

## Training and Program Delivery Gear

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*Key question: Is skills training provided to students (pre-service training) and health care providers (post-service training) in order to support optimal breastfeeding? Are there facility and community-based programs established to provide breastfeeding support?*

### Background

Scaling-up of breastfeeding programs and initiatives cannot be effective without wide reaching, standardized training programs that educate health care students, providers, and breastfeeding support staff on breastfeeding best practices. Successful breastfeeding programs require that all care providers must be trained, including health professionals and others, working in facility-based or community-based programs serving women and children. Curricula taught to those who interact with mothers during pregnancy and the postpartum period need to include education on the basic attitudes, knowledge and skills necessary to integrate breastfeeding counseling and lactation management into their care.

Having a comprehensive and wide reaching training program is effective if it is combined with extensive program delivery. Program delivery must be present at all levels of health care, including facility-based programs (such as the Baby-Friendly Hospital Initiative (BFHI)) and community-based programs (including mother-to-mother support activities) for large scale breastfeeding efforts to occur.

### Themes and Benchmarks

The benchmarks for this gear evaluate the quality and coverage of pre-service and in-service training and facility/community-based program delivery. This gear has nine themes. The first six themes are specific to improving workforce capacity through training: a) Pre-service training for health care providers (1 benchmark); b) In-service training for facility-based health care providers (2 benchmarks); c) In-service training for community-based health care providers (2 benchmarks); d) In-service training for community health workers (2 benchmarks); e) Train the trainers (1 benchmark); and f) Coordination and integration of breastfeeding training programs (1 benchmark). The last 3 themes are specific to the coverage and quality of breastfeeding program delivery: a) Facility-based delivery (5 benchmarks); b) Community-based delivery (1 benchmark); and c) Supervision (1 benchmark). All benchmarks reference “the past year” unless otherwise noted.

## **1. Pre-Service Training for Health Care Providers Theme**

***Benchmark TPDG1: A review of health provider schools and pre-service education programs for health care professionals that will care for mothers, infants and young children indicates that there are curricula that cover essential topics of breastfeeding.***

**Description:** This benchmark assesses if the curricula of health provider schools (i.e. medical schools, nursing schools, midwifery schools, nutrition programs etc.) and pre-service education programs specific to health care professionals that will care for mothers, infants and young children includes breastfeeding. This benchmark specifically refers to only those students and residents who are being trained to care for mothers, infants and young children. It is essential that the up and coming health care workforce is taught specific breastfeeding topics to improve program delivery of breastfeeding services. The essential breastfeeding topics required for pre-service curriculum are described in **Annex 4**.

**Example:** Little data exists about the presence and quality of breastfeeding within medical pre-service education curriculums in the US. A seminal study in the US in 1995 on residency training for physicians caring for mothers, infants, and young children found that residents within all areas didn't demonstrate effective breastfeeding management and care. Since then, the studies that have emerged in this area have shown that pre-service breastfeeding training for residents hasn't significantly improved. The American Academy of Pediatrics (AAP) have developed a Breastfeeding Residency Curriculum and set of curriculum tools for residents (pre-service training) but these have not been adopted by all the institutions providing pre service training for health professionals.

**Score: Minimal Progress**

Domain- Existence: Yes

Domain- Coverage: Breastfeeding curriculum is not integrated within all pre-service programs.

Domain- Quality: Curriculum does not cover all the essential topics in Annex 4.

**Possible data sources:** Expert(s) in higher education who have deep knowledge of the content and quality of various health care professional curriculums would be best to consult. These expert(s) should be able to provide a level of assessment on the quality and coverage of the breastfeeding topics within pre-service programs. Ideally this assessment from expert(s) should be corroborated against specific surveys that have recently probed for this information, if available at all. If no surveys exist, a survey of relevant university administrators can be administered to determine curricula content or the survey can be applied a representative sample of schools. Alternatively, a review of training program curricula can be conducted.

**How to score:** The scoring for this benchmark reflects: a) the existence of breastfeeding pre-service training for health care professionals; b) the degree of inclusion of essential breastfeeding topics (see **Annex 4**) in the pre-service curriculum; and c) the level of coverage across pre-service programs.

- **No progress** has been made if breastfeeding curricula do not exist in pre-service programs for health care professionals that will care for mothers, infants and young children.
- **Minimal progress** has been made if breastfeeding curricula exist in pre-service programs for health care professionals that will care for mothers, infants and young children but the curricula do not cover all essential breastfeeding topics and they are not integrated within all pre-service programs.
- **Partial progress** has been made if breastfeeding curricula exist in pre-service programs for health care professionals that will care for mothers, infants and young children and the curricula cover all essential breastfeeding topics or they are integrated within all pre-service programs.
- **Major progress** has been made if breastfeeding curricula exist in pre-service programs for health care professionals that will care for mothers, infants and young children and the curricula cover all essential breastfeeding topics and are integrated within all pre-service programs.

## 2. In-Service Training for Facility-Based Health Care Providers Theme

***Benchmark TPDG2: Facility-based health care professionals who care for mothers, infants and young children are trained on the essential breastfeeding topics as well as their responsibilities under the Code implementation.***

**Description:** Facility-based health care professionals who care for mothers, infants and young children should receive in-service instructional training on breastfeeding to improve their breastfeeding knowledge so they can effectively educate and care for mothers during pregnancy and the postpartum period. This benchmark assesses whether these facility-based health care professionals are receiving instructional in-service training on breastfeeding and, if so, it assesses the quality of the breastfeeding training received by requiring that specific breastfeeding topics be covered in all the in-service training curricula. These essential breastfeeding topics are listed in **Annex 4**. Facility-based health care professionals are prenatal care, maternity care and pediatric staff based in clinics or hospitals that work with pregnant and postpartum women as well as infants and young children.

**Example:** The Ministry of Health of Viet Nam developed their IYCF training program based on WHO, UNICEF and Alive & Thrive training material. The 40 sessions, including 25 theory sessions and 15 practicals are focused on breastfeeding and complementary feeding. All the essential topics in Annex 4 are included in this training manual, with the exception of contraception.

**Score: Partial Progress**

Domain- Existence: Yes

Domain- Quality: All topics in Annex 4 (with the one exception of contraception) are included.

Domain- Effective: Not enough information to assess the level of integration of breastfeeding training into the curricula of all facility-based in-service programs.

**Possible data sources**: Expert(s) in higher education who know the content and quality of in-service health care professional curriculums would be best to consult. They should be able to provide a level of assessment on the quality and coverage of the breastfeeding topics within facility-based in-service programs. Ideally this assessment from expert(s) should be corroborated against specific surveys that have recently probed for this information, if available at all. Alternatively, a review of training program curricula can be conducted.

**How to score**: The scoring for this benchmark reflects: a) the existence of breastfeeding in-service training for facility-based health care professionals who care for mothers, infants and young children, b) the degree of inclusion of essential breastfeeding topics (see **Annex 4**) in the facility-based in-service curriculum, and c) level of integration of breastfeeding training into the curricula in facility-based in-service programs for those who care for mothers, infants and young children.

- **No progress** has been made if breastfeeding training does not exist in in-service programs for facility-based health care professionals who care for mothers, infants and young children.
- **Minimal progress** has been made if breastfeeding training exists in in-service programs for facility-based health care professionals who care for mothers, infants and young children but the curricula do not cover all essential breastfeeding topics and breastfeeding curricula are not integrated within all in-service facility-based programs.
- **Partial progress** has been made if breastfeeding training exists in in-service programs for facility-based health care professionals who care for mothers, infants and young children and the curricula cover all essential breastfeeding topics or breastfeeding curricula are integrated within all in-service facility-based programs
- **Major progress** has been made if breastfeeding training exists in in-service programs for facility-based health care professionals who care for mothers, infants and young children and the curricula cover all essential breastfeeding topics and breastfeeding curricula are integrated within all in-service facility-based programs

***Benchmark TPDG3: Facility-based health care professionals who care for mothers, infants and young children receive hands-on training in essential topics for counseling and support skills for breastfeeding.***

**Description**: Facility-based health care professionals who care for mothers, infants and young children should also receive hand-on training in counseling and support skills specific to breastfeeding so they can provide effective counseling and support to breastfeeding women. This benchmark assesses whether these facility-based health care professionals are receiving hands-on breastfeeding counseling and support skills training and, if so, assesses the quality of that training by requiring that specific breastfeeding topics be covered in the in-service training curricula. The essential breastfeeding topics for counseling and support skills are listed in

**Annex 5.** Facility-based health care professionals are prenatal care, maternity care and pediatric staff based in clinics or hospitals that work with pregnant and postpartum women as well as infants and young children.

**Example:** The Ministry of Health of Viet Nam developed their IYCF training program based on WHO, UNICEF and Alive & Thrive training material. The 40 sessions, including 25 theory sessions and 15 practicals are focused on breastfeeding and complementary feeding. All the essential topics in Annex 5 are included in this training manual, with the exception of contraception.

**Score: Partial Progress**

Domain: Existence: Yes

Domain: Quality: All topics in Annex 5 (with the one exception of contraception) are covered.

Domain- Effective: Not enough information to assess the level of integration of breastfeeding training into the curricula of all facility-based in-service programs.

**Possible data sources:** Expert(s) in higher education who know the content and quality of in-service health care professional curriculums, including the hands-on trainings, would be best to consult. They should be able to provide a level of assessment on the quality and coverage of the breastfeeding topics for counseling and support skills within facility-based in-service programs. Ideally this assessment from expert(s) should be corroborated against specific surveys that have recently probed for this information, if available at all. Alternatively, a review of training program curricula can be conducted.

**How to score:** The scoring for this benchmark reflects: a) the existence of hands-on in-service training in breastfeeding counseling and support skills for facility-based health care professionals who care for mothers, infants and young children, b) the degree of inclusion of the essential breastfeeding counseling and support skill topics (see **Annex 5**) in the facility-based in-service curriculum and c) level of coverage/integration of breastfeeding counseling and support skills training into the curricula across facility-based in-service programs.

- **No progress** has been made if hands-on breastfeeding training does not exist in in-service programs for facility-based health care professionals who care for mothers, infants and young children.
- **Minimal progress** has been made if hands-on breastfeeding training exists in in-service programs for facility-based health care professionals who care for mothers, infants and young children but the curricula do not cover all essential breastfeeding counseling and support skills topics and breastfeeding curricula are not integrated within all in-service facility-based programs.
- **Partial progress** has been made if hands-on breastfeeding training exists in in-service programs for facility-based health care professionals who care for mothers, infants and young children and the curricula cover all essential breastfeeding counseling and support skills topics or breastfeeding curricula are integrated within all facility-based in-service programs.
- **Major progress** has been made if hands-on breastfeeding training exists in in-service programs for facility-based health care professionals who care for mothers, infants and young children and the curricula cover all essential breastfeeding counseling and

support skills topics and breastfeeding curricula are integrated within all facility-based in-service programs.

### **3. In-Service Training for Community-Based Health Care Providers Theme**

***Benchmark TPDG4: Community-based health care professionals who care for mothers, infants and young children are trained on the essential breastfeeding topics as well as their responsibilities under the Code implementation.***

**Description:** Community-based health care professionals who care for mothers, infants and young children should receive in-service instructional training in breastfeeding to improve their breastfeeding knowledge so they can effectively educate and care for mothers during pregnancy and the postpartum period. The scoring for this benchmark reflects: a) the existence of breastfeeding in-service training for community-based health care professionals who care for mothers, infants and young children, b) the degree of inclusion of essential breastfeeding topics (see **Annex 4**) in the community-based in-service curriculum, and c) level of integration of breastfeeding training into the curricula for those who care for mothers, infants and young children in facility-based in-service programs. Community-based health care professionals are staff based in primary health care clinics that work with pregnant and postpartum women, infants and young children.

**Example:** In Sri Lanka, grass-roots level maternal and child health care delivery is done by Public Health Midwives. They provide antenatal education and postnatal counseling, including improving breastfeeding skills, problem identification, intervention and referral. They receive the WHO/UNICEF 40 hour breastfeeding counseling training.

**Score: Partial Progress**

Domain: Existence: Yes

Domain: Quality: Course follows WHO curriculum, which includes all the essential topics in Annex 4.

Domain- Effective: Not enough information to assess the level of integration of breastfeeding training into the curricula of all facility-based in-service programs.

**Possible data sources:** Expert(s) in higher education who know the content and quality of in-service health care professional curriculums, including the hands-on trainings, would be best to consult. They should be able to provide a level of assessment on the quality and coverage of the breastfeeding topics within community-based in-service programs. Ideally this assessment from expert(s) should be corroborated against specific surveys that have recently probed for this information, if available at all. Alternatively, a review of training program curricula can be conducted.

**How to score:** The scoring for this benchmark reflects: a) the existence of breastfeeding in-service training for community-based health care professionals who care for mothers, infants

and young children, b) the degree of inclusion of essential breastfeeding topics (see **Annex 4**) in the community-based in-service curriculum and. c) level of integration of breastfeeding training into the curricula in community-based in-service training for healthcare professionals who care for mothers, infants and young children.

- **No progress** has been made if breastfeeding training does not exist in in-service programs for community-based health care professionals who care for mothers, infants and young children.
- **Minimal progress** has been made if breastfeeding training exists in in-service programs for community-based health care professionals who care for mothers, infants and young children but the curricula do not cover all essential breastfeeding topics and breastfeeding curricula are not integrated within all in-service community-based programs.
- **Partial progress** has been made if breastfeeding training exists in in-service programs for community-based health care professionals who care for mothers, infants and young children and the curricula cover all essential breastfeeding topics or breastfeeding curricula are integrated within all in-service community-based programs.
- **Major progress** has been made if breastfeeding training exists in in-service programs for community-based health care professionals who care for mothers, infants and young children and the curricula cover all essential breastfeeding topics and breastfeeding curricula are integrated within all in-service community-based programs.

***Benchmark TPDG5: Community-based health care professionals who care for mothers, infants and young children receive hands-on training in essential topics for counseling and support skills for breastfeeding.***

**Description:** Community-based health care professionals who care for mothers, infants and young children should also receive hand-on training in counseling and support skills specific to breastfeeding so they can provide effective counseling and support to breastfeeding women. This benchmark assesses whether these community-based health care professionals are receiving hand-on breastfeeding counseling and support skills training and, if so, assesses the quality of that training by requiring that specific breastfeeding topics be covered in the in-service training curricula. The essential breastfeeding topics for counseling and support skills are listed in **Annex 5**. Community-based health care professionals are staff based in primary health care clinics that work with pregnant and postpartum women, infants and young children.

**Example:** In Sri Lanka, grass-roots level maternal and child health care delivery is done by Public Health Midwives. They provide antenatal education and postnatal counseling, including improving breastfeeding skills, problem identification, intervention and referral. They receive the WHO/UNICEF 40-hour breastfeeding counseling training.

**Score: Partial Progress**

Domain- Existence: Yes

Domain- Quality: Course follows WHO curriculum, which includes all the essential topics in Annex 5.

Domain- Effective: Not enough information to assess the level of integration of breastfeeding training into the curricula of all facility-based in-service programs.

**Possible data sources:** Expert(s) in higher education who know the content and quality of in-service health care professional curriculums, including the hands-on trainings, would be best to consult. They should be able to provide a level of assessment on the quality and coverage of the breastfeeding topics within community-based in-service programs. Ideally this assessment from expert(s) should be corroborated against specific surveys that have recently probed for this information, if available at all. Alternatively, a review of training program curricula can be conducted.

**How to score:** The scoring for this benchmark reflects: a) the existence of hands-on in-service training in breastfeeding counseling and support skills for community-based health care professionals who care for mothers, infants and young children, b) the degree of inclusion of the essential breastfeeding counseling and support skill topics (see **Annex 5**) in the community-based in-service curriculum and c) level of coverage/integration of breastfeeding counseling and support skills training into the curricula across community-based in-service programs.

- **No progress** has been made if hands-on breastfeeding training does not exist in in-service programs for community-based health care professionals who care for mothers, infants and young children.
- **Minimal progress** has been made if hands-on breastfeeding training exists in in-service programs for community-based health care professionals who care for mothers, infants and young children but the curricula do not cover all essential breastfeeding counseling and support skills topics and breastfeeding curricula are not integrated within all in-service community-based programs.
- **Partial progress** has been made if hands-on breastfeeding training exists in in-service programs for community-based health care professionals who care for mothers, infants and young children and the curricula cover all essential breastfeeding counseling and support skills topics or breastfeeding curricula are integrated within all community-based in-service programs.
- **Major progress** has been made if hands-on breastfeeding training exists in in-service programs for community-based health care professionals who care for mothers, infants and young children and the curricula cover all essential breastfeeding counseling and support skills topics and breastfeeding curricula are integrated within all community-based in-service programs.

#### **4. In-Service Training for Community Health Workers and Volunteers Theme**

***Benchmark TPDG6: Community health workers and volunteers that work with mothers, infants and young children are trained on the essential breastfeeding topics as well as their responsibilities under the Code implementation.***

**Description:** Community health workers and volunteers that work with mothers, infants and young children should receive instructional training on breastfeeding within their in-service curriculum so they can effectively educate and care for mothers during pregnancy and the postpartum period. The scoring for this benchmark reflects: a) the existence of breastfeeding in-service training for community health workers and volunteers who care for mothers, infants and young children, b) the degree of inclusion of essential breastfeeding topics (see **Annex 4**) in the in-service curriculum, and c) level of coverage/integration of breastfeeding training into the curricula for those who care for mothers, infants and young children across community health worker and volunteer in-service programs. Community health workers are para-professionals that are trained to deliver education and provide peer support within the community to mothers, their infants and young children. Volunteers are people who provide breastfeeding counselling and support but are not paid for providing that service.

**Example:** The Institute of Public Health Nutrition in Bangladesh developed their IYCF training program in consultation with key NGOs and based it on the results of surveys and formative research undertaken. The course content is also drawn from the WHO/PAHO Guiding Principles for Complementary Feeding of the Breastfed Child (2003), WHO's Infant and Young Child Feeding Counseling: An Integrated Course (2006), and Academy for Educational Development's Essential Nutrition Actions training module. The audience is all health workers involved with infant and young child feeding in Bangladesh and it was used to train BRAC's existing cadre of CHWs - 11,000 frontline workers and supervisors - by integrating into their systems. The language is purposefully easy to understand and accessible to all level of professionals and workers. The training sessions involve brain storming, discussion, demonstration, case study, role play, question-answer, group work, group discussion etc. CHWs also undergo 1-3 days of field practice, supervised by a trainer who observes the trainees counseling a mother on breastfeeding, negotiating with mothers around 2-3 key practices, and demonstrating recommended practices. This training covers all the essential breastfeeding topics in Annex 4 except contraception and maternal absence.

**Score: Partial Progress**

Domain- Existence: Yes

Domain- Quality: Course covers most of the essential breastfeeding topics in Annex 4, with the exception of contraception and maternal absence.

Domain- Effective: Not enough information to assess the level of integration of breastfeeding training into the curricula of all facility-based in-service programs.

**Possible data sources:** Expert(s) with the government, NGOs and/or community-based organizations who would know the content and quality of community health worker in-service training curriculums would be best to consult. They should be able to provide a level of assessment on the quality and coverage of the breastfeeding topics within community- health worker in-service programs. Ideally this assessment from expert(s) should be corroborated against specific surveys that have recently probed for this information, if available at all. Alternatively, a review of training program curricula can be conducted.

**How to score:** The scoring for this benchmark reflects: a) the existence of breastfeeding in-service training for community health workers and volunteers who care for mothers, infants and young children, b) the degree of inclusion of essential breastfeeding topics (see **Annex 4**) in the community health worker and volunteer in-service curriculum and c) level of coverage/integration of breastfeeding training into the curricula across community health worker and volunteer in-service programs for those who care for mothers, infants and young children.

- **No progress** has been made if breastfeeding training does not exist in in-service programs for community health workers (or volunteers) who care for mothers, infants and young children.
- **Minimal progress** has been made if breastfeeding training exists in in-service programs for community health workers who care for mothers, infants and young children but the curricula do not cover all essential breastfeeding topics and breastfeeding curricula are not integrated within all in-service programs.
- **Partial progress** has been made if breastfeeding training exists in in-service programs for community health workers who care for mothers, infants and young children and the curricula cover all essential breastfeeding topics or breastfeeding curricula are integrated within all in-service programs.
- **Major progress** has been made if breastfeeding training exists in in-service programs for community health workers who care for mothers, infants and young children and the curricula cover all essential breastfeeding topics and breastfeeding curricula are integrated within all in-service programs.

***Benchmark TPDG7: Community health workers and volunteers that work with mothers, infants and young children receive hands-on training in essential topics for counseling and support skills for breastfeeding.***

**Description:** Community health workers and volunteers who care for mothers, infants and young children should also receive hands-on training in counseling and support skills specific to breastfeeding so they can provide effective counseling and support to breastfeeding women. This benchmark assesses whether these community health workers and volunteers who care for mothers, infants and young children are receiving hands-on breastfeeding counseling and support skills training and, if so, assesses the quality of that training by requiring that specific breastfeeding topics be covered in the in-service training curricula. The essential breastfeeding topics are listed in **Annex 5**. Community health workers are para-professionals that are trained to deliver education and provide peer support within the community to mothers, their infants and young children.

**Example:** The Institute of Public Health Nutrition in Bangladesh developed their IYCF training program in consultation with key NGOs and based it on the results of surveys and formative research undertaken. The course content is also drawn from the WHO/PAHO Guiding Principles for Complementary Feeding of the Breastfed Child (2003), WHO's Infant and Young Child Feeding Counseling: An Integrated Course (2006), and Academy for Educational Development's

Essential Nutrition Actions training module. The audience is all health workers involved with infant and young child feeding in Bangladesh and it was used to train BRAC's existing cadre of CHWs - 11,000 frontline workers and supervisors - by integrating into their systems. The language is purposefully easy to understand and accessible to all level of professionals and workers. The training sessions involve brain storming, discussion, demonstration, case study, role play, question-answer, group work, group discussion etc. CHWs also undergo 1-3 days of field practice, supervised by a trainer who observes the trainees counseling a mother on breastfeeding, negotiating with mothers around 2-3 key practices, and demonstrating recommended practices. This training covers all the essential breastfeeding topics in Annex 5 (including Code implementation) except contraception and maternal absence.

**Score: Partial Progress**

Domain- Existence: Yes

Domain- Quality: Course covers most of the essential breastfeeding topics in Annex 5, with the exception of contraception and maternal absence.

Domain- Effective: Not enough information to assess the level of integration of breastfeeding training into the curricula of all facility-based in-service programs.

**Possible data sources:** Expert(s) with the government, NGOs and/or community-based organizations who would know the content and quality of community health worker in-service training curriculums would be best to consult. They should be able to provide a level of assessment on the quality and coverage of the breastfeeding counseling and support skills topics within community health worker in-service programs. Ideally this assessment from expert(s) should be corroborated against specific surveys that have recently probed for this information, if available at all. Alternatively, a review of training program curricula can be conducted.

**How to score:** The scoring for this benchmark reflects: a) the existence of hands-on in-service training in breastfeeding counseling and support skills for community health workers and volunteers who care for mothers, infants and young children, b) the degree of inclusion of the essential breastfeeding counseling and support skill topics (see **Annex 5**) in the community health worker in-service curriculum and c) level of coverage/integration of breastfeeding counseling and support skills training into the curricula across in-service programs.

- **No progress** has been made if hands-on breastfeeding training does not exist in in-service programs for community health workers (or volunteers) who care for mothers, infants and young children.
- **Minimal progress** has been made if hands-on breastfeeding training exists in in-service programs for community health workers who care for mothers, infants and young children but the curricula do not cover all essential breastfeeding counseling and support skills topics and breastfeeding curricula are not integrated within all in-service programs.
- **Partial progress** has been made if hands-on breastfeeding training exists in in-service programs for community health workers who care for mothers, infants and young

children and the curricula cover all essential breastfeeding counseling and support skills topics or breastfeeding curricula are integrated within all in-service programs.

- **Major progress** has been made if hands-on breastfeeding training exists in in-service programs for community health workers who care for mothers, infants and young children and the curricula cover all essential breastfeeding counseling and support skills topics and breastfeeding curricula are integrated within all in-service programs.

## 5. Train the Trainers Theme

***Benchmark TPDG8: There exist national/subnational master trainers in breastfeeding (i.e. breastfeeding specialists or lactation consultants) who give support and training to facility-based and community-based health care professionals as well as community health workers.***

**Description:** Master trainers in breastfeeding are individuals that are qualified to train and support facility-based and community-based health care professionals as well as community health workers. These master trainers have received national or international certification as breastfeeding specialists or lactation consultants. They are a key resource for ensuring the quality and coverage of breastfeeding training to facility-based and community-based health care professionals as well as community health workers. They can provide support by: a) serving as a primary resource to these providers and community health workers for breastfeeding-related questions and problems (including those of a clinical nature), b) providing breastfeeding related materials as needed and c) maintaining quality and standardization of breastfeeding services through on-site visits.

**Example:** In Mexico, all the states have at least one qualified person to replicate training with other health professionals.

**Score: Partial Progress**

Domain- Existence: yes

Domain- Coverage: national and subnational level but not local level

**Possible data sources:** In depth interviews with national level government officials within the area of infant/young child health as well as interviews with NGOs and organizations working on infant nutrition would help identify the existence and level of coverage of master trainers within the country. Ideally this assessment from expert(s) should be corroborated against specific surveys that have recently probed for this information, if available at all.

**How to score:** The scoring for this benchmark reflects the existence and coverage of master trainers.

- **No progress** has been made if there are no master trainers in breastfeeding in the country.
- **Minimal progress** has been made if there are master trainers in breastfeeding, only at the national level.

- **Partial progress** has been made if there are master trainers in breastfeeding at the national and subnational level throughout the country.
- **Major progress** has been made if there are master trainers in breastfeeding at the national, subnational, and local levels throughout the country.

## 6. Coordination and Integration of Breastfeeding Training Programs Theme

***Benchmark TPDG9: Breastfeeding training programs that are delivered by different entities through different modalities (e.g. face-to-face; on-line learning) are coordinated.***

**Description:** Breastfeeding training programs can be delivered through different entities using different modalities, such as face-to-face “classroom” courses or on-line breastfeeding tutorial and courses. It is essential that the breastfeeding training programs are coordinated to prevent redundancies and ensure the quality of the overall national training for breastfeeding. These courses can be completed by different entities, however they should be integrated, registered, evaluated and/or certified in order to be coordinated. This benchmark assesses the level of coordination of all breastfeeding training programs within the country.

**Example:**

In Ghana, there are multiple programs and institutions that conduct training. However, there is no single institution to coordinate breastfeeding training and the situation is fragmented.

**Score: Minimal Progress**

Domain- Existence: Yes

Domain- Coverage: some level of coordination

**Possible data sources:** In depth interviews with national level government officials within the area of infant/young child health as well as interviews with NGOs and organizations working on infant nutrition would help identify the level of coordination of breastfeeding trainings within the country. Ideally this assessment from expert(s) should be corroborated against specific surveys and country-specific documentation that have recently probed for this information, if available at all.

**How to score:** The scoring for this benchmark reflects the level of coordination among breastfeeding training programs.

- **No progress** has been made if there is no evidence of coordination.
- **Minimal progress** has been made if there is some coordination but the majority of breastfeeding training programs are not included.
- **Partial progress** has been made if between half and 75% of breastfeeding training programs are coordinated.
- **Major progress** has been made if the great majority (> 75%) of breastfeeding training programs are coordinated.

***Benchmark TPDG10: Breastfeeding information and skills are integrated into related training programs (e.g. maternal and child health, IMCI).***

**Description:** The integration of breastfeeding information and skills into training programs for individuals working in related areas of maternal and child health is crucial to the scaling up of breastfeeding. Health care providers working in related programs (e.g. such as those within maternal and child health; Integrated Management of Childhood Illness (IMCI); Ten Steps; the Supplemental Nutrition Program for Women, Infants, and Children (WIC)) should also be skilled in breastfeeding to facilitate provision of support and education to their clients as needed. This benchmark assesses whether breastfeeding information and skills are integrated into related training programs and, if so, the breadth of coverage of that integration.

**Example:**

In Ghana, interviews with Program Managers in Reproductive Health and Child Health, Nutrition and reviewing the Ghana Health Service's training courses and manuals (e.g. Safe Motherhood Protocol, Essential Care for Every Newborn, Helping Babies Breathe, IMNCI, Essential Nutrition Actions, Community Management of Acute Malnutrition) demonstrated that breastfeeding is integrated into all the relevant training programs.

**Score: Major Progress**

Domain- Existence: Yes

Domain- Coverage: Breastfeeding skills and topics fully integrated into all related training programs.

**Possible data sources:** In depth interviews with national level government officials and local health service coordinators within the area of infant/young child health, as well as interviews with NGOs and organizations working on infant nutrition, would help identify if breastfeeding information and skills are integrated into related training programs and the level of that integration. Ideally this assessment from expert(s) should be corroborated against specific surveys and country-specific documentation that have recently probed for this information, if available at all. If documentation doesn't exist, surveys can be distributed to training programs to assess training courses, manuals, and curricula to determine if breastfeeding information and skills are integrated into these programs and the level of integration.

**How to score:** The scoring for this benchmark reflects the level of integration of breastfeeding information and skills into related training programs.

- **No progress** has been made if breastfeeding information/topics and skills are not integrated into related training programs.
- **Minimal progress** has been made if breastfeeding information/topics and skills are integrated into some (i.e. less than 50%) related training programs.
- **Partial progress** has been made if breastfeeding information/topics and skills are integrated into most (i.e. between 50% and 99%) related training programs.
- **Major progress** has been made if breastfeeding information/topics and skills are integrated into all related training programs.

## 7. Facility-Based Delivery Theme

***Benchmark TPDG11: National standards and guidelines for breastfeeding promotion and support have been developed and disseminated to all facilities and personnel providing maternity and newborn care.***

**Description:** Breastfeeding promotion and support standards and guidelines need to be developed and disseminated to ensure delivery of high quality breastfeeding care within facilities providing maternity and newborn care. Breastfeeding standards and guidelines can be developed and disseminated as an individual guideline or can also be included in maternity and/or child health materials (for example, young child feeding guidelines, child health guidelines). This benchmark measures the availability and coverage of breastfeeding promotion and support standards and guidelines.

**Example:** The Brazilian Ministry of Health has issued and disseminated a series of guidelines to standardize and ensure high-quality breastfeeding care. This series includes:

- Newborn health care: a guide for health professionals (4 volumes)
- Child health: growth and development (Primary Healthcare Book 33)
- Child health: breastfeeding and complementary feeding (Primary Healthcare Book 23)
- Ten Steps for a Healthy Feeding: feeding guide for child under two years - a guide for the Professional in the Primary Health Care
- Breastfeeding and the use of medicines and other substances
- Legislation and marketing of products that interfere with breastfeeding: a health professionals guide
- Breastfeeding. Distribution of Milk and Infant Formulas in Health Establishments and Legislation
- Essentials of breastfeeding for working woman
- Humanized Care Low Birth Weight: Kangaroo Method: technical manual
- Manual for Kangaroo Method: shared follow-up between Hospital Care and Primary Care.

These materials are the standard national guidelines to promote, protect and support breastfeeding and complementary food and are disseminated within all facilities providing maternity and newborn care (including hospitals, clinics, and primary health care/community services).

**Score: Major Progress**

Domain- Existence: Yes

Domain- Coverage: Standards and guidelines for breastfeeding promotion and support have been developed and disseminated nationally to all facilities and personnel providing maternity care.

**Possible data sources:** Interviews with government officials within the area of infant/young child feeding and health would provide evidence of the availability and coverage of

breastfeeding promotion and support standards and guidelines for program delivery. If present, a review of the document(s) would provide an understanding of the content.

**How to score:** The scoring reflects the: a) development of standards and guidelines for breastfeeding promotion and support and b) level of dissemination to facilities and personnel.

- **No progress** has been made if standards and guidelines for breastfeeding promotion and support have not been developed.
- **Minimal progress** has been made if standards and guidelines for breastfeeding promotion and support have been developed but they have not been disseminated to any facilities and personnel providing maternity care.
- **Partial progress** has been made if standards and guidelines for breastfeeding promotion and support have been developed and disseminated to some facilities and personnel providing maternity care.
- **Major progress** has been made if standards and guidelines for breastfeeding promotion and support have been developed and disseminated to all facilities and personnel providing maternity care.

***Benchmark TPDG12: Assessment systems are in place for designating BFHI/Ten Steps facilities.***

**Description:** This benchmark measures if assessment systems are in place for designating facilities as BFHI/Ten Steps. Designating facilities as BFHI/Ten Steps certifies that these facilities have completed the steps required to become “Baby-Friendly”, indicating that those facilities protect, promote and support breastfeeding following the Ten Steps. These assessment systems must be based on the same criteria as the BFHI UNICEF/WHO global criteria and must be incorporated into the national plan to have maximum effectiveness.

**Example:** The New Zealand Breastfeeding Alliance (NZBA) is a coalition of 30 breastfeeding stakeholder organizations and is funded by the MOH to manage and assess the BFHI/BBF initiatives.

**Score: Major Progress**

Domain- Existence: Yes

Domain- Quality: Based on the BFHI UNICEF/WHO global criteria

Domain- Effective: National Strategic Plan of Action for Breastfeeding 2008–2012 has a goal of all District Health Boards achieving and maintaining Baby Friendly Hospital accreditation.

**Possible data sources:** Interviews with government officials within the area of infant/young child feeding and health would provide evidence of the existence of assessment systems for designating facilities as BFHI/Ten Steps. A review of the assessment systems protocols and the National Breastfeeding Plan are needed to understand the quality and content of the assessment systems.

**How to score:** The scoring of this benchmark reflects the: a) existence of assessment systems for designating BFHI/Ten Steps facilities, b) the quality of the assessment system, and c) level of incorporation of the assessment systems into the National Breastfeeding Plan.

- **No progress** has been made if no assessment systems exist for designating BFHI/Ten Steps facilities.
- **Minimal progress** has been made if assessment systems exist for designating BFHI/Ten Steps facilities but they are not based on the BFHI UNICEF/WHO global criteria nor are they incorporated into the National Breastfeeding Plan.
- **Partial progress** has been made if assessment systems exist for designating BFHI/Ten Steps facilities and they are based on the BFHI UNICEF/WHO global criteria but they are not incorporated into the National Breastfeeding Plan.
- **Major progress** has been made if assessment systems exist for designating BFHI/Ten Steps facilities, they are based on the BFHI UNICEF/WHO global criteria *and* they are incorporated into the National Breastfeeding Plan.

***Benchmark TPDG13: Reassessment systems are in place to reevaluate designated Baby-Friendly/Ten Steps hospitals or maternity services to determine if they continue to adhere to the Baby-Friendly/Ten Steps criteria.***

**Description:** Having a reassessment system designed to determine if hospital or maternity services continue to adhere to the Baby-Friendly/Ten Steps criteria is necessary to continue to support breastfeeding programs. Without a reassessment system, hospitals or maternity services would not be held accountable for not continuing to meet the Baby-Friendly/Ten Steps standards required for BFHI/Ten Steps accreditation. This benchmark assesses if there is a reassessment system(s) in place for reevaluating designated Baby-Friendly/Ten Steps facilities.

**Example:** The New Zealand Breastfeeding Alliance (NZBA), which is a coalition of 30 breastfeeding stakeholder organizations and is funded by the MOH to manage and assess the BFHI/BBF initiatives, also reassesses maternity facilities to determine if they continue to adhere to the Baby-Friendly/Ten Steps criteria.

**Score: Major Progress**

Domain- Existence: Yes

Domain- Quality: National Strategic Plan of Action set a timeframe for all District Health Boards achieving and maintaining Baby Friendly Hospital accreditation as a priority area for 2008-2010.

**Possible data sources:** Interviews with government officials within the area of infant/young child feeding and health would provide evidence of the existence of reassessment systems for reevaluating designated Baby-Friendly/Ten Steps facilities. A review of the reassessment systems protocol and the National Breastfeeding Plan are needed to understand the quality and content of the reassessment systems.

**How to score:** The scoring for this benchmark reflects the: a) existence of reassessment systems to reevaluate Baby-Friendly/Ten Steps hospitals and maternity services; b)

incorporation into the National Breastfeeding Plan; and c) the presence/absence of time bound implementation.

- **No progress** has been made if no reassessment systems exist for reevaluating designated Baby-Friendly/Ten Steps facilities.
- **Minimal progress** has been made if reassessment systems exist for designating Baby-Friendly/Ten Steps facilities but they have not been incorporated in the National Breastfeeding Plan with a time bound implementation plan.
- **Partial progress** has been made if reassessment systems exist for designating Baby-Friendly/Ten Steps facilities and they have been incorporated in the National Breastfeeding Plan but do not have a time bound implementation plan.
- **Major progress** has been made if reassessment systems exist for designating Baby-Friendly/Ten Steps facilities and they have been incorporated in the National Breastfeeding Plan and have a time bound implementation plan.

***Benchmark TPDG14: More than 66.6% of deliveries take place in hospitals and maternity facilities designated or reassessed as “Baby Friendly” in the last 5 years.***

**Description:** It is important to understand if the percent of public and private hospitals and maternity facilities designated or reassessed as baby-friendly is increasing, decreasing, or remaining the same. This benchmark assesses the proportion of deliveries that take place within hospitals and maternity facilities that have been designated or recertified as baby-friendly over the past 5 years. The following questions from the WHO Global Nutrition Policy Review module on the Baby-friendly Hospital Initiative can be used to help assess how many healthcare facilities (public and private) have ever been designated Baby-friendly:

- How many of these have been designated or re-assessed as Baby-friendly in the past 5 years?
- What is the total number of births per year in the facilities that were designated or re-assessed as Baby-friendly in the past 5 years?

**Example:** Between 2011 and 2014, Uruguay stands out as having made dramatic progress on the BFHI. Fifty-two out of a total of 64 hospitals providing delivery-care services were certified or recertified.

For calculating the number of deliveries within BFHI facilities the following information was used:

- (1) the annual number of birth (2010-2013) was 49,000;
- (2) deliveries occurring in health facilities (2010-2013) 99.5%;
- (3) health facilities that have been certified or recertified as baby-friendly since 2008 54/64 (84.4%); and
- (4) health facility deliveries occurring in facilities certified/recertified since 2008, 75.2%.

**Score: Major Progress**

Domain- Coverage: More than 66.6% of deliveries took place in hospitals and maternity facilities designated or reassessed as “Baby-Friendly” in the last 5 years.

**Possible data sources:** Reviews of reports on the status of the BFHI in the country including those prepared by government officials from the Ministry of Health (MOH) (including the National Breastfeeding/Infant and Young Child Feeding (IYCF) committee), UNICEF, etc. Interviews can be conducted with government officials in the MOH, or with experts working in-country with UNICEF, Pan American Health Organization (PAHO) or WHO that are familiar with BFHI within the country.

**How to score:** Scoring reflects the coverage of deliveries in BFHI designated or reassessed hospital and maternity facilities in a country.

- **No progress** has been made if no hospitals and maternity facilities offering maternity services have been designated or reassessed as “Baby-Friendly” in the last 5 years.
- **Minimal progress** has been made if less than or equal to 33.3% of deliveries take place in hospitals and maternity facilities designated or reassessed as “Baby-Friendly” in the last 5 years.
- **Partial progress** has been made if between 33.3% and 66.6% of deliveries take place in hospitals and maternity facilities designated or reassessed as “Baby-Friendly” in the last 5 years.
- **Major progress** has been made if more than 66.6% of deliveries take place in hospitals and maternity facilities designated or reassessed as “Baby-Friendly” in the last 5 years.

***Benchmark TPDG15: Health care facility-based community outreach and support activities related to breastfeeding are being implemented.***

**Description:** Healthcare facilities should be providing community outreach and support activities for breastfeeding. Community breastfeeding outreach to promote breastfeeding can be specific events, such as participating in community health fairs, disseminating educational materials about breastfeeding in community settings or via media, or continuous activities such as conducting breastfeeding educational sessions for pregnant and postpartum women in community settings. Breastfeeding support activities for women can include providing in-person (outpatient), on-line, or phone access to professional breastfeeding support, and providing individual as well as group breastfeeding counseling, etc. This benchmark assesses if health facilities are implementing breastfeeding related community outreach and support activities. If so, it also assesses how well it links with existing community-based breastfeeding/nutrition programs.

**Example:** Sri Lanka's Lactation Management Centres are run out of specialist hospitals. The service is run by Nursing Officers who are available seven days a week from 7 am – 5 pm, via in-patient care, out-patient visits and telephone hotlines. Any mother with breastfeeding problems may use the center for free, without referral letters or appointments. In addition, they speak at ante-natal health educational classes, take part in special day/half-day

programmes organized to educate nursing officers staff on other wards, and run lecture/clinical sessions for nursing students and midwifery students.

**Score: Minimal Progress**

Domain- Existence: Yes

Domain- Quality: Lactation Centers are implemented in specialist hospitals only so there is not national coverage.

Domain- Effective: Not enough information to assess linkages with community programs.

**Possible data sources:** Interviews can be conducted with government officials within the MOH, the national and local breastfeeding coordinators, representatives of NGOs involved in health or breastfeeding; health facility officials, representatives of organizations involved with mother-to-mother support groups. If available, the National Breastfeeding Plan can be reviewed to understand the specific health-facility based community outreach and support activities and the coverage reached.

**How to score:** The scoring reflects the: a) level and quality of implementation of health facility-based community outreach and support activities and b) the level and quality of linkages with community breastfeeding/nutrition programs.

- **No progress** has been made if no health facility-based community outreach and support activities related to breastfeeding are being implemented and linkages with community breastfeeding/nutrition programs are not in place.
- **Minimal progress** has been made if health facility-based community outreach and support activities related to breastfeeding are being minimally implemented (i.e. at the local level only) or limited linkages with community breastfeeding/nutrition programs are in place.
- **Partial progress** has been made if health facility-based community outreach and support activities related to breastfeeding are being effectively implemented (i.e. at the national, subnational, and local level) or effective linkages with community breastfeeding/nutrition programs are in place.
- **Major progress** has been made if health facility-based community outreach and support activities related to breastfeeding are being effectively implemented and effective linkages with community breastfeeding/nutrition programs are in place.

## **8. Community-Based (i.e. Non-Health Care Facilities Delivery) Theme**

***Benchmark TPDG16: Community-based breastfeeding outreach and support activities have national coverage.***

**Description:** Breastfeeding outreach and support can be delivered via health care facilities and/or via community organizations. This benchmark assesses if non-health care facilities, such as community organizations, have conducted breastfeeding outreach and support activities and, if so, have they achieved national coverage. Community-based breastfeeding outreach and support activities are vital to ensuring women receive continual care and support after

returning home. Home visits, mother-to-mother support groups, providing hands-on assistance and breastfeeding guidance beyond the hospital walls are among some community-based activities to support women to continue breastfeeding. This benchmark assesses if community-based breastfeeding outreach and support activities are being implemented and, if so, the coverage of those activities.

**Example:** The LINKAGES Project in Bolivia, a community based behavioral change project, reached one million people, and covered eight of nine departments, three eco-regions, 155 municipalities, and 2,389 communities. The purpose was to increase timely initiation of breastfeeding and the rate of exclusive breastfeeding through BCC, training, and community activities using the existing network of CHWs.

**Score: Partial Progress**

Domain- Existence: yes

Domain- Coverage: Extensive but not national.

**Possible data sources:** Interviews can be conducted with government officials within the MOH, the national and local breastfeeding coordinators, representatives of NGOs involved in health or breastfeeding; health facility officials, representatives of organizations involved with mother-to-mother support groups. If available, the National Breastfeeding Plan can be reviewed to understand the specific community-based outreach and support activities and the coverage reached.

**How to score:** The scoring for this benchmark reflects the availability and coverage of community-based breastfeeding outreach and support activities. Full national coverage refers to the fact that all activities are being implemented to cover all of the specific target population. For example, if a community based breastfeeding initiative is designed to reach an indigenous/ethnic population that only lives within a certain geographical area within the entire country, coverage would be considered national if the program activities reach the entire target population.

- **No progress** has been made if there are no community-based breastfeeding outreach and support activities.
- **Minimal progress** has been made if community-based breastfeeding outreach and support activities have minimal coverage (i.e. at the local level only).
- **Partial progress** has been made if community-based breastfeeding outreach and support activities have partial coverage (i.e. at the local and subnational level only).
- **Major progress** has been made if community-based breastfeeding outreach and support activities have full national coverage.

## 9. Supervision Theme

***Benchmark TPDG17: There are trained and certified lactation management specialists available to provide supportive supervision for breastfeeding program delivery.***

**Description:** Supportive supervision refers to a non-authoritarian method of monitoring and evaluating the performance of staff. Supervisors serve as a mentor, encouraging two-way communication, facilitating team building, and encouraging problem solving, monitoring performance towards goals, and maintaining regular follow-ups with staff. This benchmark assesses if there are trained and certified lactation management specialists available to provide supportive supervision for breastfeeding program delivery and, if so, the coverage of that type of supervision.

**Example:** In Indonesia, to become a breastfeeding counselor, the WHO/UNICEF's breastfeeding counseling training module is required (a total of 40 hours). There is no education prerequisite for the training and after completing the training, one counseling assignment must take place within the month to obtain the certificate. Breastfeeding counselors do not have a clear mechanism for starting a practice, so they can practice anywhere without supervision. Other than this, there is no other regulation regarding breastfeeding counseling, including what types of services may be performed or any obligation to comply with the code of ethics.

There is an official association for breastfeeding counselors, the Indonesian Breastfeeding Counselors Association, with approximately 200 members. If a breastfeeding counselor wants to become a member, he or she will be given an ethics code of conduct to follow. This association also offers supervision that standardizes care among their members. There is no obligation for a breastfeeding counselor or specialist to become a member. Coordination to issue a national license needs to be established as well as to standardize care and increase coverage nationally.

**Score: Minimal Progress**

Domain- Existence: yes

Domain- Coverage: local coverage only.

**Possible data sources:** Interviews can be conducted with the national breastfeeding coordinator as well as representatives of NGOs involved in health or breastfeeding. If available, MOH documents specifying the parameters and registries reporting on coverage attained with supportive supervision should be reviewed to corroborate the key informants' reports.

**How to score:** The scoring for this benchmark reflects the availability and coverage of trained and certified lactation management specialists available to provide supportive supervision for breastfeeding program delivery.

- **No progress** has been made if there are no trained and certified lactation management specialists available to provide supportive supervision for breastfeeding program delivery at either the facility or community level.
- **Minimal progress** has been made if there are trained and certified lactation management specialists available to provide supportive supervision for breastfeeding program delivery at the facility and/or community level with local coverage.

- **Partial progress** has been made if there are trained and certified lactation management specialists available to provide supportive supervision for breastfeeding program delivery at the facility and community level reaching sub-national coverage.
- **Major progress** has been made if there are trained and certified lactation management specialists available to provide supportive supervision for breastfeeding program delivery at the facility and community level reaching full national coverage.