

curricula, working with professional organizations to upgrade standards of practice, and legislation to implement the Code of Marketing and maternity protection.

- Adapting criteria for baby-friendly expansion into the community and other expansion approaches (see section 1.5).
- Incorporating baby-friendly principles into any and all related health (e.g., Saving Newborn Lives, C-IMCI), nutrition (e.g., Ending Child Hunger and Undernutrition Initiative, work on MDGs) or social programmes (e.g., Early Child Development).
- Providing technical oversight and review as necessary of the BFHI Coordination Group's assessments – including how it administers self-appraisals, assessments and re-assessment at least once every 3-5 years.
- Overseeing ethics of the designation processes and insure avoidance of conflict of interest, whether with a manufacturer, training programme, or other, that may bias assessments and designations.
- Carrying out, at least annually, an assessment and evaluation of health service data on breastfeeding and complementary feeding for baby-friendly-designated facilities and other settings.

In addition, the National Authority will develop a multi-year plan of action and associated budget for government support and consideration, and will meet regularly to assess progress against each goal, as well as to assess progress on agreed upon objectives.

Step 2:

Identify – or re-establish – national BFHI goals and approaches.

Many countries have BFHI committees and goals in place, but they may or may not be part of current comprehensive or integrated health system and health worker training policies and plans. The first step is to ensure that these goals are currently part of national or regional programming. If there has not been recent action on these goals, consider conducting a rapid baseline survey or literature review of country-level breastfeeding and complementary feeding practices, support activities, number and location of facilities previously designated, and status of those facilities to assess current standards of practice. (see the sample questionnaire for rapid assessment in Annex 2 of this Section 1.1.).

The concept of BFHI is no longer limited to the Ten Steps in maternities, but has been adapted to include many possibilities for expansion into other parts of the health system, including maternal care, paediatrics, health clinics, and physicians' offices, and into other sectors and venues such as community, commercial sector, and agricultural or educational systems. Baby-friendly care concepts derived from the Ten Steps can also be provided in tandem with other international initiatives, such as Community IMCI or HIV/AIDS/PMTCT programming.

The National Authority may decide to include some of these new components and emphases in developing a new, greater picture of Baby-friendly care in the local context. Some examples of these options are presented later in the Section 1.5: Expansion and Integration Possibilities.