

Section 1.1 - Annex 1: Five Steps in Implementing BFHI at the Country Level: Suggested Inputs and Outputs

Step	Inputs	Outputs
1. Establish, re-energize, or plan a meeting of the National Authority (Breastfeeding, Infant and Young Child Feeding, or Nutrition Authority) to establish or assess its functions related to BFHI.	Government commitment to the Global Strategy for Infant and Young Child Feeding, including BFHI evidenced by willingness to incorporate support into national budget or national accrediting approach. Review of existing data on breastfeeding, and BFHI if already established, completed. (if data are not available), rapid baseline survey(s) of country-level breastfeeding practices, support, and status using short questionnaire or WHO implementation planning tool carried out and analysed.	Government supported or endorsed National Authority established, with commitment to developing/strengthening BFHI. Analysis of current status on IYCF and BFHI completed, with listing of all national facilities and their BFHI status.
2. Identify - or re-establish - national BFHI goals and approaches.	Necessary meetings and functions convened by National Authority to identify national goals, specific and measurable objectives and indicators, and possible expansion/integration approaches to BFHI in the local context.	Five-year strategic plan with budget for the National Authority and BFHI-associated activities created.
3. Identify, designate or develop a BFHI Coordination Group (BCG), and, where appropriate, BFHI Designating Committees (BDCs).	Most appropriate BCG option identified by the National Authority for their setting and resources based on the decisions concerning BFHI and possible expansions areas. The BCG plan of action in response to the 5-year strategic plan presented to the National Authority for approval and support.	A sustainable approach has been selected. BCG and/or procedures and processes for designation that might include BDCs established and approved by National Authority and recognized by government. BCG activated.
4. Ensure: 1) that the BCG fulfils its responsibility to provide, directly or indirectly, the initial or ongoing assessments of facilities, 2) development of a plan for pre-and in-service curricula revision (if needed) and BFHI training, 3) that national health information system includes a record of feeding status on all contacts with children under 2 years of age, and 4) monitoring and evaluation plan.	Regular reports provided by BCG to the National Authority. Meetings/functions as necessary to review content of curricula of all health workers and auxiliary workers, convened by National Authority. Support for curricula revision identified, with National Authority assistance as necessary. Coverage and analyses discussed/ensured through meetings of the National Authority with Health information system directorate and national statistics offices.	Feedback is provided by the National Authority to the BCG, and to Government and civil society. Training and curricula are updated. HIS records of feeding pattern and growth for all children under age 2+ are available and analysed. Periodic surveys on feeding patterns are conducted. Analyses carried out to identify programme adjustments necessary.
5. Coordinate facility-level assessments, re-assessments and designation of "Baby-friendly" status.	BCG instituted plan of action, including the training of BDCs if determined necessary to meet national goals, with assistance as needed from National Authority.	BCG form and function, including the possibility of subsidiary BDC, is finalised and functioning. Facilities, communities, etc. are assessed and designations made in accordance with plan. Plan reviewed regularly for feasibility and adaptation if needed.