

If BFHI assessors are available and facilities are ready, assessment may begin immediately without waiting for the training plans to be implemented. If there is an insufficient number to carry out assessments, all levels of training, and/or curricula reform, the plan should address these needs.

Even where few births take place in facilities, training may be necessary to create a standard of care and to ensure that all health care personnel are skilled in breastfeeding protection, promotion and support. In addition, consideration should be given to development of “Baby-friendly” community designation (see Section 1.5), or other national programme approaches to ensure support for early, exclusive and continued breastfeeding with age-appropriate complementary feeding. These efforts can be linked to facilities directly, or through health or social systems, to ensure consistency in messages and support approaches.

Phased work should begin immediately, with all training materials and curricula updates developed, and sufficient resources identified to complete this work in a timely manner.

In addition to BFHI materials, National Authorities should consider providing handbooks such as “Protecting Infant Health: A Health Workers’ Guide to the International Code of Marketing of Breast-milk Substitutes”, a basic breastfeeding support manual, and a summary of local regulations, law and policy.

- *4C. Ensuring that national health information system includes a record of feeding status on all contacts with children under 2 years old*

This new responsibility, developed to address the operational objectives of the Global Strategy and other programme needs, dealing with the Ministry of Health, academia, Ministry of Education, Ministry of Plan, and Demographics, depending on which has the responsibility for data collection. Existing health information systems should be amended to include the new growth standards of WHO, notation on feeding pattern at each contact with mothers and children under age 2, and regular planned review by health practitioners.

In addition, the National Authority should review the summaries of these records, as well as periodic surveys, to assess progress and area where programme adjustment may be necessary.

- *4D. Monitoring and evaluation plan*

The National Authority is responsible for keeping records and supporting the planning necessary to ensure that all facilities are encouraged or mandated to follow the BFHI criteria. In addition, this body will review all available data and ensure that analyses are carried out, in collaboration with Health information system directorate and national statistics offices, and the information used to improve programming and further the IYCF goals.

Step 5:

BFHI Coordination Group coordinates facility-level assessments, re-assessments and designation of “Baby-friendly” status.

“Baby-friendly” assessments and designations may begin as soon as the BCG, with or without BDCs, is established by the National Authority, and after the facilities carry out the self-assessment and consider themselves compliant with the “Ten Steps”.

Designations should be based on an assessment as per national guidelines and should be monitored, and, where necessary, probationary periods established. Once designation is achieved, the designation must be for a pre-set number of months or years, based on in-