



The World Breastfeeding Trends Initiative (WBTi)

Mongolia

2008

Indicator 1: Early Initiation of Breastfeeding

Key question: *Percentage of babies breastfed within one hour of birth*

Guideline:

Indicator 1	WHO's Key to rating %	Existing Status %
<i>Initiation of Breastfeeding (within 1 hour)</i>		<i>Check appropriate box</i>
	0-29	
	30-49	
	50-89	✓ 78
	90-100	

Source of data:

According to the MICS 2005, conducted by UNICEF and NSO, in Mongolia nine out of ten women start breastfeeding within a day of birth, 78% within the first hour as recommended in order for the child to get maximum benefit of the colostrums in the early breast milk.

Summary Comments

Since 98 % of all delivery are in hospital, rate of the early initiation of breastfeeding could be increased rather than current status..

Indicator 2: Exclusive breastfeeding for the first six months

Key question: *Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours?*

Guideline:

Indicator 2	WHO's Key to rating %	Existing Situation %
<i>Exclusive Breastfeeding (for first 6 months)</i>		<i>Check appropriate box</i>
	0-11	
	12-49	
	50-89	✓ 57%
	90-100	

Source of data:

Latest data for exclusive breastfeeding is in MICS 2005 where overall 57% of children under the age of six months are exclusively breastfed, more so in rural areas (60%) than in urban areas (55%).

Summary Comments:

Last ten years, due to large number of imported BMSs , exclusive breastfeeding rate is fallen down, so that support primary health care facilities and communities to strength and improve breastfeeding campaign and health education actions.

Indicator 3: Median duration of breastfeeding

Key question: Babies are breastfed for a median duration of how many months?

Guideline:

Indicator 3	WHO's Key to rating	Existing Situation %
Median Duration of Breastfeeding		Check appropriate box
	0-17 Months	
	18-20 ''	
	21-22 ''	21 month ✓
	23-24 ''	

Source of data:

“National nutrition survey report 2004” shows median duration of breastfed child is 21,3 month old.

Summary Comments

More than eight out of ten children continue to be breastfed at the age of 12-15 months and 65% at the age of 20-23 months. Breastfeeding declines with wealth and income and tends to be particularly low in rural areas..

Indicator 4: Bottle feeding

Key question: What percentage of breastfed babies less than 6 months old receives other foods or drinks from bottles?

Guideline:

Indicator 4	WHO's Key to rating	Existing Situation %
Bottle Feeding (<u><6 months</u>)		✓ <i>Check appropriate box</i>
	30-100%	
	5-29%	26
	3-4%	
	0-2%	

Source of data:

Exclusive breastfeeding is more common during the first four months of life but then drops to 41% of children aged 4-5 months. The drop is partly due to an increased use of milk formula for that age group (26%) and partly due to an early introduction of solid food (19%) . MICS 2005

Indicator 5: Complementary feeding

Key question: Percentage of breastfed babies receiving complementary foods at 6-9 months of age?

Guideline:

Indicator 5	WHO's Key to rating %	Existing Situation %
Complementary Feeding (6-9 months)		✓ <i>Check appropriate box</i>
	0-59	52
	60-79	
	80-94	
	95-100	

Source of data:

52% of children aged 6-9 month are receiving complementary food. but appropriate feeding is still problem.

Summary Comments

Appropriate complementary feeding is still problem regarding the composition of daily food.

COMPARISON WITH 2005 ASSESSMENT (Only for South Asian Countries)

Table: Indicators 1-5: Trends in Infant feeding practices

Indicator	Status in the last assessment in 2005	Current status
1. Percentage of babies breastfed within one hour of birth		
2. Percentage of babies of 0<6 months of age exclusively breastfed in the last 24 hours		
3. Babies are breastfed for a median duration of how many months		
4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles		
5. Percentage of breastfed babies receiving complementary foods at 6-9 months of age		

Indicator 6: National Policy, Programme and Coordination

Key Question: Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National Infant and Young Child Feeding Committee and Coordinator?

Criteria of Indicator 6	Scoring	Results ✓ <i>Check any one</i>
6.1) A national Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2	
6.2) The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	2	✓
6.3) A National Plan of Action has been developed with the policy	2	✓
6.4) The plan is adequately funded	1	
6.5) There is a National Breastfeeding Committee	1	✓
6.6) The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	✓
6.7) The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5	✓
6.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	
Total Score	6.5-/ 10	

Information and Sources Used:

In 2008, A national infant and young child feeding strategy has been developed and discussed by ministerial council.

IYCF is included government plan of action. . Funding for implementation is not adequate. National breastfeeding task force is working as a committee, and quarterly meets.

MOH's and PHI's source

Gaps:

Regarding the breastfeeding committee, the group felt that it should be made more representative, the coordinator's terms of reference should be made clearer and the meetings schedule should be regularized.

Recommendations:

More work needs to be done to strengthen and make these powerful.

Indicator 7: *Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)*

Key Question:

7A) What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?

7B) What is the skilled training inputs and sustainability of BFHI?

7C) What is the quality of BFHI program implementation?

7A) Quantitative

7.1) *What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?*

Criteria	Score	Results ✓ Check any one
0 - 7%	1	
8 – 49%	2	
50 – 89%	3	75
90 - 100%	4	
Rating on BFHI quantitative achievements:	3--/4	

7B) Qualitative

7.2) *What is the skilled training inputs and sustainability of BFHI?*

BFHI designated hospitals that have been certified after a minimum recommended training of 18 hours for all its staff working in maternity services

Criteria	Score	Results Check any one
0-25%	1	
26-50%	1.5	
51 –75%	2.5	75 ✓
75% and more	3.5	
Total Score	2,5----/3.5	

Qualitative

7C) What is the quality of BFHI program implementation?

Criteria	Score	Results ✓ Check that apply
7.3) BFHI programme relies on training of health workers	.5	✓
7.4) A standard monitoring system is in place	.5	✓
7.5) An assessment system relies on interviews of mothers	.5	✓
7.6) Reassessment systems have been incorporated in national plans	.5	
7.7) There is a time-bound program to increase the number of BFHI institutions in the country	.5	
Total Score	1.5 /2.5	
Total Score 7A, 7B and 7C	7--/10	

Information and Sources Used:

1. interview with HCW-s
2. Interview with mothers
3. health facility accreditation
4. Assessment report of BFHI
5. IMCI health facility survey report

Gaps:

More than 75% of health facilities were converted to baby-friendly hospitals, but the programme lacks a monitoring system from the Government. No sustained regulation to revive BFHI. Certification rule for BFHI is too old.

Recommendations:

BFHI programme should be revived immediately linking it to health system and relevant programmes such community IMCI and essential newborn care .
Reassessment of BFHI and assessor's training need to be improved.

Indicator 8: *Implementation of the International Code*

Key Question: Are the *International Code of Marketing of Breastmilk Substitutes* and subsequent WHA resolution given effect and implemented? Has any new action been taken to give effect to the provisions of the Code?

Criteria	Scoring	Results ✓ <i>Check those apply. If more than one is applicable, record the highest score.</i>
8.1) No action taken	0	
8.2) The best approach is being studied	1	
8.3) National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable	2	
8.4) National measures (to take into account measures other than law), awaiting final approval	3	
8.5) Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions	4	
8.6) Some articles of the Code as a voluntary measure	5	
8.7) Code as a voluntary measure	6	
8.8) Some articles of the Code as law	7	
8.9) All articles of the Code as law	8	✓
8.10) All articles of the Code as law, monitored and enforced	10	✓
Total Score:	10-/10	

Information and Sources Used:

National law on BMS was approved by Mongolian parliament in July 2005.
Ministry of Health has developed approved regulation of BMS law implementation in 2008.

Gaps:

The group identified that implementation of the program lacked a standard training component. There was no regular monitoring due to lack of appropriate funding.

Recommendations:

Regular monitoring mechanism for national BMS law at central and district level should be in place.

Indicator 9: *Maternity Protection*

Key Question: Is there legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labor Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?

Criteria	Score	Results Check <input checked="" type="checkbox"/> that apply
9.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave		
a. Any leave less than 14 weeks	0.5	
b. 14 to 17weeks	1	
c. 18 to 25 weeks	1.5	
d. 26 weeks or more	2	✓
9.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.	1	
a. Unpaid break	0.5	
b. Paid break	1	✓
9.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	✓
9.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector.	1	
9.5) Women in informal/unorganized and agriculture sector are:	1	
a. accorded some protective measures	0.5	
b. accorded the same protection as women working in the formal sector	1	✓
9.6)		
a. Information about maternity protection laws, regulations, or policies is made available to workers	0.5	✓
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.'	0.5	
9.7) Paternity leave is granted in public sector for at least 3 days.	0.5	✓

9.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	✓
9.9) There is legislation providing health protection for pregnant and breastfeeding workers and the legislation provides that they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	✓
9.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5	✓
9.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5	✓
9.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5	✓
Total Score:	8.5/10	

Information and Sources Used:

Mongolia has been ratified by ILO C183 Legislations are available for maternity protection as per the International Labour Organization standard.

Gaps: Some private institutions Don't follow labor law.

Recommendations:

To strengthen the implementation of maternity protection area of private sector

Indicator 10: *Health and Nutrition Care System*

Key Question: Do care providers in these systems undergo *skills training*, and do their pre-service education curriculum support optimal infant and young child feeding; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to Code are in place?

Criteria	Results		
	Adequate	Inadequate	No Reference
10.1) A review of health provider schools and pre-service education programmes in the country ¹ indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
		✓	
10.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.	2	1	0
		✓	
10.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. ²	2	1	0
	✓		
10.4) Health workers are trained with responsibility towards Code implementation as a key input.	1	0.5	0
			✓
10.5) Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrhoeal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1	0.5	0
	✓		
10.6) These in-service training programmes are being provided throughout the country. ³	1	0.5	0
	✓		
10.7) Child health policies provide for mothers and babies to stay together when one of them is sick	1	0.5	0
	✓		
Total Score:	7--/10		

Check here

Information and Sources Used:

It includes review of schools and pre-service education programmes of medical and nursing schools.

¹ Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

² The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

³ Training programmes can be considered to be provided “throughout the country” if there is at least one training programme in each region or province or similar jurisdiction.

Gaps

No practical training of doctors and nurses specified infant and young child feeding in undergraduate training curriculum.

Recommendations

Improved implementation of standards and guidelines for mother-friendly childbirth procedures and support, In-service training programmes providing knowledge and skills related to infant and young child feeding etc.

Indicator 11: Mother Support and Community Outreach

Key Question: Are there mother support and community outreach systems in place to protect, promote and support optimal infant and young child feeding?

Criteria	Results		
	Yes	To some degree	No
11.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	2	1	0
		✓	
11.2) All women have access to support for infant and young child feeding after birth.	2	1	0
	✓		
11.3) Infant and young child feeding support services have national coverage.	2	1	0
	✓		
11.4) Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectoral and intra-sectoral).	2	1	0
		✓	
11.5) Community-based volunteers and health workers possess correct information and are trained in counselling and listening skills for infant and young child feeding.	2	1	0
		✓	
Total Score:	7--/10		

Check here

Information and Sources Used:

This section includes issues like access to counseling services on infant and young child feeding in the community during pregnancy and after birth. It also deals with status of skilled training to the counselors.

Gaps:

No regular training programme on counselling lack of human and financial resources.

Recommendations:

Mother's clubs and crèches should be established and allocate some fund into local administrative budget

Indicator 12: Information Support

Criteria	Results		
	Yes	To some degree	No
12.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.	2	1	0
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2	1	0
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.3) Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.	2	1	0
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2	1	0
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.5) A national IEC campaign or programme ⁴ using electronic and print media and activities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months.	2	1	0
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Score:	8--/10		

Check here

Information and Sources Used:

It asks for a comprehensive national IEC strategy and IEC programmes for improving infant and young child feeding. It also looks in to the quality of IEC material being implemented. There are sporadic campaigns on the subject. Annual WBW report .

Gaps:

The group organized a discussion on the subject, as no printed documents were available.

Recommendations:

The group felt that there is no special IEC policy on infant and young child feeding available in Mongolia at present. IEC strategy for IYCF should be in the context of national health promotion strategy.

⁴ An IEC campaign or programme is considered "national" if its messages can be received by the target audience in all major geographic or political units in the country (e.g., regions or districts).

Indicator 13: *Infant Feeding and HIV*

Key Question: Are policies and programmes in place to ensure that HIV - positive mothers are informed about the risks and benefits of different infant feeding options and supported in carrying out their infant feeding decisions?

Criteria	Results		
	Yes	To some degree	No
13.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2 <input checked="" type="checkbox"/>	1	0
13.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5 <input checked="" type="checkbox"/>	0
13.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5 <input checked="" type="checkbox"/>	0
13.4) Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1 <input checked="" type="checkbox"/>	0.5	0
13.5) Infant feeding counselling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.	1 <input checked="" type="checkbox"/>	0.5	0
13.6) Mothers are supported in making their infant feeding decisions with further counselling and follow-up to make implementation of these decisions as safe as possible.	1	0.5 <input checked="" type="checkbox"/>	0
13.7) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5 <input checked="" type="checkbox"/>	0
13.8) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5 <input checked="" type="checkbox"/>	0
13.9) The Baby-friendly Hospital Initiative incorporates provision of guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers.	1	0.5 <input checked="" type="checkbox"/>	0
Total Score:	7--/10		

Check here

Information and Sources Used:

Global fund is dealing most of HIV policy and strategy in country. Global fund annual report

Gaps:

For babies of HIV positive mothers there is no state budget for baby food .

Due to a low prevalence for HIV, there can be risk on inadequate counselling to HIV positive women regarding infant feeding options.

Recommendations:

Allocation of the budget for infants of HIV-positive mothers in state budgetary system.

To be improved Counselling training.

Indicator 14: Infant Feeding during Emergencies

Key Question: Are appropriate policies and programmes in place to ensure that mothers, infants and children will be provided adequate protection and support for appropriate feeding during emergencies?

Criteria	Results		
	Yes	To some degree	No
14.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies	2	1	0
			✓
14.2) Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
			✓
14.3) An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed	2	1	0
		✓	
14.4) Resources identified for implementation of the plan during emergencies	2	1	0
		✓	
14.5) Appropriate teaching material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	2	1	0
			✓
Total Score:	2--/10		

Information and Sources Used:

National plan for disaster and emergency is reviewed.
Group discussion was being organized on disaster and emergency.

Gaps:

There is no clear guideline for child feeding at disaster . The group analyzed that this remains a neglected area and needs wholesome attention.

Recommendations:

All relevant policies and guidelines such as policies and guidelines on disaster management must be integrated with child feeding .

Indicator 15: Monitoring and Evaluation

Key Question: Are monitoring and evaluation data routinely collected and used to improve infant and young child feeding practices?

Criteria	Results		
	Yes	To some degree	No
15.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
		✓	
15.2) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.	2	1	0
		✓	
15.3) Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	2	1	0
	✓		
15.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers	2	1	0
	✓		
15.5) Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys.	2	1	0
	✓		
Total Score:	8--/10		

Information and Sources Used:

It analyzed whether or not monitoring and evaluation components are built into major infant and young child feeding programme activities. Low birth weight and malnutrition rate are collected routinely.

Gaps:

No routine data on breast feeding.

Recommendations:

Utilization of Monitoring and Management Information System (MIS) data by programme managers as part of the planning and management process.

List of the partners for the assessment process

1. Ministry of Health (Child health, Nutrition, maternal health, MIS)
2. Public health Institute
3. WHO, Mongolia
4. Maternal and Child Health Research center
5. Mongolian Paediatric association
6. Mongolian Midwifery association
7. Health Science University of Mongolia (Dep-t of pediatrics, Der-t of family medicine)
8. Ministry of social welfare and labor (ILO project)
9. Child and adolescent support center NGO