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## ACROYNMS

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<th>Description</th>
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<tr>
<td>AFASS</td>
<td>Acceptable, Feasible, Affordable, Sustainable and Safe</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>ART</td>
<td>Antiretroviral Therapy</td>
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<td>BFHI</td>
<td>Baby Friendly Hospital Initiative</td>
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<td>CDO</td>
<td>Community Development Officer</td>
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<td>COMBI</td>
<td>Communication for Behavioural Impact</td>
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<td>CPO</td>
<td>Child Protection Officer</td>
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<td>DAL</td>
<td>Department of Agriculture and Livestock</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>DP</td>
<td>Development Partners</td>
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<tr>
<td>FBO</td>
<td>Faith Based Organization</td>
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<td>HHS</td>
<td>Household Survey</td>
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<td>HFS</td>
<td>Health Facility survey</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HPO</td>
<td>Health Promotion Officer</td>
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<tr>
<td>IEC</td>
<td>Information, Education, Communication</td>
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<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<td>LLG</td>
<td>Local Level Government</td>
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<td>NDoH</td>
<td>National Department of Health</td>
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<td>NGO</td>
<td>Non-Government Organization</td>
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<td>NHIS</td>
<td>National Health Information System</td>
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<td>PNG</td>
<td>Papua New Guinea</td>
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<td>PPTCT</td>
<td>Prevention of Parent to Child Transmission</td>
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FOREWORD

It is with great pleasure I introduce the new National Infant and Feeding Policy which the government has approved for implementation. This policy complements the Baby Feed Supplies (Control) Act 1977, amendment1984 and revised 2011.

Breastfeeding is the best and safest way of feeding infants. Breast milk meets all nutritional requirements a baby needs for the first six months of life. It provides the only perfect food for babies and protects them against infections and lays a foundation for healthy growth and development, emotionally, mentally and physically.

Exclusive breastfeeding for the first six months after birth followed by introduction of complementary feeding at 6 months with breastfeeding continuing for two years or beyond is recommended for infant and young children. Exclusive breastfeeding means that babies receive nothing not even water or food or other milk but breast milk only for the first six months of life. Exclusive breastfeeding can help with birth spacing; this allows a better quality of life for the mother, baby and the whole family.

Inappropriate infant and young child feeding practices are the main causes of malnutrition in Papua New Guinea (PNG), in addition to the high disease burden. Early introduction of complementary feeds before six months, infrequent feeding, and feeding of low nutrient density (bulky) foods are common practices.

According to the World Bank, the promotion of exclusive breastfeeding for 6 months is one of the most cost-effective measures to address wide spread malnutrition. Exclusive breastfeeding is also associated with reduction in mortality over the first year of life in HIV-exposed infants compared to mix feeding and replacement feeding.

Although breastfeeding at birth is nearly universal, exclusive breastfeeding rates are much lower. 2005 Nutrition survey found that more than 80% of children in PNG were introduced to foods or liquids other than breast milk before the WHO recommended age of 6 months and 85% were being breastfed at 18 months of age.

There remains much work to be done to stop the promotion of formula feeding in urban and settlement areas as well as in rural areas. This Policy applies to all health facilities and health service providers that serve women, infants and young children that no infant formula feeding or other commercial baby food is allowed in any health facility, accept on medical grounds. We hope that with this policy in place and the Baby Feed Supplies (Control) Act 1977, amended 1984 and Revised 2011 in place should be able to prevent the illegal sales of baby bottles and regulate sales of formula feeding.

The Ministry of Health in Papua New Guinea affirms their commitment to the National Infant and Young Child Feeding Policy and support its program by recognizing the benefits of this natural way of feeding infants and young children. We are confident that this will be a major contribution to health of children now and in the future.

Hon. Michael Malabag, MP, OBE
Minister for Health and HIV & AIDS
ACKNOWLEDGMENT

It is the right of every infant and young child to exclusively breastfeed for the first six months of life and introduction of complementary feeding after six months for optimal health and child survival.

Current evidence states that exclusive breastfeeding for the first six months provides the best chance of overall survival for a large majority of children, irrespective of HIV status of the mother and the baby, followed by introduction of complementary feeding after six months, with continue breastfeeding for as long as the mother wishes and is able to do so.

The National Department of Health has endorsed the global public health recommendation for infants to be exclusively breastfed for the first six months of life and introduction of complementary feeding to achieve optimal growth, development and health of all children.

This Infant and Young Child Feeding Policy is developed to complement the Baby Feed Supplies and Control Act 1977 which is currently being revised. This policy needs to address infant feeding practices in Papua New Guinea (PNG) where breastfeeding is declining and women from different walks of life are resorting to formula feeding or replacement feeding and not exclusively breastfeed their infants. Traditionally, PNG women breastfeed their babies but commence food as early as few weeks or few months old or late when babies have their first few teeth, usually between 6-8 months old.

The purpose of this policy is to encourage all health workers; both government and non-government agencies, who are service providers to support, promote and protect breastfeeding. The Code of Marketing of Breast Milk Substitutes also needs to be applied to make awareness on disadvantages of formula feeding.

The Infant and Young Child Feeding Policy was developed after several meetings and consultations with various stakeholders. In recognizing their efforts, on behalf of the National Department of Health I would like to convey my sincere appreciation to those who were involved in putting together this very comprehensive and evidence based Infant and Young Child Feeding Policy.

I look forward to see this Infant and Young Child Feeding Policy to be promoted and implemented in all levels of governance. I also encourage everyone in both government and non-government agencies to read the policy document and I look forward for the implementation of the key infant feeding activities that will promote, support and protect exclusive breastfeeding and appropriate complementary feeding in PNG.

__________________
MR PASCOE KASE
Secretary for Health
EXECUTIVE SUMMARY

The purpose of this policy is to complement the Baby Feed Supplies (Control) Act 1977 to protect, promote and support breastfeeding and to provide guideline for all health workers and service providers to implement global public health recommendation for infants to be exclusively breastfed for the first six months of life to achieve optimal growth, development and health.

The World Health Organization (WHO) in collaboration with UNICEF developed the “The Global Strategy on Infant and Young Child Feeding” in 2002 that was endorsed by the 55th World Health Assembly of the same year. This strategy guides countries with key topics to cover and integrate when developing their national policies on Infant and Young Feeding.

The development of this policy document for PNG is a result of a number of meetings with various stakeholders. Current issues affecting the Infant and Child feeding practices raised by relevant stakeholders were analyzed against relevant studies results.

Culmination of all these work is being concluded and the following are adopted as key policies for implementation.

1. Breast Feedings should be initiated within one (1) hour of birth
2. Exclusive Breastfeeding for the first 6 months of life will be promoted and strengthened
3. Complementary Feeding shall be introduced at 6 months of age with continued breastfeeding up to 2 years and beyond
4. Breast feeding shall be maintained in all situations. However, Formula feeding may be considered in special situations such as maternal death and child abandonment
5. All adopted babies are to be breast fed, replacement feeding will be considered only in HIV exposed and HIV infected babies.
6. In situations of disaster whether by natural or man-made cause, breastfeeding and appropriate complementary feeding are recommended. NDoH will take lead to coordinate IYCF response in any disaster situation.
7. All premature babies are to be fed with breast milk
8. Exclusive breast feeding for the first six months followed by introduction of nutritionally adequate complementary foods from 6 months with continued breastfeeding for up to 24 months shall be encouraged to all infants and young children including those exposed to HIV/AIDS.
9. All mothers should be made aware of the importance of nutrition before, during pregnancy and lactation
10. Breastfeeding of infants and young children by all mothers should be protected, promoted and supported
11. Malnutrition and Micronutrients Deficiencies in infant & young children shall be treated and prevented accordingly
12. Decision making on infant and young feeding shall be based on sound evidence.
13. Advocacy and Partnerships with all stakeholders will be maintained
14. All Hospitals and health facilities providing birthing services should be accredited as Baby Friendly
15. All health service providers and health training institutions shall use NDOH endorsed infant and young child feeding counseling module and other nutrition related training curriculum.

The implementation of the policy will require support and commitment by government agencies and non-government agencies while each province needs to have a nutrition officer to coordinate the implementation of the policy by incorporating activities in their annual provincial activity implementation plan (AIP).
CHAPTER ONE - BACKGROUND

1.1 Intent of Policy

This policy is intended to guide the Infant and Young Child Feeding Health Services in Papua New Guinea and, to inform health workers and all relevant stakeholders on improved infant and young child feeding practices based on international best practices.

1.2 Historical Context

According to recent data malnutrition has been responsible, directly or indirectly, for 35% of the 7 million deaths annually among children under five. It means that almost 2.5 million children die each year due to malnutrition. Well over two-thirds of these deaths, which are often associated with inappropriate feeding practices, occur during the first year of life.

It is considered one of the most important underlying causes of poor health outcomes in Papua New Guinea. The National Nutrition Survey (NNS 1982/83) conducted on mainly rural children 0-59 months revealed that 29.9% of them were underweight, 43.2% stunted and 5.5% wasted (Heywood et al 1988). The National Household Food Consumption Study 1996 reported that 8.1% of children in PNG were wasted and 42.9% stunted based on NCHS/CDC/WHO reference (Gibson and Rozelle 1998). Both of these surveys showed a high incidence of wasting and stunting among children between the ages of 11 to 23 months. The 2005 NNS did not show any significant improvement to the 1982/83 survey.

According to the World Bank, the promotion of exclusive breastfeeding for 6 months is one of the most cost-effective measures to address wide spread malnutrition. Although breastfeeding rates are still high, according to data from the DHS 2006 and the PNG National Nutrition Survey (NNS) 2005, 35.6 percent of children aged four to five months were exclusively breastfed, indicating early introduction of complementary foods. Both surveys also showed that generally breastfeeding rates are lower than twenty years ago, which may be due to urbanization and HIV epidemic. For infants under 2 months of age 21% are receiving complementary feeding or not breastfed, whereas this was 12.3% in 1996. At 4 months of age this figure rose to 42%. Clearly, there is a need for awareness campaign on the advantages of exclusive breastfeeding for growth and development.

Many studies have confirmed that breastfeeding behaviours will change with a comprehensive set of interventions in place. Breastfeeding alone provides the ideal nourishment for infants for the first six months of life because it contains all nutrients, water, antibodies and other factors an infant needs in order to thrive. Breastfeeding also has many health and emotional benefits for the mother and for the child. Breastfeeding prevents communicable diseases such as diarrhoea and non-communicable diseases like obesity. Emotional benefits will include for example reduction of stress in mother and child. Timely introduction of complementary feeding that is nutritious, adequate and safe, with continued breastfeeding, is the key to child survival and development.

Papua New Guinea Baby Feeds Supplies (Control) Act 1977 stipulates that baby feed supplies shall be controlled and all proscribed articles be obtained only through prescription.

The Global Strategy for Infant and Young Child Feeding was developed by WHO and UNICEF jointly, to revitalize world attention to the impact that feeding practices has on nutritional status, growth, development and health, thus the very survival of infants and young children. The Global Strategy for Infant and Young Child Feeding also guides countries with topics to cover and integrate when developing their national policies on Infant and Young Child feeding.
It is in this juncture a national policy on Infant and Young Child Feeding for PNG is now being developed to guide and compliment the Baby Feed Supplies (Control) Act currently under review.

1.3 Audience

This policy will be used by all government agencies from national, provincial, district and local levels, private and non-government organisations, civil and faith based organisations including private individuals involved in providing health care services or promoting health through awareness and advocacy.

This policy will also be shared with the Manufacturers, Importers, Exporters, Distributors, and Retailers of Baby Feed Supplies, Development Partners, NGOs and other stakeholders.

1.4 Policy Development Process

PNG has a Baby Feeds Supplies (Control) Act (to promote and protect breast feeding) in place, originally developed in 1977 and revised in 1984. This Act is currently under review, concurrently with the drafting of the regulations. It was during one of the Act review consultation meetings that the need for policy on Infant and Young Children Feeding was identified.

Two consultation meetings were held so far to develop this policy. Various relevant stakeholders from public hospitals, provinces representation rural health, NGOs and Faith Based Organisations, Training Institutions and other government agencies such as Department of Community Development and Central Agencies were invited to participate in these meetings. International UN Agencies such as UNICEF and WHO also participated in these meetings.

The first draft of the policy was presented at the 2011 Medical Symposium in Kimbe. This was to provide an opportunity for child health practitioners to comment on. In May 2012, a working meeting was held at the Kokoda Track Motel outside Port Moresby for the Policy Technical working group to finalize the document.

This policy development was informed and supported by the survey findings from the PNG National Nutrition Survey 2005, DHS 2006, Paediatric Hospital Reporting System 2011/2012 and the PNG Ann Tropical Paediatrics Survey 1998. Other published and unpublished surveys and experiences from years of practice from all those that participated in the policy meetings contributed significantly to the development of this policy.
CHAPTER TWO - POLICY CONTEXT AND DIRECTIONS

2.1 Goal

The goal of the Policy is to improve child survival and development through improved feeding practices of infants and young children in Papua New Guinea.

2.2 Vision and Mission

The vision for this policy is for infants and young children of Papua New Guinea to achieve optimum health for survival, and help attain a healthy physical, mental and social development in life.

The mission is to Protect, promote, support breast feeding and improve complementary feeding and reduce malnutrition in infant and young children in PNG.

2.3 Objectives

The objectives of this policy are:

- To encourage early initiation of breastfeeding (within first hour after birth) and promote exclusive breastfeeding to infants up to six months of age.
- To introduce and promote appropriate complementary feeding practices at 6 months of age with continued breast feeding up to two years and beyond.
- To promote the prevention of parent- to- child transmission of HIV through appropriate and safe measures that ensure optimal infant and young child feeding.
- To reduce malnutrition, anaemia and micronutrient deficiencies in children to nationally acceptable level with special focus on most disadvantage areas.
- To support and enhance the national capacity to address issues of infant and young child feeding in emergency situations and circumstances
- To fully implement the international code of marketing of Breast Milk substitutes.
- To control the availability and usage of baby feed supplies.

2.4 Principles

It is the right of every newborn infant and young child to good health and nourishment through early initiation of breastfeeding, exclusive breastfeeding, and timely, adequate, safe and appropriate introduction of complementary feeding, with continued breastfeeding through 2 years of life or more.

It is also the right of every child to good health as agreed in the 1989 United Nations Convention of the rights of the child of which PNG Government is signatory to.

Therefore, the following principles provide the guidelines for making decision that underpins the management of Infant and young child feeding practices in PNG.
Leadership and ownership, where the state takes responsibility for the overall coordination and implementation of IYCF programs.

Equitable access to nutritional services, where every infant and young child regardless of social status, cultural background, tribal ethnicity, geographical setting and urban or rural livelihood is given the same quality of care and feeding practices.

Rights of infant and young children to good health care, where every infant and young child can enjoy healthy growth and development and can profit from health care and nutritional services that treat and provide protection against diseases and disability.

Safety of health care workers and clients, where every individual implementing IYCF programs is protected against occupational hazards according to national and international standards.

Gender Equality, where every infant and young child regardless of their sex and gender of caregivers, has equal access to quality health care and nutritional services.

Transparency where information on IYCF programs and activities are openly shared among all relevant stakeholders.

Good Governance, where implementation of IYCF programs and activities complies with relevant government processes and legislations.

Evidence based services, where every baby is receiving nutritional interventions that are proved to be effective, documented and internationally recognized.

Accountability, where IYCF programs are monitored and relevant stakeholders are liable for their implementation results.

Holistic and integrated approach, where every infant and young child is receiving comprehensive care combining provisions of nutritional interventions with other child health interventions at the same time when required.

Sustainability, where nutritional programs and interventions after initial support of development partners can be successfully continued with available resources and capacity.

Cost Effectiveness, where allocated funds and other resources justify results achieved.

Friendly services, where all infant and young child and their caregivers receive health care and nutritional services in supportive, empathetic and hospitable environment.

Participation of communities, where caretakers and local leaders are involved in decision making process on issues related to access of infant and young child to quality nutritional services and feeding practices.

Working in partnership, where IYCF programs and activities are implemented through effective dialogue and collaboration with all relevant stakeholders.

Professionalism, where all nutritional services are provided according to highest possible standard and with respect for the infant and young children and their care givers.
2.5 Core Government Legislations and Policies

The Infant and Young Child Feeding Policy should be read with the following policies and pieces of legislations.

Policies and Standards
- Vision 2050, 2009
- National Health Plan 2011 – 2020
- National Health Service Standards 2011
- Maternal Health Task Force Report 2010
- National Nutrition Policy March 1995
- Child Health Policy September 2009
- National Policy on Integrated Management of Childhood Illness, 2009
- National Policy on Expanded Program on Immunization (NDoH 2004)
- National Policy on Family Planning (National Department of Health 2009)
- PPTCT Policy
- National Early Childhood Care and Development Policy (Department For Community Development, (November 2007)
- Food Security Policy 2000-2010
- Medium Term Development Plan (MTDP) 2011-2020
- Nutrition Minimum Standards
- National Drug Policy 1998
- Public Service General Orders 2012 (revised)

Laws, Acts and Legislations
- Organic Law on Provincial and Local Level Government, 1995 (revised)
- National Health Administration Act 1997
- Public Hospital Act 1994
- Provincial Health Authority Act 2007
- Public Health Act 1973
- Independent Consumers and Competition Commission Act 2002
- Food Sanitation Act 1991 & Regulation 2007
- Medicines and Cosmetic Act 1999
- Medicines and Cosmetic Regulations 2001
- Lukautim Pikinini Act 2009
- Public Services Management Act 1995
- Labour and Employment Act 1978
- National Institute of Standards and Industrial Technology Act. 1993
CHAPTER THREE - POLICIES AND STRATEGIES

3.1 Current Situation

Malnutrition contributes substantially to high child mortality, poor growth, delayed neurodevelopment and high infectious disease morbidity. Studies and surveys in PNG have shown that severe or moderate malnutrition are found in two-thirds (66%) of all child deaths, a higher proportion than in other countries.

The Demographic and Health Survey (DHS) 2006 revealed high mortality rate of children under five years of age as well as an infant mortality rate of 75/1000 and 57/1000 per live birth respectively.

The National Nutrition Survey 2005, has shown that about 44% of the children from ages 6 -59 months in Papua New Guinea (PNG) are physically stunted, 5% are wasted and 18% are underweight. It also showed that 48% are anaemic, of which 28% have iron deficiency. The proportion of children with vitamin A deficiency accounted for 25.6% of the study population.

The PNG Paediatric Hospital Reporting system 2011 in 10 hospitals, reported that 1,406 children were admitted with severe malnutrition (weight for age <60% of expected, or with clinical marasmus or kwashiorkor). This represents 9% of all admissions comparing to 6.8% in 2010. Severe malnutrition was associated with 265 deaths: 22.6% of all deaths, a figure consistent with 2010 record of 24.3%. The case fatality rate (CFR) for severe malnutrition was 18.8%, this was again consistent with 2010 data where CFR for severe malnutrition was 21%. Overall malnutrition case fatality rate in 2011 was more than 10% in 7 of the 10 hospitals, more than 20% in 2 hospitals, and over 30% in 1 hospital.

Infant feeding practices in PNG survey Ann Tropical Paediatrics September 1998, showed that 28.8% of mothers did not give colostrum to their babies, only 43.5% of 3-month-old babies were exclusively breastfed and over half of the study population were introduced solid food before 4 months of age. 20% of the study population bottle fed their babies.

Maternal, Newborn, Child and Adolescent Health Services Delivery Channel Household Survey conducted in four districts in 2009 showed that only 47% of mothers interviewed fed their infants with colostrum. The difference between the coastal (51.9%) and highland districts (43.0%) was statistically significant.

Breast feeding was also surveyed in the 2005 National Nutrition survey showed that 84% of mothers initiated breast feeding within 24 hours after birth but breast feeding declined as the child grew older. It also showed that 81% of children were introduced to solid food before the age of 6 months. Another study from Mt Hagen hospital (unpublished) showed that solids were introduced as early as one month.

Some factors contributing to these problems include inappropriate and inadequate breast feeding and complementary feeding practices in the first two years of life coupled with high rates of infectious diseases such as tuberculosis and HIV/AIDS, poor maternal and child nutrition. Poor breastfeeding and complementary feeding practices are often associated with taboos, beliefs, food preparation methods, diversity of food available, timing of introduction of new food, quantities, qualities, and frequencies of feeding that can differ between ethnic groups.

Infant formula is still being provided in most of the health facilities leading to delay in initiation of breast feeding. Infant formulas or Breastmilk substitutes are being sold in shops other than registered pharmacies. They are being sold to the mothers without meeting the AFASS criteria. Mothers who initiate breastfeeding as soon as their babies are born, are also being influenced to feed their babies with formula milk by manufacturers, distributors and retailers of breast milk substitutes.
A survey conducted in urban Lae of Morobe Province (Fiona Kupe’s unpublished data) showed that mothers of younger age group lacked knowledge on their Rights to breast feeding hours as stipulated in the General Orders compared to older mothers. Over ninety six percent of mothers surveyed reported no facilities for breastfeeding practices in their workplace. In the same survey, 55 % of mothers employed in private sector indicated that there was no workplace policy on breastfeeding at their places of work.

In specific circumstances such as maternal death, adoption, and disaster situation, babies are fed with infant formula milk by care-givers without meeting the AFASS criteria.

The number of babies born to women with HIV/AIDS is increasing according to the NHIS. Women with HIV infection tend to artificially feed their infants due to fear of possible transmission of the virus through breast milk. Fear of Mother to child transmission of HIV/AIDS through breast feeding is a growing concern for mothers and care providers.

Despite the fact that NSS 2005 recognise stunting as the most common nutritional problem in children, there are no mechanisms in place to diagnose stunting in health facilities. The 2013 of IMCI clinical guidelines does not include diagnosis and management of stunting.

Issues relating to capacity within government to advocate and provide appropriate and relevant services to all relevant stakeholders promote healthy infant and young child breast feeding is widely lacking across all settings in PNG.

### 3.2 Analysis of Issues

A healthy start in life is the most precious gift one can give to a newborn baby. A baby needs the physical closeness and warmth of its mother as much as it needs optimum nourishment. This is achieved through breastfeeding. Studies (as indicated in 3.1-current situation) have also shown that although many mothers know about the advantages of breast milk, breastfeeding has been declining especially among our working mothers.

1. **Initiation of Breast Feeding within ½ to 1 hour of Birth**

   Early Initiation of breastfeeding within ½ to 1 hour of birth is delayed or not practiced resulting in inadequate milk supply and seeking alternate milk feeding. Health workers and service providers as well as mothers lacked knowledge and skills on the importance of early initiation of breastfeeding. In-service training for health workers and service providers should be provided and strengthen and advocacy and awareness be targeted towards mothers at antenatal clinic to increase knowledge and skills to improve practices for mothers as well as care givers.

2. **Colostrum (First yellow milk) is not given to all the babies**

   The 1998 Ann Tropical study has shown that in some communities, colostrum is discarded and not given to the babies. There is a significant difference in colostrum feeding patterns in the highland areas compared to coastal area as shown by Maternal, Newborn, Child and Adolescent Health Services Delivery Channel Household Survey in PNG 2009. Cultural beliefs and lack of awareness are the main factors resulting in this. There is inadequate health care giver’s knowledge to assist appropriately. Advocacy and Greater awareness of consistent message in all sectors will be required to promote this.
3. Exclusive Breastfeeding for the first 6 months of life

Introduction of alternative milk feeding by mothers returning to work coupled with or introduction of solid food on its own as early as 1 month of life. Babies of special situations such as adoption, emergencies are not exclusively breastfed. Mothers and health care givers lack the knowledge of the importance of exclusive breastfeeding. Greater awareness of the importance of exclusive breastfeeding be made to mothers during antenatal visits, caregivers and communities and to all sectors.

4. Complementary Feeding

Complementary feeding is often not appropriate. It means that the food is introduced to young infants too early (before 6 months) or too late (even after 9 months) and is given in inadequate frequencies and quantities recommended for specific child age. It is also often not safe and of poor quality (lack of micronutrients and low energy density). This result in malnutrition and high rates of stunting that is the most common nutritional problem in children in Papua New Guinea. Advocacy and greater awareness on when to start complementary feeding is required to increase knowledge and improve practices on complementary feeding among health care givers, communities and families.

5. Continued breastfeeding from 6 months to 24 months

National Nutrition Survey 2005 revealed that Breastfeeding rate dropped as the age of the child increases. Due to cultural beliefs, inappropriate feeding practices and mothers returning to work, breastfeeding rate declined. Change in harmful cultural practices, greater awareness and advocacy is required in all settings.

6. Micronutrients Deficiencies

Proper feeding practices to infant and young children are not practiced. Children are not given balanced meals due to lack of knowledge, ignorance or parents not able to afford balance diet. Lack of appropriate food for balance diet is also a problem. There is need for awareness and advocacy on balanced diet and foods that are rich in energy, protein and Vitamin A, iron and other micronutrients.

7. Replacement Feeding

Replacement feeding is increasing in PNG due to various circumstances confronting mothers or families. Mothers with HIV/AIDS and working mothers depending on working schedules and distance opted for replacement feeding.

In order to provide a conducive work environment for working mothers and those with special needs such as HIV/AIDS, there is a need for a greater awareness in the workplace on breastfeeding.

Promotion, advertisement and marketing of breast milk products encourage replacement feeding, and undermine breast feeding. Comprehensive intervention subject to international code of marketing of breast milk substitute is required to address this issue.

8. Feeding in emergencies and disaster situations

Emergencies occur unexpectedly, some may have adverse effects than others. Depending on the severity of the situation including maternal deaths and child abandonment, the child will require special attention that is practical and appropriate to be able to meet his/her nutritional requirements. Mothers also require support and attention to meet the nutritional needs of their children (supply of safe water, cooking facilities and food). Separation of mothers and children also needs to be addressed ensuring appropriate feeding of the affected children.
9. Feeding in special situations

There are other special situations that require appropriate interventions to support feeding of infant and young children. These situations include: forced adoption, ordinary adoption, disabled children, cases where a mother is medically recommended not to breast feed her child for example due to mother receiving chemotherapy for cancer, or where she is not able to help herself and the child due to loss of consciousness.

10. Malnutrition and high prevalence of stunting

There is a high rate of malnutrition in children between 0-59 months. Children at the age of 6-23 months are more vulnerable to malnutrition. This is because complementary feeding is not introduced at 6 months. It is often not timely as required, not adequate, not prepared in safe environment and not locally available. Awareness and education on complementary feeding practices to communities and service providers is very important to prevent malnutrition.

There is geographical imparity in PNG where certain regions are worse off than others. More research is needed to learn about undying differences between the regions. It is critical that nutritional interventions target the areas with the highest prevalence of malnutrition. Stunting is not appropriately addressed due to lack of mechanisms to measure and monitor stunting in children. The health workers are also not trained to diagnose and implement actions to prevent and treat stunting.

11. Feeding infants & young children of HIV/AIDS

Infant feeding in the context of HIV/AIDS is complex because of the major influences that feeding practices exerts on child survival. The Approach to address this problem is to provide appropriate & adequate information on the best feeding practices.

12. Maternal Nutrition

Poor maternal nutrition status will have profound effect on health and survival of the child. As reported by the studies conducted, there is high prevalence of anaemia and low iodine status in women of child bearing age. It is critical that Maternal Nutrition care services are strengthened at all levels of the health delivery system.

13. Breastfeeding infants and young children of working mothers

Working mothers often choose replacement or mix feeding due to employment and lack of supportive working environment to exclusively breastfeed. Emphasize Promotion and support of exclusive breastfeeding and complementary feeding in working environment.

14. Feeding in premature babies

Premature babies are separated from mothers and given pre-lacteal feeds apart from breast milk. Encouragement on importance of exclusive breastfeeding of premature babies is critical for the baby and mother. Mothers have to be properly advised on breastfeeding of premature babies. Due to lack of sucking reflex in some premature babies, mothers have to be taught how to express breastmilk and feed the baby using appropriate feeding techniques.
15. Mixed feeding

It is evident in studies that early introduction of other milk, solids and liquids interferes with breast feeding leading to poor breastfeeding practices, increased risk of infections and malnutrition. It is important to promote and emphasize on Exclusive Breast Feeding in the first 6 months and timely introduction of complementary food.

16. Capacity Building

Issues and problems associated with Infant and Young Child feeding practices are increasing in PNG. There is lack of appropriately trained care providers at different level of health delivery system to implement infant and young child feeding programs. Capacity building across all levels of the health system is important for improved accessibility to quality services.

17. Cultural Barriers

Cultural beliefs in PNG society has negatively affect breastfeeding and complementary feeding practices. Being a multicultural society with more than 800 different languages and about 75% illiteracy rate, awareness and capacity building is critical especially in the rural areas. Advocacy and social mobilization (community involvement) on the best and recommended infant feeding practices is vital to improve the feeding practice.

18. Geographical Barrier

Geographical locations of most rural villages make it difficult for mothers and children to access health services. Improve and strengthen accessibility to quality health service and information on IYCF to rural majority is important.

19. Parent-Baby Friendly environment

There is growing concern of mothers abandoning families, or maternal mortality leaving fathers to take care of the baby or child single-handed. Emphasis on Parent- baby friendly environment is important under these circumstances.

3.3 Policy Response

3.3.1 Policy on Initiation of Breast Feeding:

| Breast feedings should be initiated within 1 hour after delivery. |

Strategies:

- a) Every Health workers and other care providers should actively support initiation of *Breast Feeding within one hour after delivery*.
- b) Every pregnant woman should be advised about initiation of breast feeding and communities and families are supportive of early initiation of breastfeeding.
- c) All care providers must have capacity and be able to counsel mothers and community members on importance of giving colostrum.
- d) All mothers should give colostrum (first yellow milk) only and no other fluids to their babies within 1 hour after delivery.
3.3.2 Policy on Duration of Exclusive Breastfeeding

All children should be exclusively breastfed for the first 6 months of their life.

Strategies:

a) All health workers and other care providers should be knowledgeable and skilled in counselling about exclusive breast feeding in all settings:
b) All pregnant woman and mothers of children less than 6 months old will be advised on exclusive breast feeding for the first 6 months of life.
c) All Community Members should be made aware of the importance of exclusive breastfeeding of children for the first 6 months of their life.
d) COMBI (Communication of Behavioral Change) principles will be integrated in education and promotion activities on exclusive breastfeeding.
e) Breastmilk substitutes and baby foods supplies must comply with existing international and domestic law (Baby Feed Supplies Control Act with all its amendments) and does not undermine the importance of exclusive breast feeding of children less than 6 months.
f) Misleading information that may discourage mothers from exclusive breastfeeding practices will be controlled.

3.3.3 Policy on Introduction of Complementary Feeding.

Complementary Feeding should be introduced at 6 months of age with continued breastfeeding up to 2 years or beyond.

Strategies:

a) Ensure every health care provider is trained to counsel care givers and parents about introduction of complementary feeding.
b) All parents and or care givers should be made aware to introduce complementary feeding to their children at the age of 6 months.
c) Importance of continued breast feeding from 6 months to 2 years of age or beyond should be emphasized to all community members.
d) Parents, care givers and the general community should be informed on safety and quality of complementary feeding substitutes.

3.3.4 Policy on quantity, quality and frequency of complementary feeding.

Complementary feeding should be appropriate to age of the child, safe, adequate and meet the child’s nutritional needs.

Strategies:

a) Every health care provider must be equipped with skills and knowledge on quantity, quality and frequency of complementary feeding.
b) Every child older than 6 months and younger than 2 years should be given complementary food that is appropriate for age, nutritionally adequate and safely prepared.
c) Health sector agencies will work in partnerships with other sectors in promoting proper complementary feeding practices.

### 3.3.5 Policy on Feeding in Emergencies and Special Situations

Breastfeeding should be maintained in all situations, however formula feeding may be considered in special situations such as maternal death and child abandonment.

**Strategies:**

a) Every health care provider will be equipped with skills and knowledge on counseling about feeding in special situations.

b) In the case of maternal death, child abandonment or other special situations, the caregivers should be informed about replacement feeding that is acceptable, feasible, affordable, sustainable and safe (AFASS criteria).

c) Ensure all caregivers and service providers are properly implementing replacement feeding procedures in case of maternal death and child abandonment.

### 3.3.6 Policy on Feeding of Adopted Baby.

All adopted babies are to be breast fed, replacement feeding can be considered only in HIV exposed and HIV infected babies.

**Strategies:**

a) Health care providers will be equipped with skills and knowledge on counseling on feeding of Adopted Babies.

b) Counseling services should be provided for adopting parents.

c) All adopting parents should be encouraged to attend counseling sessions on Feeding of Adopted Babies.

### 3.3.7 Policy on Feeding in Disabled Babies (congenital and acquired disabilities which interfere with breastfeeding).

Breastmilk feeding should be encouraged and maintained in all disabled babies.

**Strategies:**

a) Health workers should have capacity to consult on feeding of disabled babies.

b) Disabled babies less than 6 months of age should be fed with breast milk only.

b) Disabled babies older than 6 months of age should receive breast milk in addition to complementary food appropriate for the age and condition of the child.

c) Importance of feeding of disabled babies younger than 2 years of age with breast milk and maintaining milk supply in their mothers should be advocated.

### 3.3.8 Policy on Coordination of Nutrition Response in Disaster Situations.

National Department of Health takes lead to coordinate IYCF response in any disaster situation.
Strategies:
   a) Relevant standards and guidelines that address infant and young child feeding in disaster situations should be made available to all relevant relief organizations.
   b) NDoH’s leadership role will be strengthened to coordinate IYCF response during the disaster situation.

3.3.9 Policy on Feeding practices in Disaster situations.

| In disaster situations whether natural or man-made, breastfeeding and appropriate complementary feeding are recommended. |

Strategies:
   a) Health staff should have necessary skills and knowledge to provide support and counseling to caregivers of children in disaster situations.
   b) Ensure infants & young children are breastfed and also receive appropriate, safe and nutritionally adequate complementary food.
   c) Infant formula should only be used under strict conditions as per the relevant guidelines.

3.3.10 Policy on Feeding of Premature Babies

| All premature babies should be fed with breast milk and offered protection through skin-to-skin care. (Kangaroo Mother Care) |

Strategies:
   a) Health care providers will be equipped with skills and knowledge on counseling on feeding of premature babies.
   b) Encourage all parents and care givers to feed all premature babies with breast milk only.

3.3.11 Policy on Feeding infants and young children exposed to HIV/AIDS

| Exclusive breast feeding for the first six months followed by introduction of nutritionally adequate complementary foods from 6 months with continued breastfeeding for up to 24 months shall be encouraged to all infants and young children including those exposed to HIV/AIDS. |

Strategies:
   a) Health care providers should be equipped with skills and knowledge on counseling on feeding of children exposed to HIV/AIDS.
   b) Mothers and caregivers should be encouraged that all infants exposed to HIV/AIDS are exclusively breastfed for the first six months.
   c) Nutritionaly adequate complementary foods should be introduced at six months with continued breastfeeding up to 24 months.
   d) All HIV positive mothers and HIV exposed babies should be encouraged to have access to ART services.
3.3.12 Policy on Maternal Nutrition in support of IYCF

All women should receive good nutrition before, during pregnancy and during lactation period to support IYCF.

Strategies:

a) Health workers and other service providers will be well equipped with knowledge and skills on counselling about mother’s nutrition.

b) All women will be made aware of the importance of nutrition before, during pregnancy and lactation.

c) All pregnant women will be counselled about nutrition.

d) All mothers will be educated on the importance of family planning (including birth spacing).

3.3.13 Policy on Protection of breastfeeding.

Breastfeeding of infants and young children by all mothers shall be protected, by law.

Strategies:

a) All health workers especially Environmental Heath Officers will be equipped with knowledge and skills to implement Baby Feed Supplies (Control) Act with its amendments and regulations and International Code of Marketing of Breast Milk Substitutes.

b) Ensure there is control over baby feed supplies by Compliance, Licensing, Inspections and Analysis of implementation of the Baby Feed Supplies (Control) Act with its amendments and regulations.

c) All - prescription only - prescribed articles will be bought through pharmacies.

d) All manufacturers, distributors and retailers should be complying with the International Code of Marketing of Breastmilk substitutes and all relevant national acts and regulations.

e) The NDoH will advocate for development of workplace policies that will promote, protect and support a breast feeding friendly working environment.

f) The NDoH will advocate for legislations to extend maternity leave for breast feeding to six months.

3.3.14 Policy on Malnutrition in infants & young children

All forms of malnutrition including: low birth weight, stunting, and micronutrients deficiencies in infant & young children shall be prevented and treated.

Strategies:

a) Health workers and other health care providers should be equipped with knowledge and skills on prevention and treatment of all form of malnutrition including: low birth for age, stunting, obeities and micronutrients deficiencies.

b) Health facilities should be equipped with equipment and supplies for detection, monitoring and treatment of all form of malnutrition.
c) Consumption of well-balanced diet and appropriate breastfeeding practices will be promoted.

d) Ensure there is provision of supplementary and therapeutic foods as treatment for moderate, severe and chronic under-nutrition.

e) Fortification of various staple foods with vitamins & minerals will be encouraged.

f) Vitamin A supplementation should be available and given to children at 6 months to 5 years at all levels of health facilities including the aid posts.

g) Iron or multi-micronutrient supplementation should be available to all children in areas of high prevalence of anaemia.

h) Consumption of appropriate locally available food which is rich in vitamins and minerals will be encouraged.

i) All children should be protected and treated against parasitic infections that could lead to malnutrition and micronutrient deficiency.

3.3.15 Policy on Stunting - the most prevalent nutritional problem

Stunting - as the most prevalent nutritional problem in children has to be recognized and appropriately addressed.

Strategies:

a) Health workers have capacity to diagnose, monitor, prevent and treat stunting in all children.

b) All health facilities have equipment and supplies for assessing and monitoring stunting (measuring length and/or weight for age).

c) Stunting is reported and prevalence of stunting is monitored.

d) There is support to address stunting on the community and family level.

e) There is advocacy to recognize stunting by all child health stakeholders as the most prevalent nutritional problems in children with a high impact on child mental and productive development.

3.3.16 Policy on Decision making and research on IYCF.

Decisions on standards of infant and young child feeding practices shall be based on sound scientific evidence.

Strategies:

a) Qualitative and quantitative research on infant and young child feeding will be encouraged at all levels of service delivery and community.

b) Research agendas on infant and child feeding should be approved by NDoH Medical Research Advisory Committee as per the Health Research Policy 2011.

c) Nutritional survey and household survey on infant and young child feeding practices will be encouraged to be conducted in provinces and districts.

3.3.17 Policy on Coordination and Partnerships

The NDoH as the steward of the PNG Health System shall maintain a central coordination role and work in partnerships with all other stakeholders to improve IYCF outcomes.

Strategies:
a) NDoH will coordinate all activities and provide overall strategic directions to improve IYCF outcomes in the country.
b) All partnership arrangements will be co-ordinated and guided by the National Health Sector Partnership Policy.
c) The NDoH will ensure there is technical support on IYCF to existing and new community based breast feeding groups and NGOs.

3.3.18 Policy on Baby Friendly Hospital Initiative (BFHI).

All Hospitals and health facilities providing birthing services shall be accredited as Baby Friendly.

Strategies:

a) Legislative framework will be established to support implementation of Baby Friendly Hospital Initiatives.
b) Breastfeeding will be encouraged in all health facilities from birth to discharge.
c) Hospitals and other health facilities will be encouraged to provide a mother-friendly care environment.

3.3.19 Policy on Training modules on IYCF

All health service providers and health training institutions shall use NDOH endorsed infant and young child feeding counselling training programs and modules and other nutrition related training curriculum.

Strategies:

a) All health service providers will be trained in IYCF and other nutrition related trainings.
b) Ensure IYCF training module is incorporated into the curriculum of all Health Training Institutions.

3.3.20 Policy on Structure to support implementation of IYCF Policy

Implementation of IYCF Policy shall be supported by appropriate structure at provincial and district levels.

Strategies:

1. The NDoH will work with Provincial Health Authorities (PHA), Public Hospitals and Provinces to ensure there is capacity and appropriate structure at all levels to implement IYCF Policy.

3.4 Resource, staffing and service implications

The implementation of the policy requires support in the operations and implementation with adequate resources and staffing. For awareness and training in both health facilities and community, manpower and IEC materials will be required to use for advocacy. Therefore there is a need to;
- Increase manpower in various health facilities according to needs.

- Need integration of different agencies for the enforcement of Baby Feed Supplies (Control) Act 1977 (amended 1984 and is currently being revised.

- Create nutrition positions in provinces and districts to coordinate, support and implement nutrition programs.

- Conduct training on Infant and Young Child Feeding (IYCF) for all health workers so they are knowledgeable and skilled to be able to impart and share right information to other service providers, families and communities on infant feeding practices as well as infant feeding in context with HIV/AIDS.

- Awareness on infant feeding practices must be well implemented in both health facilities and community base programs and integrate training with other programs.

- Baby Friendly Hospital Initiative in all provincial and district hospitals and other health facilities. Also baby friendly initiatives in the communities and work places.

- To strengthen Susu Mamas and other NGO partners provide breastfeeding support to prevent spillover effect of formula feeding to mothers for whom breastfeeding would be the safest option.

- To ensure that health workers have knowledge and skills of breastfeeding and replacement feeding to counsel HIV infected women.

- Provide posters, pamphlets etc on breastfeeding and complementary feeding for infants up to 2 years.
CHAPTER FOUR - IMPLEMENTATION PLAN

The implementation of the policy will require support and commitment by government agencies such as Department of Health, Department for Community Development, Department of Education and Department of Agriculture and Livestock and non-government organizations such as Susu Mamas and others who implement MCH activities as well as support families and communities. Nutritionist positions to be created in all provinces needs advocacy for provinces to create these positions in their provincial structure. Each province needs to have a nutrition officer to coordinate the implementation of the policy through incorporating activities in their provincial activity Implementation Plan (AIP).

Implementation of this Policy will be done in the phase manner according to resources availability and existing capacity. The National Department of Health will develop guidelines for health managers on how to implement the IYCF Policy on the provincial and district level. The next step includes support in planning IYCF activities and building capacity to improve IYCF health outcomes, and mobilizing and securing adequate resources. Standardized training programs for health service staff and others involved in IYCF services will be developed, to provide skills and knowledge to deliver the required health services. Local Level Government will also play a crucial role in implementation of IYCF Policy through support to establish and integrating services at community health posts and conducting awareness on IYCF to local populations.

The NDoH will be the lead agency for coordinating the management and implementation of this policy, through its Nutrition Section under the Family Health Services branch, division of Public Health including coordination of activities of other stakeholders such as education institution, development partners or NGOs.

The NDoH and development partners are working on the Nutrition Strategic Implementation Plan that will detail action activities that will be incorporated into various levels of planning and budgetary process trough out the government health system. Partners will be encouraged to align their support and activities for efficient and effective service delivery.

The list of responsibilities related with implementation of this Policy at each level is presented as annex one of this policy.
CHAPTER FIVE - MONITORING AND EVALUATION

Implementation of the National Policy on Infant and Young Child Feeding Practices will be monitored by an ongoing collection of performance data and indicators as well as successful stories and testimonies on infant feeding practices by clients and health workers in various organizations who implement infant feeding practices in various fields, either in a community based setting or in health facilities.

- The Non-Government component of the health sector shall also participate in collection of performance data and indicators in collaboration with the National Department of Health. All data should be forwarded to the National Department of Health Nutrition Unit to collate and analyze the information or data.

- Data should be forwarded in the same manner as the normal National Health Information System (NHIS) and or directly to the National Department of Health Nutrition Unit in Special Data forms should be used to assess Infant and Young Child Feeding Practices in the health facilities and community.

Infant Feeding Policy Review

The Policy should be reviewed in 10 years in conjunction with the Baby Feeds Supplies and Control Act and its Regulations. The Child Health Advisory Committee has the key role in co-coordinating and supervising Child Health activities and as advisors to the National Department of Health. This committee should also advise or participate in future review of the issues concerning the Infant Feeding Policy.
ANNEX 1: ROLES AND RESPONSIBILITIES

Different partners will play an important role in the implementation of this policy for better alignment and coordination. The following are defined to guide the different roles each and every partners plays in the implementation process.

National Level
- Develop and review policies, standards and guidelines on infant and young child feeding practices
- Develop a policy on BFHI to complement the IYCF policy
- Review existing training curricula for both in-service and pre-service
- Advice provinces and relevant stakeholders on planning of infant and young child feeding activities in the annual activity plans
- Collaborate with other government agencies and institutions on the implementation of this policy.
- Advocate for resource mobilization for infant and young child feeding programs for all levels
- Regulate and co-ordinate the implementation of Baby Supply Control Act and International Code of Marketing of Breastmilk Substitutes.
- NDoH to coordinate multi sectoral partnership to strengthen and utilize existing committees to support the implementation of this policy
- Coordinate certified breast feeding support groups with their linkages to the health facilities
- Advocate and provide technical support to health facilities to implement Baby Friendly Hospital Initiatives (BFHI).
- Advocate implementation of this policy in public sector and inclusion of work place policies in the private sector for all mothers.
- Develop tools for monitoring and evaluation of IYCF program
- Monitor and evaluate infant and young child health programs
- Identify priority areas for research and surveys
- Coordinate and conduct research and survey
- Advocate for legislation on maternity leave for 6 months and other breastfeeding protecting working place arrangements like nursing breaks, facilities for breastfeeding

Provincial Level
- Coordinate implementation of the IYCF policy in the province
- Coordinate and strengthen partnerships at provincial level in implementing this policy
- Plan and budget for IYCF activities in the province
- Coordinate monitoring and reporting of IYCF activities and provide monthly reports to NDoH or whenever required
- Provide technical support to districts and local level governments in implementing this policy
- Coordinate training of provincial, district and local level staffs on infant and young child feeding
- Create position for infant and young child feeding coordinators in the province
- Co-ordinate the implementation of Baby Supply Control Act and International Code of Marketing of Breastmilk Substitutes.
- Create position for infant and young child feeding coordinators to coordinate infant and young child feeding activities
• Create positions for regulators/inspectors in the province to monitor the implementation of Baby
• Monitor and evaluate infant and young child feeding programs in the province
• Support and conduct research and surveys on IYCF priority areas
• Collaborate with other government agencies and institutions on the implementation of this policy.

Hospital

• Provide technical support to the province on infant and young child feeding practices
• Plan and budget for infant and young child feeding in hospitals
• Support and facilitate in-service training in hospital and province in for infant and young child
  feeding practices
• Co-ordinate the implementation of Baby Feeds Supply Control Act and International Code of
  Marketing of Breastmilk Substitutes in the hospital.
• Support and conduct research and surveys on IYCF priority areas
• Implement and enforce Baby Friendly Hospital Initiative Policy

Provincial Health Authority (NEW)

• Coordinate implementation of the IYCF policy in the hospital and rural health facilities
• Coordinate and strengthen partnerships at provincial, district and local level in implementing this
  policy
• Plan and budget for infant and young child feeding activities in the province, hospital, district and
  local level
• Coordinate monitoring and reporting of infant and young child feeding activities and provide
  monthly reports to NDoH or whenever required
• Provide technical support to hospital, districts and local level governments in implementing this
  policy
• Coordinate training of hospital, district and local level staff on infant and young child feeding
• Co-ordinate the implementation of Baby Feed Supplies (Control) Act and International Code of
  Marketing of BreastMilk Substitutes in the province.
• Create position for infant and young child feeding coordinators to coordinate infant and young
  child feeding activities
• Create positions for regulators/inspectors in the province to monitor the implementation of Baby
  Feed Supplies (Control) Act and International Code of Marketing of Breast milk Substitutes.
• Monitor and evaluate infant and young child health programs in the province
• Support and conduct research and surveys on IYCF priority areas

Development Partners

• Supporting implementation of Baby Feed Supplies (Control) Act and International Code of
  Marketing of Breast Milk Substitutes.
• Supporting capacity building for implementation in infant and young child feeding in line with the
  policy
• Providing financial and technical support when requested by NDoH
• Aligning their activities to infant and child feeding policy implementation plans of government
• Support and conduct research and surveys in collaboration with NDoH on IYCF priority areas identified by NDoH

NGOs/FBOs/CBOs are responsible for;
• Support Health sector and other partners in conducting training, education and advocacy on IYCF programs
• Working with partners and stakeholders and maintaining good linkages for multi-sectoral approach
• Provide ongoing IYCF program reports to NDoH through the Provincial Public Health System
• Adhere to NDoH Child Health referral guidelines
• Providing treatment and support in the health care and health service delivery in accordance with the National Policies and Protocols.
• Align and adhere to Baby Feed Supplies (Control) Act and International Code of Marketing of Breast Milk Substitutes in the province.

District Level
• Implementation of the IYCF policy in the district
• Coordinate and strengthen partnerships at district level in implementing this policy.
• Implementing activities with established partners
• Plan and budget for IYCF activities in the district
• Monitoring and reporting of IYCF activities and provide monthly reports to the province or whenever required
• Provide technical support to local level governments in implementing this policy
• Conduct training of district and local level staff on infant and young child feeding
• Implement the Baby Feed Supplies (Control) Act and the International Code of Marketing of Breast milk Substitutes.
• Report to relevant authority of noncompliance of Baby Feed Supplies(Control) Act and the International Code of Marketing of Breast milk Substitutes.
• Support research and surveys on IYCF priority areas
• Collaborate with other government agencies and institutions on the implementation of this policy.

Local Level Government (LLG)
• Implementation of the IYCF policy in LLG with community groups
• Implementing activities with established partners
• Plan and budget for IYCF activities in the LLG
• Monitoring and reporting of IYCF activities and provide monthly reports to the district or whenever required
• Implement the Baby Feed Supplies (Control) Act and the International Code of Marketing of Breast milk Substitutes.
• Report to relevant authority of noncompliance of Baby Feed Supplies (Control) Act and the International Code of Marketing of Breast milk Substitutes.
• Support research and surveys on IYCF priority areas
• Collaborate with other government agencies and institutions on the implementation of this policy.

ANNEX 2: DEFINITIONS

| TERM (S) | DEFINITION (S) |
### AFASS
(Acceptable, Feasible, Affordable, Sustainable, and Safe) – the conditions that must be met when a HIV positive who has been counselled may decide to use replacement feeding instead of breastfeeding to feed her infant or young child.

<table>
<thead>
<tr>
<th>Definition</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Acceptable</strong></td>
<td>The mother perceives no social or cultural barrier to replacement feeding (including stigma or discrimination), she is supported by family members and community in opting for replacement feeding, or she will be able to cope with pressure from family and friends to breastfeed, and she can deal with the possible stigma attached to being seen with replacement food.</td>
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<td><strong>Feasible</strong></td>
<td>The mother (or family) has adequate time, knowledge, skills and other resources to prepare the replacement food and feed the infant up to 12 times in 24 hours. The primary caregiver can understand and follow instructions for preparing infant formula and with support from the family can prepare enough replacement feeds correctly every day, and at night, despite her/his other responsibilities.</td>
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<td><strong>Affordable</strong></td>
<td>The mother with community or health-system support if necessary, can pay for the cost of purchasing/producing, preparing and using replacement feeding, including all ingredients, fuel, water, soap and equipment without compromising the health and nutrition of the family.</td>
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<tr>
<td><strong>Sustainable</strong></td>
<td>Availability of a continuous and uninterrupted supply, and dependable system of distribution for all ingredients and products needed for safe replacement feeding, for as long as the infant needs it up to one year of age or longer. According to this concept there is little risk that formula will ever be unavailable or inaccessible, and another person is available and capable to feed the child in the mother’s absence.</td>
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<tr>
<td><strong>Safe</strong></td>
<td>Replacement foods are correctly and hygienically prepared and stored and fed in nutritionally appropriate quantities with clean hands and using clean utensils, preferably by cup. This concept means that the mother or caregiver has access to a reliable supply of safe water, prepares replacement feeds that are nutritionally sound and free of pathogens, is able to wash hands and utensils thoroughly with soap, and to regularly boil utensils to sterilize them, can boil water for preparing each of the baby’s feeds, can store unprepared feeds in clean, covered containers and protect them from insects and animals.</td>
</tr>
<tr>
<td><strong>Acquired</strong></td>
<td>Exist at or after birth as a result of injury or infection which interferes with breastfeeding.</td>
</tr>
<tr>
<td><strong>Adopting parents</strong></td>
<td>Married couple who have adopted a child who is not their natural child.</td>
</tr>
<tr>
<td><strong>All settings</strong></td>
<td>Refers to all health facilities, health training institutions, other organizations and communities where this policy is being implemented.</td>
</tr>
</tbody>
</table>

### Anaemia
Reduction of haemoglobin content of the blood which can produce clinical manifestation arising from hypoxemia such as tiredness and breathlessness on exertion
<table>
<thead>
<tr>
<th><strong>Authorized person</strong></th>
<th>A paediatrician or registered medical officer in-charge of child health in any health facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Appropriate complementary Feeding</strong></td>
<td>Complementary feeding should be <em>timely</em>, meaning that all infants should start receiving foods in addition to breast milk from 6 months onwards. It should be <em>adequate</em>, meaning that the complementary foods should be given in amounts, frequency, and consistency and using a variety of foods to cover the nutritional needs of the growing child while maintaining breastfeeding.</td>
</tr>
<tr>
<td><strong>Birth spacing</strong></td>
<td>Refers to the time interval from one child’s birth date until the next child’s birth date.</td>
</tr>
<tr>
<td><strong>Breastmilk substitutes</strong></td>
<td>Any milk or food being marketed or otherwise presented as a partial or total replacement for breast milk.</td>
</tr>
<tr>
<td><strong>Care givers</strong></td>
<td>Anybody apart from parents who cares for infant and young children</td>
</tr>
<tr>
<td><strong>Colostrum</strong></td>
<td>The thick yellowish mother’s milk that is produced in the first days of birth, that is rich in nutrients and antibodies.</td>
</tr>
<tr>
<td><strong>Communicable disease</strong></td>
<td>A disease that is transmitted through direct contact with an infected individual or indirectly through vector. Also called contagious disease.</td>
</tr>
<tr>
<td><strong>Community based health care providers</strong></td>
<td>Are people in the community who provides health care such as village birth attendants, village health volunteers or marasini.</td>
</tr>
<tr>
<td><strong>Compliance</strong></td>
<td>The acceptance (understanding and remembering of) and following health (medical) advice on infant and young child feeding.</td>
</tr>
<tr>
<td><strong>Cognition</strong></td>
<td>A term that describes all the psychological processes by which individual gain awareness and knowledge about their environment.</td>
</tr>
<tr>
<td><strong>Cognitive</strong></td>
<td>Affection, connation (the conscious tendency to action)</td>
</tr>
<tr>
<td><strong>Congenital</strong></td>
<td>Existing before or at birth usually associated with a defect or diseases which interfere with breastfeeding</td>
</tr>
<tr>
<td><strong>Disable</strong></td>
<td>Babies who are unable to suck on breast and or swallow breast milk due to defects, injuries or infections occurring before, at birth or after birth.</td>
</tr>
<tr>
<td><strong>Disaster situation</strong></td>
<td>Natural or manmade disaster where mother has died or baby has been displaced.</td>
</tr>
<tr>
<td><strong>Distributors</strong></td>
<td>Companies, organizations, agents, any organized groups, or individuals who distribute whole, or parts of the infant and baby products within the country.</td>
</tr>
<tr>
<td><strong>Early initiation of breastfeeding</strong></td>
<td>When the mother starts breastfeeding her baby within one hour of after delivery</td>
</tr>
<tr>
<td><strong>Exclusive breastfeeding</strong></td>
<td>The infant receives no other liquids or solids, not even water other than breast milk in the first six months of life.</td>
</tr>
<tr>
<td><strong>Export:</strong></td>
<td>To send or distribute infant and baby products out of the country for sale, donations, or for personal use</td>
</tr>
<tr>
<td><strong>Exporters:</strong></td>
<td>Companies, donor organizations, faith based organizations, any organized groups, or individuals who export whole, or parts of the infant and baby products out of the country.</td>
</tr>
<tr>
<td><strong>Family Planning</strong></td>
<td>A program to regulate the number and spacing of children in a family through the practice of contraception or other methods of birth control.</td>
</tr>
<tr>
<td><strong>Health care providers</strong></td>
<td>Organizations, institutions or individuals who provide care</td>
</tr>
<tr>
<td><strong>Import:</strong></td>
<td>Bringing infant and baby products into the country for sale, donations, or for personal use</td>
</tr>
<tr>
<td><strong>Importers:</strong></td>
<td>Any company, donor organization, faith-based organizations, any organized group, or individuals who import whole, or parts of the infant and baby products into the country</td>
</tr>
<tr>
<td><strong>Manufacturer</strong></td>
<td>In relation to infants and baby feeding products (ibf), means the manufacturer or preparation of the ibf products and include: a) any part of the manufacture or preparation of the product; and b) the packaging and labeling of the product</td>
</tr>
<tr>
<td><strong>Manufacturer</strong></td>
<td>Any company, organization, or individual who produces whole, or part of the contents of the infant and baby feeding products meant for use or consumption by infants and babies</td>
</tr>
<tr>
<td><strong>Mixed feeding</strong></td>
<td>The baby is given breast milk, other milk and food before the age of 6 months</td>
</tr>
<tr>
<td><strong>Non-communicable disease</strong></td>
<td>Non-communicable disease, or NCD, is a medical condition or disease which by definition is non-infectious and non-transmissible among people.</td>
</tr>
<tr>
<td><strong>Obesity</strong></td>
<td>Obesity is an abnormal accumulation of body fat, usually 20% or more over an individual’s ideal body weight.</td>
</tr>
<tr>
<td><strong>Ordinary adoption</strong></td>
<td>The natural mother and the adopting parents have an understanding and agreement to have the baby adopted for reasons such as, the mother is very young girl still in school with the baby, single girl (baby given away for bride price sake) too many children in the family.</td>
</tr>
<tr>
<td><strong>Overweight</strong></td>
<td>Overweight refers to an individual weighing 10% or more of what is considered his or her recommended healthy weight</td>
</tr>
<tr>
<td><strong>Prescribe</strong></td>
<td>The act of authorizing a purchase of breast milk substitutes or only proscribed articles.</td>
</tr>
<tr>
<td><strong>Prescription:</strong></td>
<td>An authorization to purchase prescription only proscribed articles by authorized person.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Private sectors</td>
<td>Any organization that is not part of the government including private health care providers.</td>
</tr>
<tr>
<td>Proscribe articles</td>
<td>Articles such as bottles, teats, feeding cups with spouts, dummies or pacifiers.</td>
</tr>
<tr>
<td>Public sector</td>
<td>All government run organizations/departments including all health care providers.</td>
</tr>
<tr>
<td>Replacement feeding</td>
<td>Replacing breast milk with infant formula to feed the baby less than six months old.</td>
</tr>
<tr>
<td>Retailers</td>
<td>Accompanies, any organized groups, or individuals who sell whole, or parts of the infant and baby products by way of retailing.</td>
</tr>
<tr>
<td>Rooming-in</td>
<td>An infant sleeping in the same room as the mother.</td>
</tr>
<tr>
<td>Skin-to-skin (kangaroo care):</td>
<td>Placing the naked baby against mother’s bare chest with a warm cloth wrapped around both mother and baby.</td>
</tr>
<tr>
<td>Special situations</td>
<td>Refers to feeding a baby whose mother has died or a baby who has been abandoned.</td>
</tr>
<tr>
<td>Stunting</td>
<td>Refers to low height-for-age when a child is short for his/her age but not necessarily thin. It is caused by long-term insufficient intake and frequent infections risks.</td>
</tr>
<tr>
<td>Underweight</td>
<td>Refers to low-weight for age (-2 z score who).</td>
</tr>
<tr>
<td>Wasting</td>
<td>Wasted refers to low-weight- for height (-3 z score who) where a child is thin for his/her height but not necessarily short.</td>
</tr>
</tbody>
</table>