodichno-organ%D1%96zats%D1%96inii-mon%D1%96toringovii-tsentri-z-telemedichnimi-konsultats%D1%96yami>, <https://www.facebook.com/kiyevgvtimeline> ), society breastfeeding mothers support groups (NGO “Milky rivers” <http://www.breastfeeding.org.ua/> , Lviv breastfeeding support group. <https://www.facebook.com/lviv.gv>).

### Conclusions:

A complex Education – Information and Communication Strategy is being introduced in Ukraine (EICS) which is aimed at improving infant and young child feeding. Owing to this strategy women and members of their families have access to relevant and reputable information on these matters. Women get information and educational support from the medical workers as well as from the representatives of public organizations . Women receive breastfeeding counseling at the antenatal clinics, in maternity hospitals, children’s hospitals or outpatient clinics. A woman can also get the necessary recommendations from a health care specialist who makes home visits or during the held at the meetings of mother support groups. Mass media resources, hot telephone lines for providing consultations together with educational activities, in particular, World Breastfeeding Week are the sources of information concerning breastfeeding,.

The informational leaflets and brochures that are spread through all health care institutions and are available for women, almost don’t contain any advertising information from companies manufacturing formula milks or other food for babies. However, due to high publication costs and insufficient financial support from the state budget, sometimes (it particularly concerns the hospitals not designated as BFH and, unfortunately some BFH, too) the commercial impact of baby food is in place. This trend is traced by the representatives of regional monitoring centers and public organizations, once the facts of violations are disclosed, the corresponding decisions are taken. Since the requirements of the International Code of marketing of breast milk substitutes are not adopted in Ukraine on the legislative level, media main contain and present informational materials and

advertising from companies producing breastfeeding substitutes. It undermines the effectiveness of educational work and provokes wrong decisions . The adoption of a relevant law may become a decisive step in minimizing the effect of baby food producers.

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

1. The International Code of marketing of breast milk substitutes and subsequent relevant WHA resolutions are not integrated in the legal system of the country.
2. The facts of violations of the Code may be disclosed even in the institutions designated as Baby friendly hospitals.
3. Information support of women with early age children who were exposed to emergency situations or found themselves in unfavorable circumstances is insufficient ,though work in this direction is being carried currently with the support of WHO /UNICEF.
4. Breast feeding women who want to resume professional activities or continue education don't have enough information on lactation and breastfeeding.

The medical workers level of knowledge on the International Code of marketing of breast milk substitutes requires raising.

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

1. Since Baby food manufacturers are to adhere to the Code requirements even if the latter are not incorporated into the legal system, an effective tool for monitoring and sanctions should be developed.
2. Continue training medical workers on the International Code in mother and child health care institutions..
3. Improve consulting skills of medical personnel who provide aid to women in emergency situations.
4. Improve medical staff training in the matters of consulting the women who are planning to return to work or continue education.
5. Continue observing of World Breastfeeding Week.
6. To increase state financing of breast feeding-related informational-educational activities.

## 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	1	0.5 ✓	0

exclusive breastfeeding and continued breastfeeding in the general population.			
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>9/10</b>	

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

1. The Law of Ukraine “On Approval of “The National AIDS Programme (NAP) 2014-2018”:  
<http://zakon0.rada.gov.ua/laws/show/1708-18> :
2. The Order of the MOH of Ukraine №740 of 23.11.2007. «On precautions and organization of medical prevention of mother-to-child HIV infection transmission, medical care and social support of HIV infected children and their families»:  
[https://www.moz.gov.ua/ua/portal/dn\\_20071123\\_740.html](https://www.moz.gov.ua/ua/portal/dn_20071123_740.html)
3. The Order of MOH of Ukraine №716 of 14.11.2007 «On Approval of the obstetric care clinical protocol. Prevention of mother-to-child HIV infection transmission»:  
[http://www.moz.gov.ua/ua/portal/dn\\_20071114\\_716.html](http://www.moz.gov.ua/ua/portal/dn_20071114_716.html)
4. The Order of the MOH of Ukraine №612 of 03.08.2012“On approval of the primary records and reporting forms to monitor adherence to precautions for prevention of mother-to-child HIV/AIDS transmission and instructions for completing them”:  
[https://www.moz.gov.ua/ua/portal/dn\\_20120803\\_612.html](https://www.moz.gov.ua/ua/portal/dn_20120803_612.html)

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

1. Since 1992p. the National AIDS prevention programs have been in place in Ukraine. Currently the target “The National AIDS Program (NAP) 2014-2018.” is being implemented in Ukraine. One of the tasks of the program is reducing the percentage of mother to child HIV infection transmission to 1%.
2. According to the orders of the MOH of Ukraine refusing from breastfeeding is one of the means to **prevent** mother to child HIV infection transition. All HIV infected pregnant women are recommended to refuse from breastfeeding and use adapted breast-milk substitutes.
3. According to “The National AIDS Programme (NAP) 2014-2018 “:
  - All newborns born by HIV infected mothers (of first year of life), must be provided with adapted breast milk substitutes free of charge.
  - Medical and social workers of health care institutions, specialists from social services centers for family, children and youth must be trained with the purpose of administering medical aid and social services in the field of counteracting HIV /AIDS.
  - Teachers, students and pupils are provided with the necessary methodical materials including video-materials for introducing interactive approach to the increasing of the level of knowledge on preventing HIV infection.
  - The information about the type of feeding of the children born by HIV positive mothers, including the consequences from various forms of feeding is distributed among the

students of medical institutions, medical workers on the upgrading courses skills and thematic training sessions which can also be attended by the workers from social organizations.

- Pregnant women are given access to counseling services , HIV infection testing, prevention of mother to child HIV infection transmission.
- 4. All pregnant women during registration for supervision in antenatal clinics are tested for HIV, but their partners are not.

**Gaps:**

1. Men (partners of pregnant women) don't undergo detail examination regarding the possibility of HIV status

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

1. To recommend thorough examination of men (partners of pregnant women) regarding the possibility of HIV status.

## 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:

1. **The Code of Civil Protection of Ukraine .Chapter 9.** Medical, biological and psychological protection, ensuring sanitary and epidemic well-being of the population.  
<http://zakon2.rada.gov.ua/laws/show/5403-17/page3?text=%E3%EE%E4%F3%E2%E0%ED%ED%FF+%E4%B3%F2%E5%E9>
2. Joint statement of the MOH of Ukraine, country office UNICEF and WHO in Ukraine “An Appeal to provide framework for ensuring the proper level of infant and young children nutrition in Ukraine».
3. Nutrition Sub-Cluster, Health and Nutrition Cluster.  
<https://www.humanitarianresponse.info/operations/ukraine/nutrition>
4. «Standard procedures followed for free transfer, distribution, or purchasing of breast-milk substitutes and equipment for feeding babies, agreed upon by the cluster group in charge of feeding at the ministry of Health and nutrition on May13th , 2015
5. The Order of the MoH Ukraine of 28.10.11 №715 “On further implementation of Expanded Baby-friendly Hospital Initiative in Ukraine “.   
[https://www.moz.gov.ua/ua/portal/dn\\_201101028\\_0715.html](https://www.moz.gov.ua/ua/portal/dn_201101028_0715.html).
6. The Order of the MoH Ukraine of 20.03.2008 №149 «On approval of the Clinical Protocols for medical care for healthy children up to three years of age».   
[http://golovbukh.ua/regulations/1521/8459/8460/470226/.](http://golovbukh.ua/regulations/1521/8459/8460/470226/)”

### Conclusions:

In the past two years ,considering the armed conflict in the East of Ukraine, the Ministry of health of Ukraine with the support of UNICEF country office in Ukraine and WHO country office in Ukraine:

- Started developing new regulations concerning proper care and feeding for early age children. The regulations include all features of Operational guidelines for infant feeding in an emergency situation and meet all the criteria of the International Code of marketing of breast- milk substitutes.
- The minister of Health of Ukraine and the heads of country offices of UNISEF and WHO

in Ukraine signed a joint statement “An appeal for support and ensuring proper infant and young children feeding in Ukraine.”, which was brought to the knowledge of all those responsible for this work area in oblasts, medical specialists, public and voluntary organizations, which help the victims of the conflict zone and displaced persons;

- The development of standard procedures to be applied for free transfer, distribution, or purchasing of breast- milk substitutes and equipment for feeding babies, feeding sets for mothers , sets with complementary feeding for babies from 6 to 23 months., complete feeding sets for artificially fed babies;

- Brochures and posters issued under the auspices of the Children’s fund of UNO (UNICEF) promote exclusively breastfeeding and proper feeding practices in emergency conditions;

- Elaboration of Strategies for breastfeeding promotion started. The strategies include development potential of the workers, advisors, volunteers in the places as well as passing relevant information and knowledge to the mothers who found themselves in an emergency situation.

Along with it, the coordination center for feeding children in emergency situations must be established to allow getting faster feedback resulting from constant cooperation between MOH, UNICEF and WHO country offices in Ukraine and other institutions, departments, partners, civil organizations, benefactors on the national and local levels .The unified center will be responsible for national coordination on child feeding in emergency situations.

A closer cooperation between state health care system and nongovernmental (NGO) and volunteer organizations is necessary, in particular in conflict zone.

The quality of consultative help of health workers, volunteers and representatives of NGO, counseling for women with young children in emergency situations should also be improved . The relevant training materials on child feeding in an emergency are not integrated into the curricula of medical institutions different levels, Faculties of Postgraduate Education.

### **Gaps :**

1. There is no unified Coordination center for feeding children in emergency situations to ensure constant cooperation between MOH of Ukraine, UNICEF,WHO and other international organizations, circulation and integration of international programs.
2. National policy on feeding children in the emergencies is not created.
3. Interaction between the state healthcare system ,non-governmental and volunteer organizations is insufficient ,in particular, in the conflict zone.
4. Informational support of women in emergency situations by medical personnel and representatives of public organizations needs to be improved.
5. Insufficient resources.

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

1. To create a unified coordination center for feeding children in emergency situations in order to facilitate cooperation between MOH of Ukraine, UNICEF,WHO and other international organizations and representatives in Ukraine other institutions, departments, partners, public organizations, benefactors on the national and local levels .The unified center will be responsible for national coordination on child feeding in emergency situations.
2. To continue cooperation with UNICEF country office in Ukraine and WHO country office in Ukraine in elaborating national strategy on breastfeeding and feeding young children in emergency situations.

3. To continue trainings on relactation and support of lactation for mother in emergency situations for health workers and representatives of public organizations, volunteers
4. To integrate training materials on breastfeeding in emergencies into the curricula
5. To involve mass media in conveying to the public and spreading the information on the advantages of breastfeeding in emergency situations.

## 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>9/10</b>		

### Information Sources Used (please list):

1. Recommendations of WHO/UNISEF, 2009. "Baby-friendly hospital initiative: revised, updated and expanded for integrated care. Section 4, Hospital self-appraisal and monitoring. Section 5."External assessment and reassessment»;

2. The Order of the MoH Ukraine of 28.10.11 №715 “On further implementation of Expanded Baby-friendly Hospital Initiative in Ukraine “. [https://www.moz.gov.ua/ua/portal/dn\\_201101028\\_0715.html](https://www.moz.gov.ua/ua/portal/dn_201101028_0715.html).
3. MOH of Ukraine Guidelines on assessment and reassessment of medical care institutions for compliance with Baby-Friendly Hospital standards, 2013. <http://www.kdm-idd.org.ua/index.php>;
4. The analyses of the development of Expanded baby friendly hospital initiative in Ukraine from 2012 to 2014. <http://www.kdm-idd.org.ua/index.php>

### **Conclusions:**

Monitoring of infant and young child feeding practices is integrated into the national health information system.

1. Monitoring is carried out on regional and national levels. Information gathering on the state level is carried out by :
  - The Center of Medical Statistics of the Ministry of Health of Ukraine (gathers data from all health care institutions ), some indicators of BF are submitted according to a special form, once a year. )
  - E-BFHI National Methodological and Monitoring Center under the NCH "OHMATDET"(from all health care institutions designated as “Baby friendly hospital») , once a year;
  - Regional Methodological and Monitoring Centers ( from health care institutions designated as “Baby friendly hospital»)-once a year/ every six months;
  - Health care institutions – every three months;
  - UNICEF-multiple indicator cluster surveys of households of Ukraine;
  - Periodic monitoring by NGO based on certain indicators
2. The system and order of assessment/reassessment of medical care institutions for compliance with Baby-Friendly Hospital status was provided for by the Order of the Ministry of health of Ukraine of 28.10.2011 № 715. The decision concerning awarding and confirming the Baby-Friendly Hospital status is taken by Coordination council of the MOH of Ukraine. Following the decision of the Coordination council of the MOH of Ukraine special memorial signs are made. Assessment/reassessment specialists have got relevant training. The number of such specialists is sufficient. The expenses entailed are covered by the state budget. Frequency of reassessment – 1 time in 3 years according the MOH of Ukraine schedule.

### **Gaps:**

1. State statistics does not completely encompass all the indicators recommended by WHO/UNICEF for the **Baby-Friendly Hospital Initiative**.
2. Cooperation between health care institutions and non-governmental organizations on monitoring The breastfeeding support initiative is not maintained on a constant basis

### **Recommendations:**

1. To consider the possibility of complementing the general state statistics with the so far omitted indicators recommended by WHO/UNICEF for the Baby-Friendly Hospital Initiative.
2. To establish and maintain close cooperation between health care institutions and NGOs on monitoring the effectiveness of BFHI on a constant basis.

## Indicator 11: Early Initiation of Breastfeeding

**Key question:** *What is the percentage of babies breastfed within one hour of birth?. 65,7%*

### 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
	<b>49.1-89%</b>	<b>9</b>	<b>Blue</b>
	89.1-100%	10	Green

**Data Source (including year):** Multiple Indicator Cluster Survey in Ukraine, 2012-2013:  
[http://www.unicef.org/ukraine/ukr/Preliminary\\_MICS4\\_Preliminary.pdf](http://www.unicef.org/ukraine/ukr/Preliminary_MICS4_Preliminary.pdf)

### Summary Comments :

According to Multiple Indicator Cluster Survey in Ukraine, 2012-2013, 65,7% of babies are attached to the breast within the first hour after birth. This indicator, though high enough, needs improvement. But, according to the data of E-BFHI National Methodological and Monitoring Center report, the indicator of Early Initiation of Breastfeeding in the hospitals, designated as Baby Friendly is 92,6%.

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?. **19,7%**

**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): Multiple Indicator Cluster Survey in Ukraine, 2012-2013:**

[http://www.unicef.org/ukraine/ukr/Preliminary\\_MICS4\\_Preliminary.pdf](http://www.unicef.org/ukraine/ukr/Preliminary_MICS4_Preliminary.pdf)

**Summary Comments :**

According to Multiple Indicator Cluster Survey in Ukraine, 2012-2013, **19, 7%** of babies were exclusively breastfed until they reached 6 months old. The indicator is not high. But if we compare it to indicators of three cluster surveys held in 2005, 2007, 2012-2013, we can observe positive dynamics in the quality of child feeding in Ukraine, in particular, the indicator of exclusive breastfeeding has increased from 6% in 2005 to 18% in 2007 and to 19% in 2012 (almost threefold increase). But this indicator is considerably lower than the indicators submitted to the state statistics service, particularly, by BFH. According to the state statistics data source of 2014 the percentage of children who are exclusively breastfed is **54,9%**. The indicator of exclusive breastfeeding until 6 months in BFH in 2014 is **65,9%**.

<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

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**Key question:** *Babies are breastfed for a median duration of how many months? **9 months***

### Guideline:

Indicator 13	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
Median Duration of Breastfeeding		<i>Scores</i>	<i>Colour-rating</i>
	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): **2014 BFHI Country Report for eighth meeting of BFH Coordinators**, page1.

**Summary Comments :** The average duration of exclusive breastfeeding according to 2014 BFHI Country Report for eighth meeting of BFHI coordinators is 9 months. This indicator is rather low. In order to increase this indicator the attention of health workers and mothers should be more focused on emphasizing the advantages of long term breastfeeding. Mothers willing to extend breastfeeding should be given more support and assistance.



## 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? .....%

### 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):** Not applicable

**Summary Comments :** In Ukraine State statistics doesn't collect data on the bottle feeding.

**Recommendation:** To consider introducing in the State Statistics the data according to the bottle feeding.

**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?*  
 .....%

**Guideline**

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

**Data Source (including year):** Not applicable.

**Summary Comments :** No data is available for complementary foods in Ukraine.

**Recommendation:** To consider introducing in the State Statistics the data according to the Complementary feeding.

## Summary Part I: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Programme and Coordination	9.5
2. Baby Friendly Hospital Initiative	8.5
3. Implementation of the International Code	4.0
4. Maternity Protection	9.0
5. Health and Nutrition Care Systems	8.0
6. Mother Support and Community Outreach	8.0
7. Information Support	6.0
8. Infant Feeding and HIV	9.0
9. Infant Feeding during Emergencies	3.0
10. Monitoring and Evaluation	9.0

### 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
<b>61 – 90.9</b>	Blue
91 – 100	Green

### Conclusions:

The research has revealed a rather high degree of The Global Strategy On Infant And Young Child Feeding Strategy implementation in Ukraine. It is reflected in the percentage indicators scored according to 15 criteria on the level **74%**. It testifies to the fact that the Ministry of health of Ukraine, the WHO and UNICEF country offices in Ukraine attach due attention and support to Infant and Young Child Feeding, in particular to breastfeeding.

The Expanded «Baby Friendly Hospital Initiative»(EBFHI) is actively implemented in Ukraine. It is facilitated by the availability of relevant regulations (national policy, programs , orders, protocols). Structure and mechanisms for BFH Initiative implementation in the country have been established, mainly:

- The Coordinating Council of the MOH of Ukraine on the implementation of the Extended WHO/UNICEF “Baby Friendly Hospital Initiative” headed by the deputy minister of health of Ukraine,

- E-BFHI National Methodological and Monitoring Center , which coordinates the work on the implementation of BFHI in the country,
- Regional Methodological and Monitoring Centers, which coordinate the relevant activity in the regions).

The Coordination Council of the MOH of Ukraine is composed of representatives of health care system of Ukraine, National Academy of Medical Sciences of Ukraine, Ministry of Education, Science and Sport of Ukraine, UNICEF, WHO, NGO, in particular representatives of IBFAN (Lvov, Sumy).

- The list of national criteria includes both Global BFHI criteria and some of the WHO recommendations of 2009..
- According to the Order of the Ministry of Health of Ukraine, the Initiative is completely integrated in the Health Care system of Ukraine (BFHI is implemented in all mothers and children health care institutions: in maternity hospitals, inpatient clinics, children's' hospitals and antenatal clinics).
- The Extended BFH Initiative provides for the introduction of modern perinatal technologies stated in the 12<sup>th</sup> principle (partnerships childbirth, preparing partner for labour, birth and early parenthood, assisting a woman in finding comfortable positions during the delivery etc). This principle meets the criteria of a Mother Friendly Care stated in recommendations of WHO/ UNICEF: "Baby Friendly Hospital Initiative. Revised, Updated and Expanded for Integrated Care", 2009.. Unfortunately, this principle is mostly applied and adhered to in facilities certified as Baby Friendly.

The factors listed above made a contribution in the Expanded BFHI in Ukraine and today all regions of Ukraine have Baby Friendly Hospitals. The proportion of Maternity facilities designated as BFH is 89%, and children's' hospitals - 64,5%. The proportion of children born in BFH is 72.2%. According to the State Statistical of 2014 the proportion of exclusively breastfed (EBF) children until 6 months of age is 54,9%. The EBF indicator in the BFH was 65,9%. in 2014. These indicators differ from those obtained as the result of multiindicator survey of households in Ukraine, 2012-2013, according to which only 19,7% of infants were exclusively breastfed until 6 months of age. This indicator is low, but if we consider the results of three multiindicator surveys held in 2005, 2007 and 2012-2013- we may conclude that positive dynamics in the quality of child feeding in Ukraine is observed. In particular, the exclusive breastfeeding indicator has considerably increased from 6% in 2005, 18% in 2007 to 19.7% in 2012.(so the indicator nearly tripled) .

However, the relevant institutional structures and legal framework are not created in Ukraine:

- The National Breastfeeding Committee, which to coordinate work on breastfeeding support not only in the sphere of health care but also in such sectors as nutrition, information etc. Cooperation of the Coordination Council of the Ministry of Health of Ukraine on the implementation of EBFHI with these sectors is not sufficient.
- Due to the lack of National legislation on the International Code of the Marketing of breast-milk substitutes, conditions for violating the provisions of the Code are created., in particular, products within the scope of the Code are advertised in printed editions, in TV commercials .
- The sphere of the Code's activity is restricted to medical institutions and health care workers, under the Order of the MOH of Ukraine №715. It is noteworthy, that over the past few years the knowledge of medical personnel about the International Code has increased. It was achieved due to a number of trainings on the Code for the medical staff, and adaptation of the Manuel of the International Code with the assistance of UNICEF .An important step towards facilitating implementation of the BFH initiative in Ukraine shall be the development and adoption of national legislation on the International Code and establishing the system for monitoring its

violations.

The training of health workers is organized to provide consultations on breastfeeding, introducing supplementary feeding, feeding infants of HIV infected mothers. Health workers are trained to observe the provisions of the International Code of Marketing of Breast milk substitutes also. However, such a training mostly embraces the doctors of BHF certified medical institutions.

The curricula of higher medical educational institutions of I-IV accreditation level contain the necessary information about feeding babies, but each medical educational institution develops and approves its own curriculum, therefore it is hard to assess whether breast feeding related issues are incorporated in the curriculum to a sufficient degree and are properly taught.

In Ukraine, considerable attention is paid to maternity protection. Such normative documents as the Law of Ukraine "On state assistance to families with children" and the Labor Code illustrate it. Under Ukrainian legislation, women are entitled to prenatal leave, childbirth leave and childcare leave for women with young children; families with children are entitled to prenatal and childbirth benefit, child benefit and childcare benefit issued until a child turns 3 years old.

In Ukraine, a mother to mother support system is established by the Order of the MOH of Ukraine №715. The system provides for consultations and support to mothers. Health care workers, regional breastfeeding support centers, breastfeeding support groups made up from mothers with positive breastfeeding experience (who use peer-to-peer methodology) and public organizations provide such services. Monitoring of the quality of consulting services needs to be improved. One of the disadvantages is that breastfeeding support groups are organized only in BFH institutions.

In Ukraine National AIDS prevention programs have been working since 1992. One of the main methods of prevention of HIV transmission from mother to child in Ukraine is the refusal from breastfeeding. According to the target "The National AIDS Program 2014-2018" and current orders of MoH of Ukraine, all babies of HIV-infected mothers are provided with breast milk substitutes free of charge until they reach one year.

Currently, Ukraine is still at the initial stage of developing the regulations and strategies regarding infant and young child feeding in emergencies. These issues need to be developed considering the ongoing armed conflict in Eastern Ukraine. The strategy of infant and young children feeding in emergencies is being actively developed by the Ministry of Health of Ukraine in cooperation with Representatives of UNICEF and the WHO in Ukraine.

Monitoring of Infant and Young Child Feeding Practices is incorporated into the National information system in the health care sphere. Monitoring is realized at the regional and national levels. The National Methodological and Monitoring Center monitors the feeding practices of children in BFH certified health care institutions, whereas the Centre of medical statistics of the Ministry of Health of Ukraine monitors all health care institutions. The major drawback of the monitoring system in Ukraine is that State statistics doesn't collect the majority of the data recommended by WHO/UNICEF for E-BFHI.

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

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	65,7 %	
Indicator 12 Exclusive Breastfeeding for first 6 months	19,7 %	
Indicator 13 Median duration of Breastfeeding	9 month	
Indicator 14 Bottle-feeding	_____ %	
Indicator 15 Complementary Feeding	_____ %	
<b>Score Part II (Total)</b>		

**IBFAN Asia Guidelines for WBTi**

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

Scores	Colour-rating
0 – 15	<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>11</sup> :

The total score of infant and young child feeding Practice is calculated out of 3 indicators (11-12-13), for lack of information on indicators 14-15 and amounts to **18 scores**.

<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.

### **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 92 out of 150. Countries are then rated as:

Scores	Colour- rating
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 of infant and young child feeding practices, policies and programs (indicators 1-15) are rated as **92** what is a rather high indicator but also needs improving.

## Key Gaps:

1. The National Breastfeeding Committee in Ukraine does not exist. The cooperation of the Coordinating Council with such sectors as nutrition, education and information is not sufficient.
2. There is no National legislation on the International Code of Marketing of Breast-milk substitutes, creates preconditions for its violations. The main responsibility for adherence to the Code lies with the medical sphere, whereas other related institutions: education, legislation, Mass media, advertising, public relations and others. are exempted from responsibility. This situation restrains but not eliminates the violations. The occasional facts of violations are revealed in some facilities, designated as Baby Friendly hospitals.
3. Lack of strategies to monitor the adherence to the Code. This issue is only monitored in Baby Friendly designated facilities or on a voluntary basis by NGO.
4. There is no unified coordination center for feeding children in emergency situations to ensure constant cooperation between MOH of Ukraine, UNICEF,WHO and other international organizations, circulation and integration of international programs.
5. National policy on feeding children in the emergencies is not worked out .
6. The issue of implementation in Ukraine of International recommendations concerning- “NEO – BFH :Baby Friendly Hospital Initiative” in Ukraine’ for neonatal departments needs consideration.
7. Lack of a unified curriculum on training health care workers in breastfeeding at graduate and postgraduate levels and monitoring the quality of training.
8. Lack of information on The International Code on Marketing of Breast milk substitutes in the curricula of higher medical institutions of the I-IV accreditation level.
9. Changes and amendments are to be made in the Manuel “Modern lactation and breastfeeding guide”(2002) considering the recent recommendations of the WHO and MoH of Ukraine.
10. Insufficient resource supply in infant and young child feeding in medical and educational institutions (handouts, posters, films etc.).
11. Lack of mother support groups in the facilities not designated as Baby Friendly hospitals. The information system supposed to enable women to get relevant knowledge about the institutions and organizations which provide psychological and consultative help on child feeding issues is not properly functioning. .
12. The monitoring mechanism for assessing the level of knowledge and increasing qualifications of the mothers involved in support groups is not properly elaborated.
13. Attention paid to informational support of women with young age children in emergencies and hardships as well as to the women who are planning to return to work or resume studies is insufficient.
14. Ukrainian legislation does not provide for the establishment of necessary facilities for breastfeeding in public places. Such facilities don’t exist at work places either.
15. Insufficient interaction between State health care system and non-governmental voluntary institutions on the mother support issues, in particular, in the conflict zone.
16. State statistics doesn't collect the majority of the data recommended by WHO/UNICEF for E-BFHI.



## **Recommendations:**

1. To establish a multisectoral national breastfeeding committee, represented not only by structures from medical sphere but also by educational, legal, mass media, advertising, public relations spheres.
2. To adopt National legislation on the International Code of Marketing of Breast-milk Substitutes or such a normative legal act would regulate the activity beyond the sphere of health care system.
3. To elaborate the procedure for regular monitoring of adherence to the Code in different spheres of society by means of agencies, authorized to respond to violations and counteract them.
4. To establish a unified coordination center for feeding children in emergencies, which shall ensure a faster response and constant cooperation of the MoH of Ukraine with UNICEF and WHO offices in Ukraine and other institutions, partners, donors and public organizations at the national and local levels and which will be held responsible for national coordination of the activities involving feeding in emergencies.
5. To elaborate a national strategy on infant and young child feeding in emergencies in collaboration with UNICEF/WHO country offices in Ukraine.
6. To consider the possibility of introducing changes into the Extended Baby Friendly Hospital Initiative in Ukraine, according to the recommendations of NEO-BFH Initiative: Baby Friendly Hospital Initiative” for neonatal wards .
7. To ensure that the existing curricula of medical institutions of I-IV accreditation levels concerning infant and young child feeding be amended and updated according to the latest recommendations of WHO and MoH including the information on the International Code of Breast milk Substitutes.
8. To introduce changes and amendments into the Manual ““Modern lactation and breastfeeding guide (2002.) considering the recent recommendations of the WHO and MoH of Ukraine .
9. To seek possibilities to better provide health care and educational institutions with the handout, posters, films etc. on infant and young child feeding.
10. To promote the creation of support groups in the health care institutions which is not designated as BFH.
11. To establish a system for informing women about the activity institutions and organizations which provide psychological and consulting services to women in breastfeeding related issues.
12. To improve the system of training and monitoring the qualification level of the mothers involved in mother support groups.
13. To inform the society and women, in particular, of the possibility of combining harmoniously breastfeeding and housekeeping with career.
14. To improve quality of health workers training on the issues of consulting women, who are in emergencies, who planning to resume work or continue studies.
15. To encourage the practice of creating family friendly environment in public places and work places.
16. To promote a wider cooperation between governmental and nongovernmental organizations in support of feeding mothers.
17. To consider introducing in the State Statistics a complete range of indicators recommended by WHO/UNICEF for Baby Friendly hospital.