



# **The World Breastfeeding Trends Initiative (WBTi)**

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**Name of the Country:**

**People's Republic of China**

**Year 2013**

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## **Acronyms**

**BFHI** Baby Friendly Hospital Initiative

**GSYCF** Global Strategy for Infant and Young Child Feeding

**GOC** Government of China

**IBFAN** International Baby Food Action Network

**IYCF** Infant and Young Child Feeding

**WBTi** World Breastfeeding Trends Initiative

**WHA** World Health Assembly

**WHO** World Health Organization

## Preamble

The World Health Assembly (WHA) adopted the *Global Strategy for Infant and Young Child Feeding (IYCF)* in 2002 and the UNICEF Executive Board endorsed it. In addition to four targets suggested by the Innocenti Declaration (1999 and 2005), it intends to improve IYCF practices at the national level to contribute to the prevention of child malnutrition and reduce infant and young child mortality aiming to accelerate progress in attaining the health-related Millennium Development Goals (MDGs), especially Goal 4, reduction of child mortality by scaling up early, exclusive and continued breastfeeding.

WBTi is an assessment and analysis of the ten areas of the Global Strategy for Infant and Young Child Feeding conducted nationally within a participatory framework by several stakeholders including governments, professional organizations and civil society. The process allows countries to identify gaps and build consensus on actions to bridge them. The report of WBTi in 33 countries and regions is published by IBFAN.

China carried out the first WBTi assessment in 2008 as required by the 4<sup>th</sup> One Asia Partner Forum and following reassessments. These reports focused on the situation in China mainland, and the results of WBTi in Hong Kong Special Administrative Region (HKSAR) and Taiwan Region were reported in separate documents.

## Objectives

- To find out achievements and gaps in the existing policy, program and practices in reference to IYCF
- To build a consensus among partners in China

## Methodology

The assessment was accomplished using web-based toolkit developed by the IBFAN Asia Pacific. The data source was open data published in China by the government or civil societies. Capital Institute of Pediatrics (Beijing) is the implement unit to compose the draft report. Valuable comments were given kindly by our reviewers who are active breastfeeding partners in China, including Dr. Bo Zhang (MoH), Dr. Chunmei Wen (WHO), Dr. Robert Scherpbier (UNICEF), Ms. Qun Huang (ILO).

Comparing with the result of assessment in 2008, the scores are corrected according to updated data and some new issued national legislation. According WBTi reassessment tools, total of Part I and Part II (indicator 1-15): IYCF Practices and Policies and Programmes, China is then graded as Yellow B (90.5) with total score of 90.5 by reassessment in 2013.

## Part I: IYCF Policies and Programmes

### Indicator 6: 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 Coordinator?

Criteria of Indicator 1	Scoring	Results ✓ <i>Check any one</i>
1.1) A national Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2	✓
1.2) The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	2	✓
1.3) A National Plan of Action has been developed with the policy	2	✓
1.4) The plan is adequately funded	1	✓
1.5) There is a National Breastfeeding Committee	1	✓
1.6) The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	✓
1.7) The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5	✓
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	✓
<b>Total Score</b>	<b>10 / 10</b>	

#### Information and Sources Used:

*Law of Mother and infant health (1995)*

*National Program of Action, for Children Development in China (2001-2010) (2011-2020)*

*National Strategy on Infant and Young Child Feeding (2007)*

#### Gaps:

*The Law of Mother and infant health* was enacted in 1995, in which the Article 24 entitled the right of breastfeeding. *The National Programme Action on Child Development* was issued by the state counsel every ten years which set targets on infant and young child feeding. *The China Regulations on Breastmilk Substitute Marketing* was issued in 1995 jointly by MoH and other five government sectors, which included a few of the previous of the Code. The MoH is responsible for promote breastfeeding, in charge of regularly funding and holding meetings with relevant persons. After almost twenty years, the regulation is in progress of updating. In 2007, MoH issued *The National Strategy on Infant and Young Child Feeding* which updated the infant feeding recommendation as exclusive breastfeeding in first 6 months.

Breastfeeding promotion is carried out mainly by health system in China, and lack of effective collaboration with other government sectors and social resources. Although there is no assigned national breastfeeding committee, MoH keeps the leadership of IYCF promotion, including policy-making, planning, implementation and coordination. IYCF is the important content in programs in child health care and funded by government, for example IMCI.

### **Recommendations:**

It should be joint efforts with other government sectors, especially coordination with market administrative authorities to deal with violation according national law and regulation.

Considering the high rate of mix feeding with universal formula feeding in China, it is recommended to enhance exclusive breastfeeding in 6 month and to improve the enacting of relevant law and regulations. Measures should be conduct to correct the mis-understandings on breastfeeding of the general public, which are the barriers to optional breastfeeding, such as “lack of breastmilk”, “demands of water drink to infants under 6 months”.

**Indicator 2: Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)**

**Key Question:**

2A) What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?

2B) What is the skilled training inputs and sustainability of BFHI?

2C) What is the quality of BFHI program implementation?

**2A) Quantitative**

2.1) What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria? **-12%**-----(*write in %*)

Criteria	Score	Results
		✓ <i>Check any one</i>
0 - 7%	1	
8 – 49%	2	✓
50 – 89%	3	
90 - 100%	4	
<b>Rating on BFHI quantitative achievements:</b>	<b>2/4</b>	

**2B) Qualitative**

2.2) What is the skilled training inputs and sustainability of BFHI? **100%**

BFHI designated hospitals that have been certified after a minimum recommended training of 18 hours for all its staff working in maternity services

Criteria	Score	Results
		✓ <i>Check any one</i>
0-25%	1	

26-50%	1.5	
51 –75%	2.5	
75% and more	3.5	✓
<b>Total Score</b>	<b>3.5/3.5</b>	

## Qualitative

### 2C) What is the quality of BFHI program implementation?

Criteria	Score	Results
		✓ <i>Check that apply</i>
2.3) BFHI programme relies on training of health workers	.5	✓
2.4) A standard monitoring system is in place	.5	✓
2.5) An assessment system relies on interviews of mothers	.5	
2.6) Reassessment systems have been incorporated in national plans	.5	
2.7) There is a time-bound program to increase the number of BFHI institutions in the country	.5	
<b>Total Score</b>	<b>1.0/2.5</b>	
<b>Total Score 2A, 2B and 2C</b>	<b>6.5/10</b>	

### Information and Sources Used:

*Supervision Guidance for Baby Friendly Hospital (MoH, 2002)*

*National Strategy on Infant and Young Child Feeding (2007)*

### Gaps:

The Percentage of total hospitals (both public & private) and maternity facilities offering maternity services have been designated "Baby Friendly" is corrected after checking with MoH. There are about 60,000 health facilities provide maternal service in mainland China. There are about 7,000 hospitals were entitled as baby friendly as MoH reported in 2007, most of which provide maternal service and a few of which are child hospitals. It is required to be baby friendly for state owned hospitals at county level or above, if they provide maternal service

Since 1992, China has achieved lots in BFHI with 7329 BFHs as MoH reported in 2002. MoH issued the Supervision Guidance for Baby Friendly Hospital in 2002 to assess the BFHI internally and externally. As the Guidance required, all the BFHs should comply with the Code, the ten steps for successful breastfeeding, and the

facility's breastfeeding/infant feeding policy. The National Strategy of IYCF (2007) required that training, monitoring, and reassessment should be strengthened to improve BFHI.

To supervise the numerous BFHs is huge challenges for China health authorities. MoH has conducted several rounds of monitoring in selected cities, but the result is confidential. It is the local health authorities that administrate such numerous baby friendly hospitals. But, the health authorities could only reassess a few of the health facilities every year, and most of the reassessment are done by the facilities their selves. It is hard to profile the whole situation with little data at national level or provincial level.

As for violation in marketing places, it should be the commerce authorities to deal with. Unfortunately, any violation has been not really been dealt with. Thus, the baby food companies could dare to expand marketing in China rapidly.


**Recommendations:**

Besides formalistic measures, more effective approaches are urgent to apply, such as updating training, external reassessment and report system, and strictly punishment. We do strongly recommend the health and commerce authority to deal with violations in health system as well as market places justly punishment based on internal and external monitoring system.



### Indicator 3: Implementation of the International Code

**Key Question:** Are the *International Code of Marketing of Breastmilk Substitutes* and subsequent WHA resolution given effect and implemented? Has any new action been taken to give effect to the provisions of the Code?

Criteria	Scoring	Results
		 <i>Check those 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 studied	1	
3.3) National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable	2	
3.4) National measures (to take into account measures other than law), awaiting final approval	3	
3.5) Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions	4	✓
3.6) Some articles of the Code as a voluntary measure	5	
3.7) Code as a voluntary measure	6	
3.8) Some articles of the Code as law	7	
3.9) All articles of the Code as law	8	
3.10) All articles of the Code as law, monitored and enforced	10	
<b>Total Score:</b>	<b>4/10</b>	

**Information and Sources Used:**

*The China Regulations on Breastmilk Substitute Marketing (MoH and other government sectors, 1995)*

*The National Strategy on Infant and Young Child Feeding*

*National Program of Action, for Children Development in China (2001-2010) (2011-2020)*

**Gaps:**

*The China Regulations on Breastmilk Substitute Marketing* was issued in 1995 jointly by MoH and other five government sectors, which included a few of the previous of the Code and subsequent relevant WHA resolutions. In 2007, MoH issued *The National Strategy on Infant and Young Child Feeding* which updated the infant feeding recommendation as exclusive breastfeeding in first 6 months according *the Global Strategy on Infant and Young Child Feeding*. As for BFHI, it is required to training health workers on the Code and the China BMS Regulations and to comply with them.

MoH has conducted several rounds of monitoring in selected cities, but the result is confidential. It is the local health authorities that administrate such numerous baby friendly hospitals. Although above policy and program have been implemented for years, the routine monitoring and punishment for violation is still needed. It should be the commerce authorities to deal with violation in marketing places. Unfortunately, any violation has been not really been dealt with. Thus, the baby food companies could dare to expand marketing in China rapidly.

**Recommendations:**

It is recommended health system to promote breastfeeding, to against formula marketing and to induce external monitoring. It is also altered the conflict of interest in health care project with company funding. We also do strongly recommend the health and commerce authority to deal with violation in the health system as well as market places.

### Indicator 4: *Maternity Protection*

**Key Question:** Is there 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?

Criteria	Score	Results  Check <input checked="" type="checkbox"/> that apply
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave		
a. Any leave less than 14 weeks	0.5	
b. 14 to 17weeks	1	✓
c. 18 to 25 weeks	1.5	
d. th26 weeks or more	2	
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.		
a. Unpaid break	0.5	
b. Paid break	1	✓
4.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	✓
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.	1	✓
4.5) Women in informal/unorganized and agriculture sector are:	1	
a. accorded some protective measures	0.5	
b. accorded the same protection as women working in the formal sector	1	✓

4.6)		
a. Information about maternity protection laws, regulations, or policies is made available to workers	0.5	✓
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.'	0.5	✓
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	✓
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	✓
4.9) There is legislation providing health protection for pregnant and breastfeeding workers and the legislation provides that 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.	0.5	✓
4.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5	
4.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5	✓
<b>Total Score:</b>	<b>8.5/10</b>	

**Information and Sources Used:**

*the Special Provisions on Labor Protection of Female Workers(State Council, 2012)*

*Regulations on Labor Protection of Female Workers (State Council,1988)*

*Law of Population and Family Planning of P. R. China (2001)*

**Gaps:**

Although China did not signed the ILO Convention 183, China's State Council adopted *the Special Provisions on Labor Protection of Female Workers* (the "New Provisions") in April 2012, which titled female workers paid maternity leave of 14 weeks (before and after giving birth), supervision and administration mechanism, employers' responsibilities and liabilities, etc. The New Provisions

provides employed women with the right to one hour breastfeeding break every work day before their baby's first birthday. The breastfeeding break is paid fully.

The coverage of maternity insurance for urban female workers is 95 percent as the official reported. The employer pays the maternity insurance for their women employees. The insurance system pays for maternity benefits to the women during maternal leave that amount to as much as the average salary of their institute in previous years.

Women working in the informal sector should be included, but the implementation is not clear.

**Recommendations:**

Some recommendations are raised for female worker protection in China:

- (1) More convenience measures are exploring to support mother breastfeeding during 4 to 6 months after the delivery when they go back work, such as flexible working schedule.
- (2) The implementation of paid maternity leaves in private sector should be strengthened.

## Indicator 5: Health and Nutrition Care System

**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?

Criteria	Results		
	✓ <i>Check that apply</i>		
	Adequate	Inadequate	No Reference
5.1) A review of health provider schools and pre-service education programmes in the country <sup>1</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.	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>2</sup>	2	1	0
		✓	
5.4) Health workers are trained with responsibility towards Code implementation as a key input.	1	0.5	0
	✓		
5.5) Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrhoeal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1	0.5	0
	✓		
5.6) These in-service training programmes are being provided	1	0.5	0

<sup>1</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>2</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.

throughout the country. <sup>3</sup>		✓	
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick	1	0.5	0
		✓	
<b>Total Score:</b>	<b>6/10</b>		

### Information and Sources Used:

*Supervision Guidance for Baby Friendly Hospital (MoH, 2002)*

*National Strategy on Infant and Young Child Feeding (MoH, 2007)*

*IMCI Action Plan (MoH)*

*IMCI training Course (2004)*

*IYCF training Course (2006)*

### Gaps

Before WHO course on IYCF was introduced to China by WHO in 2006, infant nutrition and breastfeeding was a small part of pediatrics and nutrition. Since 2006, IYCF has been integrated into relevant programmes, such as IMCI, IECD, and family planning. The in-service training on IYCF was carried out in project areas to improve health staff's knowledge and counselling skills. However the pre-service training on IYCF could not expand throughout the country due to the complex and difficult process to adapt the syllabus.

Mother-friendly childbirth procedures have not been implemented in all health facilities. Some hospitals encourage women to choose accompanying delivery and birth, but not all the hospitals. Although room-in is possible in all BFHs, room-in for sick mother or baby is not mandatory.

### Recommendations

The training course on BFHI in China should be updated with revised WHO 20 hour course as soon as possible to add steps on mother friendly care, optional IYCF practices, HIV & infant feeding. Such content should be included in both pre-service and in-service courses.

And mothers should be encouraged to express milk and feed infants expressed milk when they are separated with infants.

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<sup>3</sup> Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

## Indicator 6: Mother Support and Community Outreach

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

Criteria	Results		
	✓ <i>Check that apply</i>		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	2	1	0
	✓		
6.2) All women have access to support for infant and young child feeding after birth.	2	1	0
	✓		
6.3) Infant and young child feeding support services have national coverage.	2	1	0
		✓	
6.4) Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectoral and intra-sectoral).	2	1	0
		✓	
6.5) Community-based volunteers and health workers possess correct information and are trained in counselling and listening skills for infant and young child feeding.	2	1	0
		✓	
<b>Total Score:</b>	<b>7/10</b>		

Information and Sources Used:

*National Guild on Primary Public Health Service (MoH, 2011)*

*China Health Statistics 2012*

Gaps:

The newborn home visit and well-baby clinic are provided by community health centers according the National Guild on Primary Public Health Service. At least three visits are required in the first month after the delivery. While the coverage of newborn home visit was reported as 91% in 2012, but there was no data on the quality.

Baby friendly community is just piloted in selected areas in China since 2008. The peer support, volunteer group were carried by themselves, rather than health authorities.



Recommendations:

The first month is essential for successful breastfeeding and mothers need frequent assistants. Only home visits are not sufficient to support mothers who encounter feeding problems. Besides the hotline of hospital, the peer support, community women group and any other volunteers should be mobilized to help new mothers and their families.

## Indicator 7: Information Support

Criteria	Results		
	<i>Check that apply</i>		
	Yes	To some degree	No
7.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.	2	1	0
		✓	
7.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2	1	0
	✓		
7.3) Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.	2	1	0
	✓		
7.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2	1	0
		✓	
7.5) A national IEC campaign or programme <sup>4</sup> using electronic and print media and activities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months.	2	1	0
	✓		
<b>Total Score:</b>	<b>8/10</b>		

### Information and Sources Used:

*National Program of Action, for Children Development in China (2001-2010) (2010-2020)*

*National Strategy on Infant and Young Child Feeding (MoH, 2007)*

*Work Plan for Celebration on World Breastfeeding Week (MoH)*

### Gaps:

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<sup>4</sup> An IEC campaign or programme is considered “national” if its messages can be received by the target audience in all major geographic or political units in the country (e.g., regions or districts).

The IEC for health staff and general public is integrated in the National Strategy on IYCF. IYCF counseling is part of routine work for child health. MoH has update IYCF information in the national strategy that recommended exclusive breastfeeding for 6 months, but it takes much more time to transmit the information to field health worker.

The national celebration on the world breastfeeding week is conduct in August every year by MoH jointly with WHO and UNICEF to mobilize the general public and health facilities on breastfeeding promotion. It is the most import channel to spread information, education and communication.

**Recommendations:**

To implement the National Strategy (2007), more channel should be used to spread knowledge and information to mothers, the follow-up activities are recommended.

- (1) Health staff should be retrained regularly on IYCF, besides 20 hour course on BHFI.
- (2).Health authorities should provide the minimized basic information in health education for mothers.
- (3) Health system should work together with community leaders, mass media and other partners to spread IYCF knowledge to the general public.
- (4) More channel should be utilize to spread IEC on breastfeeding, besides the WBW in August.

## Indicator 8: Infant Feeding and HIV

**Key Question:** Are policies and programmes in place to ensure that HIV - positive mothers are informed about the risks and benefits of different infant feeding options and supported in carrying out their infant feeding decisions?

Criteria	Results		
	<i>✓ Check that apply</i>		
	Yes	To some degree	No
8.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2 ✓	1	0
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5 ✓	0
8.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5 ✓	0
8.4) 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 locally appropriate is provided to HIV positive mothers.	1	0.5 ✓	0
8.6) Mothers are supported in making their infant feeding decisions with further counselling and follow-up to make implementation of these decisions as safe as possible.	1	0.5 ✓	0
8.7) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0 ✓
8.8) 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 ✓

8.9) The Baby-friendly Hospital Initiative incorporates provision of guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers.	1	0.5	0
			✓
<b>Total Score:</b>	<b>4.5/10</b>		

**Information and Sources Used:**

*National Action Plan for AIDS, syphilis and HBV Prevention from Mother to Child Transmission (MoH, 2011)*

**Gaps:**

In 2011, MoH issued the National Action Plan for AIDS, syphilis and HBV Prevention from Mother to Child Transmission. HIV test is routine test antennal clinic. The HIV-post pregnant women must be referred to assigned infectious hospitals for maternity service. HIV and infant feeding is not generally included in before- and in-services courses, since counseling for HIV positive mothers was only taken by pointed health facilities.

It recommends HIV positive mothers' infants to be formula fed and avoid breastfed or mix feeding as the measure to prevent HIV/AIDS transmission. This recommendation does not follow WHO recommendation on HIV and infant feeding.

**Recommendations:**

The challenges for implementation of the Plan is to build the staff's capacity of IYCF counseling for HIV-positive mothers, as well as to ensure the consistent and sustain infant formula supply for HIV-positive mother's babies. HIV& Infant feeding should not be limited in the assigned infectious hospitals which provide health service to HIV positive mothers. The other health facilities and their staff should also be aware of basic information.

## Indicator 9: Infant Feeding during Emergencies

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

Criteria	Results		
	✓ <i>Check that apply</i>		
	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	2	1	0
		✓	
9.2) Person(s) tasked with responsibility for national coordination with 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 plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed	2	1	0
		✓	
9.4) Resources identified for implementation of the plan during emergencies	2	1	0
		✓	
9.5) Appropriate teaching 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.	2	1	0
		✓	
<b>Total Score:</b>	<b>6/10</b>		

### Information and Sources Used:

*Child Health Care Guideline in Disaster (MoH, 2008)*

### Gaps:

MoH is the coordinator for UN, donor and NGO for infant feeding in emergency. The Office of Health Emergency Response of MoH worked as the head quarter and coordinator in emergency response. MoH conducted a project to train health workers at provincial level on the course of

*Paediatrics in Disasters* developed by American Association of Paediatrics (AAP) during 2008 to 2010.

Protocols for infant feeding in emergency are not available yet. There is little addressed in national policies. When the disaster of Sichuan Earthquake took place in May of 2008, policy and strategy on infant feeding in emergencies was almost blank in China. Even now, IYCF support and management of formula donation is still not given enough priority.

**Recommendations:**

Since MoH is the default national coordinator with UN, NGOs and donors, MoH should take the responsibility to make national policy and develop guidance on such issues. Based on the lessons learned from the disaster response, infant feeding in emergencies will be integrated to the updated *Chinese Regulations on Marketing of Substitute of Breastmilk*.

## Indicator 10: Monitoring and Evaluation

**Key Question:** Are monitoring and evaluation data routinely collected and used to improve infant and young child feeding practices?

Criteria	Results		
	✓ 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) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.	2 ✓	1	0
10.3) Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	2	1 ✓	0
10.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers	2 ✓	1	0
10.5) Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys.	2 ✓	1	0
<b>Total Score:</b>	<b>9/10</b>		

### Information and Sources Used:

*Supervision Guidance for Baby Friendly Hospital (MoH, 2002)*

*National Strategy on Infant and Young Child Feeding (MoH, 2007)*

*Report on Marketing Monitoring of Breastmilk Substitutes in China (China Consumer Association, 2007-2009)*

### Gaps:

Monitoring, evaluation and feedbacks are written as the tenth measure in the *National Strategy on Infant and Young Child Feeding*. The rate of breastfeeding in 0-6 month old children and



malnutrition prevalence are included in the Maternal and Child Health Information System (MCHIS) and the National Nutrition and Health Survey (NNHS). Not all key indicators on IYCF are reported by MCHIS and NNHS, and the quality of data and sampling is of argues. The data of MCHIS is confidential. NNHS is conducted every five years, and the last report was published in 2007. The child nutrition surveillance system started in 2012 by MoH and China CDC, which is expected to provide annual information since 2014.

**Recommendations:**

More indicators on breastfeeding and IYCF need to include in national information systems, such as exclusive breastfeeding in 0- 6 months, breastfeeding duration, and complementary feeding in 6-9 months. And the quality control of the information collection and report should be given enough concerns. We are appealing to the MoH to update the information more frequently and to public the whole information to assistant academic research and policy making.

Besides internal administration in the health system, external monitoring provided important information to policy makers, for example, the marketing surveys by China Consumer Association during 2007-2009. Taking account of the numinous of BFHs in China, the internal supervision and monitoring is an arduous task for health authorities. The compensative mechanism will be concerned, such as the external monitoring and evaluation. More external monitoring and evaluation are required for national project plans.

## Part 1: Infant and Young Child Feeding Practices

### Indicator 11: Early Initiation of Breastfeeding

*Key question: Percentage of babies breastfed within one hour of birth*

#### Guideline:

Indicator 1	WHO's Key to rating %	Existing Status %
<i>Initiation of Breastfeeding (within 1 hour)</i>		
	0-29	
	30-49	41.0
	50-89	
	90-100	

#### Source of data:

*Analysis report of National Health Services Survey in China 2008 (MoH)*

#### Summary Comments

The data is reported by National Health Services Survey (NHSS) which was conducted in 2008 and regarded as the most reliable data source due to its elaborating stratified cluster sampling. The data of survey in 2008 was used in previous WBTi assessments. The coming survey will be conducted in late of 2013. The percentage is recalled by mothers with children under three years old by natural delivery or caesarean section.

In China, more than 90% of the mother gives delivery in hospitals, in that mother and newborns spend the first hours with health workers. Early skin-to-skin contact, early sucking and early breastfeeding are the essential provision for maternal service and help to early breastfeeding initiation. The percentage of babies breastfed within one hour after birth reflects the implementation of above three early actions in maternity.

Beside general provision to promote early breastfeeding initiation, more attention should be put to mothers and newborns after caesarean section, due to the high caesarean section rate in China, which was reported as high as 40 percent.

## Indicator 12: Exclusive breastfeeding for the first six months

Key question: *Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours?*

### Guideline:

Indicator 2	WHO's Key to rating %	Existing Situation %
<i>Exclusive Breastfeeding (for first 6 months)</i>	0-11	
	12-49	27.6
	50-89	
	90-100	

### Source of data:

*Analysis report of National Health Services Survey in China 2008 (MoH)*

### Summary Comments:

To give young babies water and formula is universal in China, which strongly undermines exclusively breastfeeding in first 6 months in China. Water adding is deep-rooted in Chinese culture to avoid “inter heat”, although there is enough water in breastmilk. More important is that baby food company’s aggressive marketing has idealized the figure of their products and induced infant formula consumption, which decrease mother’s willing to practice optional breastfeeding.

In China, about 70% of women were employed who are entitled with maternal measures as three to four months of paid maternal leave and one hour of breastfeeding break every day for one year. The maternal protect measures are hard to help mothers insisting exclusive breastfeeding to 6 months when she go back work.

## Indicator 13: Median duration of breastfeeding

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

### Guideline:

Indicator 3	WHO's Key to rating	Existing Situation
<i>Median Duration of Breastfeeding</i>	0-17 Months	10
	18-20 "	
	21-22 "	
	23-24 "	

### Source of data:

*Analysis report of National Health Services Survey in China 2008 (MoH)*

### Summary Comments

As NHSS 2008 reported, the average breastfeeding stop age was 10.1 months, 8.6 months in rural and 10.8 months in urban. It is believed widely that children should stop breastfeeding around the first birth day, in case they could not be interested in complementary food. Longer breastfeeding after two years usually is not accepted by family members and relatives.

## Indicator 14: Bottle feeding

*Key question: What percentage of breastfed babies less than 6 months old receives other foods or drinks from bottles?*

### Guideline:

Indicator 4	WHO's Key to rating	Existing Situation %
<b>Bottle Feeding</b> (<6 months)		
	30-100%	67.2
	5-29%	
	3-4%	
	0-2%	

### Source of data:

*Report of the national survey on growth of children under 7 years of age in nine cities of China in 2005*

### Summary Comments

Information on bottle feeding is not included in routine information collection.

Feeding by bottle and teat, and early complementary feeding are quite commonly used in China. Even health workers are not well aware of the hazards of bottle feeding, say nothing of mothers. By the national survey on growth of children under 7 years of age in nine cities of China in 2005 showed, 67.2% of the infants less than 6 months old received other foods or drink.

## Indicator 15: Complementary feeding

*Key question: Percentage of breastfed babies receiving complementary foods at 6-9 months of age?*

### Guideline:

Indicator 5	WHO's Key to rating %	Existing Situation %
<b>Complementary Feeding</b> (6-9 months)	0-59	43
	60-79	
	80-94	
	95-100	

### Source of data:

*Analysis Report of National Health Services Survey in China 2008 (MoH)*

### Summary Comments

It is the percentage of all children at 6-9 months, including breastfed and non-breastfed babies. The rate of complementary feeding at 6-9 months of age was 37.5% in urban areas and 44.6% in rural areas. Early feeding and late feeding both exist in China. There were 30.4% of the babies taking other food during the first four months after birth, while 22.1% of the babies did not take any other food after 12 months.

Training for health workers and health education on infant feeding for parents should be improved to spread scientific information, because many Chinese parents, and even some health workers, think that early introduction of egg yolk, porridge, vegetable soup to young babies could increase nutrient intake and prevent anaemia.

## Summary

### Part I: IYCF Policies and Programmes

Indicators	Reference	Score (Out of 10)	Grading	Color-rating
National Policy, Programme and Coordination		10.0		
1. Baby Friendly Hospital Initiative		6.5		
2. Implementation of the International Code		4.0		
3. Maternity Protection		8.5		
4. Health and Nutrition Care		6.0		
5. Community Outreach		7.0		
6. Information Support		8.0		
7. Infant Feeding and HIV		4.5		
8. Infant Feeding during Emergencies		6.0		
9. Monitoring and Evaluation		9.0		
<b>Score Part II (Total)</b>		<b>69.5</b>	<b>B</b>	<b>Blue</b>

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Total score of infant and young child feeding policies and programmes (indicators 6-15) are calculated out of 100.

Scores	Colour- rating	Grading
0 - 30	Red	D
31 - 60	Yellow	C

61 - 90	<b>Blue</b>	<b>B</b>
91 – 100	<b>Green</b>	<b>A</b>

## Part I: IYCF Practices

IYCF Practice	Result	Reference	Score	Grading
Indicator 11 Starting Breastfeeding (Initiation)	41.0 %	• <i>Analysis Report of National Health Services Survey in China 2008</i>	6	C
Indicator 12 Exclusive Breastfeeding for first 6 months	27.6 %		6	C
Indicator 13 Median duration of Breastfeeding	10 months	• <i>Report of the national survey on growth of children under 7 years of age in nine cities of China in 2005</i>	3	D
Indicator 14 Bottle-feeding	100%		3	D
Indicator 15 Complementary Feeding (6-9 months)	43.3 %		3	D
<b>Score Part 1 (Total)</b>			<b>21</b>	<b>C</b>

*Guideline:*

Scores (Total) Part-II	Colour-rating	Grading
0 - 15	<b>Red</b>	<b>D</b>
16 - 30	<b>Yellow</b>	<b>C</b>
31 - 45	<b>Blue</b>	<b>B</b>
46 – 50	<b>Green</b>	<b>A</b>

The breastfeeding initiation rate was 41.0% together including 27.0% in half hour after birth and 14.0% between 30 to 60 minutes. All the data of IYCF indicator has not updated since 2008 National Health Services Survey which conduct every five years and was regarded as the most reliable source for IYCF in China. The coming survey will be conduct in late of 2013 and the updated data is expected.

The reasons for low breastfeeding rates and short duration are complex. It resulted from low awareness of value of exclusive breastfeeding and continued breastfeeding, and universal formula feeding, and increasing career pressure and related weak breastfeeding facilities for employed women. In China, breastfeeding rate is undermined by early water drinking and common formula feeding. Water adding is deep-rooted in Chinese culture to avoid “inter heat” ignoring the fact that there is enough water in breastmilk. Prevalent formula feeding is resulted out of aggressive market promotion and weak breastfeeding assistant by maternal and child health care.



Increasing work career pressures and short maternity leave is another reason for early cease of breastfeeding. About 69.6% of women 16-59 years of age were employed<sup>5</sup> in China, who entitled of three to four months of paid maternal leave and one hour of breastfeeding break every day for one year<sup>6</sup>. Mothers are usually hard to insist exclusive breastfeeding to 6 months when she goes back work when their babies are only 4 months old.

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

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

Part I: 69.5 and Part II: 21

**Total score: 90.5, Grading as B, colour-rating as Blue**

Scores	Colour- rating	Grading
0 - 45	Red	D
46 – 90	Yellow	C
91 - 135	Blue	B
136 - 150	Green	A

<sup>5</sup> ?? **China Population & Employment Statistics Yearbook 2012**, ISBN 978-7-89458-276-5/F.476

<sup>6</sup> State Counsel, *the Special Provisions on Labor Protection of Female Workers*, 2012