

- Communications specialist,
- Monitoring and evaluation specialist.

- *1B. What is the role of the National Authority in relation to BFHI?*

The national authority will have government endorsement to have oversight of all nine Global Strategy targets, as operationalised in the four major action areas: 1) national policy and legislation, 2) health system and health worker standards, reform and related actions, 3) multi-sectoral mobilisation and community action, and 4) special circumstances. As such the primary roles are to:

- strategise and plan national IYCF activities;
- oversee implementation of specific activity areas such as BFHI and the Code; and
- monitor and evaluate the status of programmes and activities as well as the outcomes in terms of changes in feeding behaviours.

These activities demand ongoing assessment and feedback. Therefore, the national authority must also:

- advocate for data collection, both ongoing in health systems as well as periodic surveys,
- be mandated by the national or regional government, and
- have support and funding in the national or regional financial plan and budget.

The specific roles and responsibilities of the national authority include:

- Coordinating and fostering collaboration across Ministries, stipulating a process for sustainable reassessment, e.g., via insurance, taxes.
- Incorporating support for breastfeeding and complementary feeding into ongoing mechanisms.
- Setting goals based on international standards. In general:
  - The goal for early initiation should be that newborns are placed skin-to-skin within minutes of birth, remaining for 60 minutes or longer, with all mothers encouraged to support the infant to breastfeed when their babies show signs of readiness.
  - The goal for exclusive breastfeeding, as determined at the UN Standing Committee on Nutrition, 2004, should be to increase exclusive breastfeeding to 6 months of age to a minimum of 60% by 2015, with the ultimate goal of approaching 100%.  
Note: in countries where women receive voluntary counselling for HIV/AIDS, a proportion of these women will choose replacement feeding. Even though some of the HIV-positive women will choose exclusive breastfeeding, in such settings, the ultimate goal will remain less than 100%.
  - The goal for complementary feeding, as determined at the UN Standing Committee on Nutrition, 2004, from 6 months to 23 months or longer, is that breastfeeding continue to supply 350-500 calories a day, and an additional 3-5 feedings of nutrient rich complementary foods is needed, as described under “optimal feeding”.
- Achieving stated IYCF goals. Therefore, a regular budget and budget line must be identified by the government from governmental sources to support these functions.
- Overseeing standards for health worker training and legislation to protect optimal infant and young child feeding, such as undergraduate health worker