Breastfeeding Advocacy Toolkit

The Breastfeeding Advocacy Toolkit (the Toolkit) is intended to ensure stakeholders are able to easily access and use advocacy tools aimed at improving policies and financing for the protection, promotion, and support of breastfeeding.

The Toolkit is an initiative of the Global Breastfeeding Collective (the Collective). Led by UNICEF and WHO, the Collective is a partnership of over 20 international organizations with the goal of increasing investment and policy change to support breastfeeding worldwide, which requires advocacy at the global, national, and sub-national levels.

The Collective's vision is a world in which all mothers have the technical, financial, emotional, and public support they need to start breastfeeding within an hour of a child’s birth, to breastfeed exclusively for six months, and to continue breastfeeding, with complementary foods, for two years or beyond. The Collective’s mission is to rally political, legal, financial, and public support, so rates of breastfeeding increase, which will benefit mothers, children, and society.

The Toolkit will provide a central platform for tools and resources for breastfeeding advocates and other stakeholders specific to the Collective’s seven policy actions:

1. Increase funding to raise the rate of breastfeeding from birth to 2 years
2. Adopt and monitor the International Code of Marketing of Breastmilk Substitutes
3. Enact paid family leave and workplace breastfeeding policies
4. Implement the ?Ten Steps to Successful Breastfeeding?
What is the purpose of the Toolkit?

Led by UNICEF and WHO, the Global Breastfeeding Collective (the Collective) is a partnership of 20 international organizations with the goal of increasing investment and policy change to support breastfeeding worldwide, which requires advocacy at the global, national, and sub-national levels. The Breastfeeding Advocacy Toolkit is a central platform for tools and resources for policy makers, program managers, and other stakeholders specific to the Collective’s seven policy actions.

What types of resources are included in the Toolkit?

The Toolkit includes tools and resources specific to the Collective’s seven policy actions. The Toolkit includes resources produced by the Collective, its member organizations, and other organizations to build awareness of the seven policy actions and assist in the development of initiatives to support these policy actions globally, nationally, and sub-nationally.

The resources include guidebooks, policy briefs, educational videos, and case studies. Where possible, resources have been provided in multiple languages.
Some briefs included in the Toolkit were prepared by various members of the Collective; they do not necessarily reflect the views or positions of all partner organizations that participate in the Collective.

**Who should use this Toolkit?**

This Toolkit is intended for breastfeeding advocates and all those seeking information and tools to support the Collective’s seven policy actions to promote, protect, and support breastfeeding.

**How to use this Toolkit?**

The Toolkit is divided into practical categories to offer quick and easy access to key tools and resources associated with each of the seven policy actions, as well as background materials and relevant case studies.

Within each category, you will find background information providing an overview of the topic and relevant resources listed below. Resources can be filtered by year, language, and authoring organization. Each resource also includes a short description. Resources may contain several related documents or items.

You may also review all resources by clicking on “All resources”.

**How can I suggest a resource for this Toolkit?**

To suggest a resource or case study, please contact breastfeeding@unicef.org.

**How can I provide feedback on this Toolkit?**
About the Collective

The Global Breastfeeding Collective (the Collective) brings together implementers and donors from governments, philanthropies, international organizations, and civil society and is led by UNICEF and the World Health Organization (WHO).

The Collective envisions a world in which all mothers have the technical, financial, emotional, and public support they need to start breastfeeding within an hour of a child’s birth, to breastfeed exclusively for six months, and to continue breastfeeding, with complementary foods, for two years or beyond. The Collective’s mission is to rally political, legal, financial, and public support
so rates of breastfeeding increase, which will benefit mothers, children, and society.

Breastfeeding and sustainable development go hand-in-hand. By increasing breastfeeding, we can save 820,000 lives annually, improve the health and well-being of women and children, and build a healthier, more prosperous future. These actions will help achieve the central goals of the 2030 Sustainable Development Agenda.

Our goal is to increase the global rate of exclusive breastfeeding to 50% or higher by 2025 and to at least 70% by 2030.

Breastfeeding is a powerful solution for improving global health and welfare, but we need smart financial commitments to implement it. The Global Breastfeeding Collective is calling for $5.7 billion over ten years ? an average of $570 million per year ? to support breastfeeding in low- and middle-income countries. These funds would be enough to achieve the global exclusive breastfeeding target (> 50%) and would translate into a cost of only $4.70 per newborn.

From preventing childhood illnesses and increasing IQ to decreasing mothers? risk for breast cancer and lowering healthcare costs for families and societies, the benefits of breastfeeding touch everyone. However, the responsibility for breastfeeding is often put solely on the shoulders of mothers ? without considering the immense social, political, and environmental barriers to breastfeeding that exist in nearly every country in the world.

Improved breastfeeding is not just important for individual children and their families: it is also a tool for building more prosperous societies and nations. Every $1 invested has the power to generate $35 in economic returns. These increased investments in breastfeeding could yield an estimated $298 billion in economic gains over 10 years across all low- and middle-income countries.
No mother should breastfeed alone: support for breastfeeding is a collective responsibility. This means getting mothers and babies everywhere the support they need to breastfeed whenever and wherever they choose.

Mothers who breastfeed need time, space, and resources to support their decision, including access to skilled lactation counselling, support from families and communities, and policies such as implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions, paid maternity leave, and nursing breaks.

The Collective’s "Call to Action" lists seven key policy actions to increase political commitment to breastfeeding and improve rates of early initiation, exclusive breastfeeding for the first six months of life and continued breastfeeding for up to two years or beyond, together with appropriate, adequate and safe complementary foods globally.

The Breastfeeding Advocacy Toolkit is intended to help you access and use the tools and resources needed for effective advocacy at the global, national, and sub-national levels.

The Collective’s Partners:

- 1000 Days
- Academy of Breastfeeding Medicine
- Action Against Hunger
- Alive and Thrive
- Baby-friendly Hospital Network
- Bill and Melinda Gates Foundation
Advocacy Brief: Breastfeeding and Family-Friendly Policies

Family-friendly policies that protect and promote breastfeeding are an investment in the health, development and future prosperity of children, women and nations. There is compelling evidence that paid leave, access to quality childcare and dedicated nursing time and space can improve breastfeeding rates, resulting in healthier mothers and children,
Advocacy Brief: Breastfeeding in Emergency Situations

In emergencies, breastfeeding remains the safest, most nutritious and reliable food source for infants under the age of six months. Breastfeeding in emergencies saves lives.

This advocacy brief lays out the key messages and critical actions required to protect, promote and support breastfeeding adequately in emergency settings.

Advocacy Brief: Breastfeeding and Gender Equality

Millions of mothers around the world stop breastfeeding before they want to because they do not get the support and time they need to continue. This has resulted in low or stagnant breastfeeding rates worldwide, which leads to greater child mortality, malnutrition and chronic diseases.

This advocacy brief sets out the key messages and actions to address the impacts of gender inequality on breastfeeding.

Advocacy Brief: Breastfeeding and the International Code of Marketing of Breast-milk Substitutes

The aggressive marketing of breast-milk substitutes creates a major barrier to breastfeeding. The widespread promotion of BMS leads to the circulation of misinformation about breastfeeding which influences the decisions that families make about feeding their infants and young children. Breast-milk substitutes (BMS) include all milk products such as infant formula, follow-up formula, and growing up milks marketed for use by infants and children up to 36-months old.

This advocacy brief outlines the key messages and actions required to prevent the inappropriate promotion of breast-milk substitutes for the protection, promotion, and support of breastfeeding.

Advocacy Brief: Breastfeeding and Early Childhood Development

Breastfeeding is one of the first early childhood development interventions and helps prepare children for a prosperous future in a cost-effective way for families and societies. When countries, rich or poor, support breastfeeding through meaningful investments and programmes, it has an impact on their bottom lines and the health and well-being of women and children.
Actions, policies, and programmes that support mothers at health facilities, home and work have been shown to significantly increase breastfeeding, one of the first early childhood development interventions.

This advocacy brief outlines the key messages and actions required to develop and strengthen breastfeeding practices to ensure the optimal development and well-being of children.

•

Call to Action

The Global Breastfeeding Collective's Call to Action asks implementers and donors from governments, philanthropies, international organizations, civil society to undertake seven policy actions. The Call to Action flyer outlines the seven policy actions and key breastfeeding facts.

Tools for the Seven Policy Actions

The Collective?s ?Call to Action? lists seven key actions to increase political commitment for breastfeeding, with a section for each action in the Breastfeeding Advocacy Toolkit. Recognizing that no mother breastfeeds alone, the ?Call to Action? asks implementers and donors from governments, philanthropies, international organizations, and civil society to prioritize breastfeeding and ensure that nothing comes between mothers and their ability to give their children the best start in life through breastfeeding.

The initiative aims to increase early initiation, exclusive breastfeeding for the first six months of life, and continued breastfeeding for up to two years or beyond, together with appropriate, adequate, and safe complementary foods.
Increase Funding

Increase funding to raise the rate of breastfeeding from birth to 2 years

The Problem: Despite the proven benefits of breastfeeding, global funding remains inadequate.

The Solution: Invest in programmes and policies that protect, promote, and support breastfeeding.

Breastfeeding is a smart investment that saves lives and benefits the economy. The current global level of investment is insufficient to substantially increase breastfeeding rates. Governments and political leaders should invest in comprehensive strategies and social policies that promote, protect, and support breastfeeding in order to ensure the health and wealth of generations to come.

In addition to the Advocacy Guidance Brief on Funding, this section includes frameworks from the World Health Organization and the World Bank on breastfeeding action and nutrition outcomes.
Several monitoring tools are also included to help make the case, such as the World Bank’s calculations of economic cost and opportunities related to nutrition, including breastfeeding, and IBFAN’s World Breastfeeding Cost Initiative (WBCI).

Practical guidance for the development of financial programs and policies is also included in this section of the Breastfeeding Advocacy Toolkit, such as the World Bank’s report on the use of incentives to accelerate change in nutrition outcomes, including breastfeeding goals.

Resources:

- **Advocacy Guidance Brief - Funding**

  This is the Collective’s Advocacy Guidance Brief on increasing investment in programmes and policies that protect, promote, and support breastfeeding.

  Breastfeeding is a smart investment that saves lives and benefits the economy. The current global level of investment is not enough to substantially increase and sustain breastfeeding rates. Governments and political leaders should invest in comprehensive strategies and social policies that protect, promote, and support breastfeeding to ensure the health and prosperity of generations to come.

- **Cost of Not Breastfeeding Tool**

  This tool was created by Alive & Thrive to help determine the future economic losses of low- and middle-income countries due to not breastfeeding according to recommendations. All monetary values are presented in US dollars.

- **Nurturing the Health and Wealth of Nations: The Investment Case for Breastfeeding**

  This document outlines the investment case for breastfeeding. The case to invest in breastfeeding has never been stronger, nor the need for action clearer. Rapid progress is possible with investments in policies and programs that better support women to breastfeed,
and that ensure that more of the world’s children have the opportunity to thrive.

- **An Investment Framework for Nutrition Reaching the Global Targets for Stunting, Anemia, Breastfeeding and Wasting**

  In 2012, the 176 members of the World Health Assembly endorsed the first-ever global nutrition targets, focusing on six areas: stunting, anemia, low birthweight, childhood overweight, breastfeeding, and wasting. These targets aim to boost investments in cost-effective interventions, spearhead better implementation practices, and catalyze progress toward decreasing malnutrition. This framework outlines the rationale, key action recommendations and research needs required to meet these targets.

- **Unleashing Gains in Economic Productivity with Investments in Nutrition**

  Although the investment case for nutrition is strong, efforts to reach the nutrition SDG targets are constrained by a range of factors including insufficient financing, complexity in terms of implementation, and determining the methods and costs involved in monitoring SDG targets. This report aims to provide a more comprehensive estimate of costs as well as financing needs, linking them both to expected impacts, and laying out a potential financing framework.

- **Incentivizing Nutrition: Incentive Mechanisms to Accelerate Improved Nutrition Outcomes**

  The report, Incentive Mechanisms to Accelerate Improved Nutrition Outcomes and the accompanying Practitioner’s Compendium provide important guidance for cost-effective multi-sectoral efforts to scale up nutrition programming by incentivizing nutrition interventions. Investing in nutrition will contribute to achieving the World Bank’s dual goals of ending extreme poverty and promoting shared prosperity. The coordinated support of the international community is important to optimizing the rising trend in nutrition investment, which was galvanized by the global Scaling Up Nutrition (SUN) movement, and reaffirmed at the 2012 World Health Assembly where world leaders committed to reaching six global nutrition targets by 2025.

- **Global Nutrition Targets 2025 Breastfeeding Policy Brief**
This policy brief introduces health system, community and policy level interventions needed to reach the target of 50% breastfeeding exclusivity for the first six months of life. Recognizing that accelerated global action is needed to address the pervasive and corrosive problem of the double burden of malnutrition, in 2012 the World Health Assembly Resolution 65.6 endorsed a Comprehensive implementation plan on maternal, infant and young child nutrition, which specified a set of six global nutrition targets for 2025.

• **World Breastfeeding Costing Initiative (WBCi)**

The WBCi has two components: the Need to Invest in Babies and the WBCi Financial Planning and Budgeting Tool. This advocacy document gives the rationale behind the need to invest in breastfeeding, what interventions to invest in as a priority, and a ball-park estimate of the global costs of universalizing the enabling environment where women can successfully breastfeed optimally. Recognizing that countries are at different stages in implementing the Global Strategy, as well as the wide variance in salaries, infrastructure costs and other factors. IBFAN Asia also developed the WBCi Financial Planning and Budgeting Tool to assist countries plan and budget for protecting, promoting and supporting breastfeeding.

**International Code of Marketing of Breast-milk Substitutes**

Fully implement the International Code of Marketing of Breast-milk Substitutes and relevant WHA resolutions, through strong legal measures that are enforced and independently monitored by organizations free from conflicts of interest.

The Problem: Unethical marketing of breast-milk substitutes, bottles, and teats can reduce breastfeeding rates, putting the health of children and mothers at risk and resulting in unnecessary costs for families and countries.
The Solution: Strong and well-enforced national legislation can reduce the unethical marketing of breast-milk substitutes, bottles, and teats and ensure support for breastfeeding.

Governments, political leaders, and health care providers all have a role to play in improving health outcomes. Strengthening, monitoring, and enforcing national Code legislation is one approach. Strong regulations on the marketing of breast-milk substitutes help to ensure that parents are able to make informed choices about how to feed their children?and that children receive the full benefits of breast-milk.

This section of the Breastfeeding Advocacy Toolkit includes information about the International Code of Marketing of Breast-milk Substitutes (the Code), the current status of legislation around the world as well as details on the NetCode initiative.

Training and policies related to the Code are also integrated to initiatives for maternity facilities and skilled breastfeeding counselors and indicators on the International Code will form an important part of monitoring.

Resources:

- **Advocacy Guidance Brief - International Code of Marketing of Breast-milk Substitutes**

  This is the Collective’s Advocacy Guidance Brief for the implementation of the International Code of Marketing of Breast-Milk Substitutes.

  Governments, political leaders, and health care providers all have a role to play in improving
health outcomes by strengthening, monitoring, and enforcing national Code legislation. Strong regulations on the marketing of BMS ensure that parents can make informed decisions about how to feed their children so that children receive the full benefits of breastfeeding.

- **Information Note: Classification of follow-up formulas as breast-milk substitutes**

This Information Note describes the rationale for the WHO’s interpretation of the definition of breastmilk substitutes and its guidance to clarify that breast-milk substitutes “should be understood to include any milks (or products that could be used to replace milk, such as fortified soy milk), in either liquid or powdered form, that are specifically marketed for feeding infants and young children up to the age of 3 years (including follow-up formula and growing-up milks).”

- **Annotated International Code & Subsequent WHA Resolutions (2nd Ed.)**

A general guide to the International Code that clearly explains each provision with annotation, and integrates main points of all subsequent relevant WHA resolutions (up to 2016) and relevant global recommendations into the analysis of the Code. Background and introduction are included to help better understand the aim, principle and spirit of the Code; and the importance of effective Code implementation and ongoing advocacy.

- **Introductory Course on the Code**

This comprehensive e-learning course and resource package has been prepared in order to reach as many people as possible in a cost-effective and sustained manner. It is intended to provide a comprehensive introduction to the Code, its contents, and ways in which it can be implemented and monitored. It is not intended as an in-depth course on the development of national legislation/regulations or on-going monitoring mechanisms. The course contains 8 Units, each divided in read, see, review and test sections.

- **Don’t Push It: Why the formula milk industry must clean up its act**

The lives and the health of millions of vulnerable children are at risk from a threat that receives too little attention – the rapid growth of the market for baby milk formula. The unique
life-saving and life-enhancing benefits of breastfeeding are proven. However, the global market in breastmilk substitutes is seeing a five-fold increase in two decades that far outstrips the world’s population growth. By 2019 that market will be worth more than $70 billion – more than a tenth of the GDP of a rich country like Switzerland.

Save the Children, Action Contre la Faim, BRAC, FHI 360, Helen Keller International and SUN-Pakistan call on manufacturers and distributors of breastmilk substitutes, investors and governments to create a race to the top to help millions of children get the healthiest start in life.

- **National Implementation of the International Code: Status Reports**

These reports provide information on the status of implementing the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions (the Code) in and by countries. The 2018 report documents the adoption of new legislation implementing the Code in a few countries since 2016, and formulation of additional measures to strengthen existing legislation in others. The 2018 report also provides a regional perspective on the legal status of the Code, and in countries where such information is available, the extent to which Code provisions have been incorporated in national legal measures.

- **Guidance on ending the inappropriate promotion of foods for infants and young children - Implementation manual**

In 2016, the World Health Assembly approved the WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children. The Guidance aims to protect breastfeeding, prevent obesity and chronic diseases, and to promote a healthy diet. In addition, the Guidance aims to ensure that parents and other caregivers receive clear and accurate information on the best way to feed their infants and young children.

To assist countries in achieving these aims, the Guidance lays out several recommendations for controlling the marketing of foods and beverages targeted toward children under the age of 36 months, with the goal of protecting breastfeeding, preventing obesity and chronic diseases, and promoting a healthy diet.

- **Policy Brief: Protection of Breastfeeding to 24 months and beyond**

The World Health Organization’s International Code of Marketing of Breast-Milk Substitutes sets out restrictions on the marketing of infant formula and other products which replace mothers’ milk. The ARCH Project supports countries’ efforts to enforce and monitor the Code at the national level. This brief is part of the ARCH International BMS Code Toolkit.
Code Webinar Series

The World Health Organization’s International Code of Marketing of Breast-Milk Substitutes sets out restrictions on the marketing of infant formula and other products which replace mothers’ milk. The ARCH Project supports countries’ efforts to enforce and monitor the Code at the national level. This series of three webinars is part of the ARCH International BMS Code Toolkit.

- **NetCode**

NetCode is the Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent relevant World Health Assembly Resolutions.

NetCode envisions a world in which all sectors of society are protected from the inappropriate and unethical marketing of breast-milk substitutes and other products covered by the scope of the International Code and relevant WHA resolutions.

The goals of NetCode are to strengthen Member States’ and civil society capacity to monitor the International Code and relevant WHA resolutions; and to facilitate the development, monitoring and enforcement of national Code legislation by Member States, by bringing together a group of committed actors to support these processes.

- **International Code of Marketing of Breast-milk Substitutes FAQ: 2017 Update**

This FAQ provides easy-to-read detailed information on specific questions related to the Code. It is intended for policy-makers, health workers and others concerned with the Code, as well as the general public.

- **Policy Brief: WHA Resolution on Guidance on the Inappropriate Promotion of Foods for Infants & Young Children**
The World Health Organization's International Code of Marketing of Breast-Milk Substitutes sets out restrictions on the marketing of infant formula and other products which replace mothers' milk. The ARCH Project supports countries' efforts to enforce and monitor the Code at the national level. This brief is part of the ARCH International BMS Code Toolkit.

- **Code Monitoring Kit**

  This 60-page kit guides you on the *why, what, where and how* of Code monitoring. Together with a new Quick & Easy form, it contains 8 questionnaires including a new section on products and tactics that undermine breastfeeding.

- **International Code of Marketing of Breast-Milk Substitutes**

  The International Code of Marketing of Breast-milk Substitutes is an international health policy framework for breastfeeding promotion adopted by the World Health Assembly (WHA) of the World Health Organization (WHO) in 1981. The Code was developed as a global public health strategy and recommends restrictions on the marketing of breast milk substitutes, such as infant formula, to ensure that mothers are not discouraged from breastfeeding and that substitutes are used safely if needed. The Code also covers ethical considerations and regulations for the marketing of feeding bottles and teats. A number of subsequent WHA resolutions have further clarified or extended certain provisions of the Code.

**Paid Leave & Workplace Policies**

Enact paid family leave and workplace breastfeeding policies, building on the International Labour Organization's maternity protection guidelines as a minimum requirement, including provisions for the informal sector.

The Problem: No mother should have to choose between providing for her family economically or offering the best nourishment for her infant.
The Solution: Expanding family leave protections can reduce child mortality and improve health and economic outcomes.

Political leaders and employers can improve both economic and health outcomes by expanding maternity protection. Advocating for maternity protection is advocating for children to have the healthiest possible start to life, and to grow up to be stronger, smarter, and more productive. The World Breastfeeding Costing Initiative (WBCI) Report provides evidence for the importance of this investment.

Maternity protection laws and breastfeeding-friendly workplace initiatives may require multiple ministries, organizations, and the private sector to work together to ensure that nothing gets in the way of a mother’s ability to breastfeed her baby.

The International Labor Organization (ILO) Database lists maternity protection laws around the world and the WABA Maternity Protection Chart provides data on maternity and paternity leaves.

This section of the Breastfeeding Advocacy Toolkit also includes resources on implementing protections and breastfeeding-friendly practices in a variety of settings, including protections for working mothers in the informal economy.
Advocacy Guidance Brief - Paid leave & Workplace Policies

This is the Collective’s Advocacy Guidance Brief for enacting paid leave and workplace breastfeeding policies.

Political leaders and employers can improve economic and health outcomes by expanding paid family leave. Advocating for parental leave is advocating for children to have the healthiest possible start to life and to grow up to be stronger, smarter, and more productive. Together, we can ensure all mothers and families have the support they need for optimal health and productivity.

Parents at Work Advocacy Tool

A chart outlining family leave and parental workplace protections by country, including paid and other leaves and breastfeeding breaks. The tool is available in both tri-fold and A4 format. Summaries of leave and breastfeeding breaks by country are also available by region.

Breastfeeding for Working Mothers

This video was designed and produced for UNICEF by Global Health Media Project.

Business Case for Breastfeeding

The Business Case for Breastfeeding is a comprehensive program designed to educate employers about the value of supporting breastfeeding employees in the workplace. The program highlights how such support contributes to the success of the entire business. The Business Case for Breastfeeding offers tools to help employers provide worksite lactation
support and privacy for breastfeeding mothers to express milk. The program also offers
guidance to employees on breastfeeding and working. Resources to help lactation specialists
and health professionals to educate employers in their communities are also available.

- **Maternity Protections in the Workplace (video)**

  This short video introduces guidance from the ILO to strengthen and extend maternity
  protection to all women in all types of economic activity, including in relation to maternal
  health, maternity leave and benefits, employment protection and non-discrimination, breastfeeding.

- **International Labour Organization Database: Data collection on maternity protection**

  The Working Conditions Laws Database is the most exhaustive source on maternity
  protection legislation available internationally. It provides country-specific information on the
  key dimensions of maternity protection: length of maternity leave, cash and medical benefits
  as well as their qualifying conditions and the source of funding; health protection; non-
  discrimination and employment security and breastfeeding upon return to work.

- **Let’s make it work!: Breastfeeding in the workplace**

  This document presents accomplishments to date and conceptual thinking in Communication
  for Development (“C4D”) for promoting breastfeeding support in the workplace, emanating
  from these two experiences and building upon available evidence and lessons learned from
  former experiences. The document is intended for programme planners within UNICEF as
  well as UNICEF partner organizations.

- **Maternity cash benefits for workers in the informal economy**

  The brief shares successful country experiences in extending maternity protection to workers
  in the informal economy including universal maternity coverage of Mongolia. It also highlights
  the ILO standards on maternity benefits for workers in the informal economy.

- **Toolkit: Workplace Lactation Support**

  This toolkit aims to provide information and guidance for institutions, companies, and other
organizations interested in implementing policies and interventions to support lactation in the Workplace. It highlights the benefits of creating an enabling environment for breastfeeding women to express and store their breast milk while at work, and offers practical guidance on how to do so. It is based on the best practices of a model piloted in Viet Nam by Alive & Thrive (A&T) and the Viet Nam General Confederation of Labor (VGCL) from January 2012 to August 2014.

Baby-friendly Hospital Initiative

The Problem: Many health facilities and professionals are not delivering optimal breastfeeding promotion and support for mothers, families, and newborns.

The Solution: National Baby-friendly Hospital Initiative (BFHI) implementation can strengthen health worker practices, increase rates of optimal breastfeeding, and improve health, social, and economic outcomes for individuals and nations.
The BFHI has been one of the most effective interventions to enable optimal breastfeeding practices across different countries and contexts. Launched globally by WHO and UNICEF in 1991, the BFHI promotes improved policies and procedures in maternity facilities to support mothers to initiate breastfeeding in the first hour of life and obtain the skills to continue breastfeeding after discharge.

The BFHI is based on the Ten Steps to Successful Breastfeeding (the Ten Steps) and recognizes the role that maternity and newborn facilities have in providing mothers with skills and support for successful breastfeeding.

The revised BFHI implementation guidance for policy-makers and health facility managers can be used for advocating for country-level policy development and program implementation, while UNICEF provides a compendium of BFHI case studies from 13 countries around the world.

Improving funding mechanisms is imperative to ensure BFHI programs are implemented sustainably and at scale, including increasing governments’ own contributions and drawing from other sustainable sources. The Global Breastfeeding Collective Case for Investment and World Breastfeeding Costing Initiative (WBCi) provide evidence of the cost-effectiveness of investments in breastfeeding. Additional advocacy resources can be found in the section on increasing funding.
Advocacy Guidance Brief - Baby-friendly Hospital Initiative

This is the Collective's Advocacy Guidance Brief on the Baby-friendly Hospital Initiative.

Realizing the full potential of the BFHI will require strong alliances between government, civil society, health professional associations, and other stakeholders. Together, we can ensure that every maternity facility gives its mothers and newborns an opportunity to start their breastfeeding relationship out right.

Baby-friendly Hospital Initiative: Revised 2018

This updated implementation guidance is intended for all those who set policy for, or offer care to, pregnant women, families and infants: governments; national managers of maternal and child health programmes in general, and of breastfeeding- and BFHI-related programmes in particular; and health-facility managers at different levels (facility directors, medical directors, chiefs of maternity and neonatal wards). The document presents the first revision of the Ten Steps since 1989.

The topic of each step is unchanged, but the wording of each one has been updated in line with the evidence-based guidelines and global public health policy. The steps are subdivided into (i) the institutional procedures necessary to ensure that care is delivered consistently and ethically (critical management procedures); and (ii) standards for individual care of mothers and infants (key clinical practices). Full application of the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly Resolutions (the Code), as well as ongoing internal monitoring of adherence to the clinical practices, have been incorporated into step 1 on infant feeding policies.

Early initiation of breastfeeding

This report presents the global situation of early initiation of breastfeeding and describes trends over the past ten years. Drawing from an analysis of early initiation rates among babies delivered by skilled birth attendants, the report describes key findings and examines the factors that both help and hinder an early start to breastfeeding. The report outlines key learnings from countries where rates of early initiation have improved or deteriorated and concludes with recommendations for policy and programmatic action.
ABM Clinical Protocol #7: Model Maternity Policy Supportive of Breastfeeding

The purpose of this protocol is to offer a “Model Maternity Policy Supportive of Breastfeeding,” which includes an “Infant Feeding Policy.” The protocol only includes statements that are based on evidence or global recommendations in this document, which is intended to be a model for facilities seeking to implement high-quality perinatal care.

It will need to be adapted to each specific institution, for example by including the name of the institution, and the date of revision, and follow each facility’s institutional process for approval and implementation. This protocol includes all the elements covered by the BFHI “Global Criteria.”

• National implementation of the Baby-friendly Hospital Initiative 2017

This report provides an analysis of the current status of the BFHI in countries around the world. Based on the 2nd Global Nutrition Policy Review, implemented by WHO in 2016-2017, the report presents the implementation of the initiative 25 years after its launch.

The report describes programme coverage, the current designation process, reasons for termination in places where the programme has been discontinued, integration of the Ten Steps into other standards and policies, and overall lessons learned. In addition, the report provides qualitative information on some of the challenges countries have faced in implementing the BFHI.

• Compendium of case studies of the Baby-friendly Hospital Initiative

This set of case studies documents country experiences in implementing the Baby-friendly Hospital Initiative (BFHI) over the first 25 years of its existence. These case studies are testimony to the diversity in BFHI implementation. While several countries have been able to bring the BFHI to a national scale, in other countries the coverage has remained more confined. Coordination mechanisms and operational modalities also vary from country to country. The compendium is designed to reflect a range of country experiences. While it is difficult to generalize, some key commonalities can be extracted from the case studies.

• Impact of the Baby-friendly Hospital Initiative on
breastfeeding and child health outcomes: a systematic review

The Baby-friendly Hospital Initiative (BFHI) is a key component of the World Health Organization/United Nations Children’s Fund Global Strategy for Infant and Young Child Feeding. The primary aim of this narrative systematic review was to examine the impact of BFHI implementation on breastfeeding and child health outcomes worldwide and in the United States. Experimental, quasi-experimental and observational studies were considered eligible for this review if they assessed breastfeeding outcomes and/or infant health outcomes for healthy, term infants born in a hospital or birthing center with full or partial implementation of BFHI steps.

Skilled Breastfeeding Counselling

The Problem: Many health facilities and professionals are not delivering optimal breastfeeding counselling and support to mothers, families, and infants.

The Solution: Strengthening health providers’ skills in breastfeeding counselling and incorporating breastfeeding counselling into all perinatal and critical child health contacts can increase rates of recommended breastfeeding practices and improve health, social, and economic outcomes.
Enabling mothers to access quality breastfeeding counselling will require strong alliances between government, civil society, health professional associations, and other stakeholders. Together, we can ensure that every health worker gives every child the healthiest possible start in life.

Incorporation of breastfeeding education and promotion into pre-service and in-service trainings for maternity and newborn health providers in facilities and the community is imperative to equip them with skills for comprehensive breastfeeding counselling. The WHO/UNICEF Integrated IYCF course offers a comprehensive guide for health workers and lay counselors on building counselling skills around recommended feeding practices for infants and children 0-23 months of age.

This section of the Breastfeeding Advocacy Toolkit also includes case studies outlining program components and outcomes related to the training of skilled breastfeeding counsellors in Vietnam and India. Trained breastfeeding counsellors and health care workers are also integral to the improvement of maternity services.

Resources:

- **IYCF E-Learning Course**

  Investing in Child Nutrition is a free, publicly available online course designed to provide guidance, skills, and practical information to health workers to promote, protect, and support breastfeeding and complementary feeding. The course is available in French and English.
Advocacy Guidance Brief - Skilled Breastfeeding Counselling

The Collective’s Advocacy Guidance Brief on skilled breastfeeding counselling.

Enabling mothers to access quality breastfeeding counselling will require strong alliances between government, civil society, and health profession associations. Together, we can ensure that health workers have the skills to give every newborn the healthiest possible start in life.

• Global Health Media Videos

These videos provide education on breastfeeding counselling to health workers and volunteers. The videos are available on a variety of topics in multiple languages and can be viewed on the site or downloaded. The series includes video intended for parents and videos intended for health workers and volunteers.

• Guideline: counselling of women to improve breastfeeding practices

This guideline examines the evidence and makes recommendations and remarks on the implementation of some of the details of breastfeeding counselling, such as frequency, timing, mode and provider of breastfeeding counselling, to improve breastfeeding practices. The objective of this guideline is to provide global, evidence-informed recommendations on breastfeeding counselling, as a public health intervention, to improve breastfeeding practices among pregnant women and mothers who intend to breastfeed, or are currently breastfeeding, and their infants and children.

• IYCF Counselling Centres in Bihar: A Program Brief to Inform Scale-Up

This study used both qualitative and quantitative research methods. Observations, facility assessments, and counsellor interviews were conducted in 12 health facilities in Araria, Gaya, Patna, and Purnia districts. Health facilities included medical colleges, district hospitals, first referral units, and primary health centres.

• Maternal Nutrition Programming in the context of the
2016 WHO Antenatal Care Guidelines

This brief operationalizes the revised World Health Organization 2016 antenatal care recommendations, providing guidance on how programs can plan and implement nutrition and anemia interventions for pregnant women. It is intended for program implementers, district- and health facility-level program managers, and policy makers.

• Community based infant and young child feeding

Aimed for use in diverse country contexts, this package of tools guides local adaptation, design, planning and implementation of community based IYCF counselling and support services at scale. It also contains training tools to equip community workers (CWs), using an interactive and experiential adult learning approach, with relevant knowledge and skills on the recommended breastfeeding and complementary feeding practices for children from 0 up to 24 months, enhance their counselling, problem solving, negotiation and communication skills, and prepare them to effectively use the related counselling tools and job aids. To date, a large number of countries have adapted the materials to the local context, building capacity and rolling out community based IYCF counseling and communication using the package.

• IYCF Counseling: An Integrated Course

This integrated infant feeding counseling course is designed to give health workers the competencies required to carry out effective counseling for breastfeeding, HIV and infant feeding and complementary feeding. It is designed for health workers in primary health care services and for lay counselors.

This material includes four manuals (Director's Guide, Facilitator's Guide, Participant's Manual and Guidelines for Follow-up after Training) and powerpoint slides. It is designed for a five-day training of health care providers for them to be able to provide counseling to mothers and caregivers for appropriate feeding of infants and young children (breastfeeding, complementary feeding and feeding of infants of HIV-positive mothers).

Health Facility & Community Linkages
The Problem: Breastfeeding support often ends at the health facility. At discharge, many mothers, families, and babies are not connected with community breastfeeding networks, such as breastfeeding support groups and peer counselors, leaving them with little sustained support.

The Solution: Strengthening linkages between the facility and community and incorporating breastfeeding counselling and support into community-level initiatives can increase rates of breastfeeding.

Strengthening two-way dialogue, referrals, and support between the health facility and community can aid to support exclusive breastfeeding for the first six months of life and continued breastfeeding for at least two years, especially in the initial days and months following childbirth. Working with existing community networks that provide breastfeeding support is crucial to ensure mothers can successfully sustain breastfeeding beyond the first few weeks of life.

Breastfeeding education and promotion must be incorporated into trainings for community health workers (CHWs). Fostering the establishment of breastfeeding support groups is necessary for building capacity at the community level and breastfeeding support should be integrated within existing community structures as described in UNICEF’s First Hour of Life report. Resources for planning and implementing training for CHWs and others can also be found in the Skilled Breastfeeding Counseling section of this toolkit.
Home, family-based, and community interventions are critical to improving breastfeeding outcomes and require funding. The Global Breastfeeding Collective Case for Investment and World Breastfeeding Costing Initiative (WBCi) provide evidence of the cost-effectiveness of investments in breastfeeding. Additional advocacy resources can be in the Breastfeeding Advocacy Toolkit section on increasing funding.

**Resources:**

- **Advocacy Guidance Brief - Health Facilities & Community Linkages**

  This is the Collective's Advocacy Guidance Brief on strengthening linkages between health facilities and the community.

  Helping mothers gain access to breastfeeding support at the community level will require strong alliances between government, civil society and community-based organizations. Together, we can ensure that health facilities and communities are equipped to provide every newborn with the healthiest start in life.

- **From the first hour of life: Making the case for improved infant and young child feeding everywhere**

  This report provides a global status update on infant and young child feeding practices and puts forth recommendations for improving them. The report is divided into two parts: Part I focuses on breastfeeding and Part II looks at complementary feeding practices. Each part reviews the most recent evidence on infant and young child feeding practices and provides updated global and regional estimates and trends, where available, as well as disaggregated analyses.

- **Breastfeeding counseling: a training course**

  This course is designed to provide health workers with the skills needed to support mothers and their children to breastfeed optimally. It includes guides for the course director and trainers, a participant’s manual, a booklet with overhead figures, a slide book and annexes.
Monitor Progress

Strengthen monitoring systems that track the progress of policies, programmes, and funding towards achieving both national and global breastfeeding targets.

The Problem: Most countries do not adequately monitor breastfeeding rates, policies, programmes, and funding.

The Solution: Countries should monitor breastfeeding rates, programmes, policies, and funding for breastfeeding interventions at least once every five years.

Policies, programs, and funding that aim to protect, promote, and support breastfeeding are critical for enabling all women to breastfeed and for increasing breastfeeding rates. Monitoring the progress of country-level breastfeeding policies, programs, and funding is necessary and it should be protected from commercial influence.

Monitoring helps to identify gaps in support and allow prioritization of action on areas that need improvement. Quality, routine data collection and monitoring of early, exclusive, and continued breastfeeding to assess declines or improvements in breastfeeding practices is of key importance.

Monitoring of breastfeeding practices, programs, policies, and funding for breastfeeding
interventions is critical for understanding if improvements in breastfeeding efforts and outcomes are being made to reach global targets, and it is essential that this is done at least once every five years.

The International Baby Food Action Network (IBFAN)'s World Breastfeeding Trends Initiative (WBTi) is one tool which can assist countries in monitoring these policies, programs, funding, and practices in a comprehensive way and help identify key areas to strengthen. Becoming Breastfeeding Friendly (BBF) is a country-level self-assessment guide to protect, promote, and support breastfeeding, while the WHO has produced a tool for assessing national practices, policies and programs as they relate to the Global Strategy for Infant and Young Child Feeding.

Tracking funding for breastfeeding is essential to achieve World Health Assembly targets and the WHO’s Budgeting for Health report outlines the overall budgeting process and the specific role of the health ministry. In addition to the financial tracking in the monitoring resources above, the World Breastfeeding Costing Initiative (WBCi) is an additional tool specific to costing.

Resources:

- **Advocacy Guidance Brief - Monitoring**

  This is the Collective's Advocacy Guidance Brief on the monitoring the progress of breastfeeding practices, policies, programmes, and funding.

  Governments, policy makers and civil society can help ensure that national and global breastfeeding standards are met by strengthening country-level monitoring of breastfeeding practices, policies, programmes, and funding. Better monitoring and reporting systems are key to improving breastfeeding and health outcomes and to giving all children the healthiest start in life.

- **Becoming Breastfeeding Friendly: A Guide to Global Scale Up**

  The Becoming Breastfeeding Friendly (BBF) Guide was developed to help policy makers
make data-driven decisions to successfully scale up their breastfeeding programs. The long-term objective of the project is to identify the concrete measures a country can take to sustainably increase its breastfeeding rates.

- **Global Data Bank on Infant and Young Child Feeding**

WHO began the Global Data Bank on Breastfeeding in 1991 as part of its monitoring and surveillance activities. Since then the Data Bank has undergone several revisions to accommodate new sets of definitions and indicators and integrate all operational targets of the Global Strategy for Infant and Young Child Feeding, changing as a result the name to "WHO Global Data Bank on Infant and Young Child Feeding". The Data Bank is maintained and managed in keeping with internationally accepted definitions and indicators. It pools information mainly from national and regional surveys, and studies dealing specifically with the prevalence and duration of breastfeeding and complementary feeding. The Global Data Bank on Infant and Young Child Feeding is continually updated as new studies and surveys become available.

Data for inclusion are based on indicators from household surveys and for some countries from facility based surveys.

- **Global Breastfeeding Scorecard**

WHO and UNICEF have established recommendations for breastfeeding practices. Although every mother decides how to feed her child, this decision is strongly influenced by economic, environmental, social and political factors. The Global Breastfeeding Scorecard analyzes indicators on how countries protect, promote and support breastfeeding through funding or policies. The Breastfeeding Scorecard is also available as a country report.

- **PROFILES & Nutrition Costing**

The Food and Nutrition Technical Assistance III Project (FANTA), funded by the U.S. Agency for International Development and managed by FHI360, has created this manual for facilitation at the country level of a comprehensive and consultative nutrition advocacy planning process using PROFILES and nutrition costing. Using a collaborative approach, FANTA has facilitated nutrition advocacy in several developing countries. The nutrition advocacy planning process used by FANTA as outlined in this manual was developed, expanded, and field-tested over several years to be as effective and comprehensive as possible. This nutrition advocacy planning process is based on completing three key elements at various time points in the process.

- **Global nutrition monitoring framework: Operational guidance for tracking progress in meeting targets for 2025**
This operational guidance document aims to help Member States to report on the Global Nutrition Monitoring Framework (GNMF) indicators to monitor progress in meeting the nutrition targets for 2025. The document outlines the key aspects of how to operationalize the GNMF indicators at national level. For all indicators, step-by-step description has been provided on the indicator definition, method of estimation, data availability, data sources, data collection frequency, and guidance on data collection and reporting. The operational guidance is intended to contribute to harmonized reporting by Member States on the GNMF indicators.

- **Budgeting for health**

  This chapter outlines the overall budget process for the public sector, discusses the specific role of health within it, in particular the role of the ministry of health and other health sector stakeholders, to provide timely inputs into the budgeting process.

- **Comprehensive implementation plan on maternal, infant and young child nutrition**

  The implementation plan aims to alleviate the double burden of malnutrition in children, starting from the earliest stages of development. Substantial benefits can be obtained by concentrating efforts from conception through the first two years of life, but at the same time a life-course approach needs to be considered so that good nutritional status can be maintained. It includes targets and action plans for each target for the Secretariat, Member States and international partners.

- **World Breastfeeding Trends Initiative (WBTi)**

  The World Breastfeeding Trends Initiative (WBTi) is a unique tool, which tracks 10 indicators of policy and programmes that support women to be successful in breastfeeding. It helps a country to assess and report gaps as well as launch a ?Call to Action? for the Governments to bridge the gaps. WBTi encourages re-assessment every 3 to 5 years to study trends.

  The guidebook provides information about the World Breastfeeding Trends Initiative (WBTi) and its various components with a background, objectives and details of action at country level. The WBT has been developed by the Breastfeeding Promotion Network of India (BPNI) and IBFAN Asia to document the status and benchmark the progress of implementation of the document the gaps, and generate action in the country to bridge the gaps.

  WBTi provides objective scoring and colour coding to its 10 indicators of policy & programmes. Each indicator is scored out of a maximum of 10 and gets the colour code as Red, Yellow, Blue, and Green in ascending order of performance based on the WBTi
guideline. In addition to the Country Reports, the WBTi has produced several summary and topic-specific reports.

- **Indicators for assessing infant and young child feeding practices**

  This document presents new and updated indicators to assess infant and young child feeding practices at household level.

  It is a follow-up to the 1991 document 'Indicators for assessing breastfeeding practices'. New indicators for assessing feeding practices in children 6-23 months have been included.

  Indicators can be assessed through large-scale population-based surveys, including the Demographic and Health Survey (DHS) and the Multiple Cluster Indicator Survey (MICS). Part I is also available in French and Spanish and Part II is also available in French.

- **Infant and young child feeding: A tool for assessing national practices, policies and programmes**

  This assessment tool is designed to assist in gathering and presenting relevant information; in determining the strengths and weaknesses of national policies and programmes to protect, promote and support appropriate feeding practices; and in deciding where improvements may be needed to meet the aim and objectives of the Global Strategy. Ideally, an intersectoral team ? including, for example, programme managers and staff responsible for nutrition and maternal and child health, academics, and national and international nongovernmental organizations ? will use the tool as a basis for strengthening national policies and programmes that contribute to improved infant and young child feeding.

**General Advocacy Guidance**

Making breastfeeding a collective effort and shared
Responsibility is central to the Collective’s mission. Ensuring that nothing gets in the way of mother’s ability to breastfeed requires making advocacy, connectivity, and resources available and changing the conversation in a bold way.

Advocacy takes many different forms in seeking to influence change in governance, attitudes, power, social relations, and institutional functions. The advocacy process influences decision-makers, stakeholders, and other relevant audiences to initiate, implement, and support evidence-based actions.

Policy advocacy is a key component of protecting, promoting, and supporting breastfeeding and for increasing financial investments for breastfeeding at the local and country levels. Improving public health at scale in any area requires multiple advocacy strategies. The resources in this section will provide users with the necessary background and tools to plan, initiate, implement, and monitor advocacy efforts at every level.

The Breastfeeding Advocacy Toolkit focuses on advocacy to increase investment in breastfeeding and improve breastfeeding indicators globally. This section of the Toolkit includes general advocacy resources that are relevant to users of this guide across all focus areas.

Resources:

- **Every Newborn: An advocacy toolkit and guidance manual for ending preventable deaths**

  This guide offers practical tools for country programmes and stakeholders to support advocacy for improving newborn and maternal health and preventing stillbirths. It is especially important in countries with a high burden of newborn and maternal mortality. The document is by no means exhaustive but aims to provide a repository of quick reference and examples to the user. The toolkit shows how to undertake advocacy and communication in various national and local contexts, particularly in support of the global Every Newborn initiative, providing a wide range of options for outreach and advocacy activities tailored to specific audiences. It includes key messages on newborn and maternal health, as well as examples of letters to policymakers, briefs, press releases, social media content and other relevant materials to make the case for improving the quality of care and scaling up newborn and maternal health interventions.

- **Breastfeeding Advocacy: Webinar Series**
The Global Breastfeeding Webinar Series offers training to breastfeeding advocates on how to utilize social media to promote, protect and support breastfeeding. Created in the lead-up to World Breastfeeding Week in August 2018, the Webinar Series, is intended for program managers, advocates and communicators who understand the need to boost the quantity and quality of content on breastfeeding.

- **Breastfeeding Infographics**

These infographics can be used for health promotion and advocacy efforts on a variety of topics related to breastfeeding.

- **Breastfeeding and the Convention on the Rights of the Child**

This is a report on Breastfeeding-Related recommendations from the 76th Session of the Committee on the Rights of the Child.

- **Joint Statement on Breastfeeding and Human Rights**

Joint statement by the UN Special Rapporteurs on the Right to Food, Right to Health, the Working Group on Discrimination against Women in law and in practice, and the Committee on the Rights of the Child in support of increased efforts to promote, support and protect breastfeeding.

- **Advocacy How-To**

Results show that well-designed and implemented advocacy programs work. This guide draws from lessons learned and best practices from a multi-year regional nutrition advocacy initiative in Southeast Asia. The effort was focused on improving infant and young child feeding (IYCF) policies specifically, but the results and lessons learned are relevant for a broad range of public health advocacy efforts.

- **Essential Nutrition Actions - Improving maternal, newborn, infant and young child health and nutrition**
This document provides a compact of WHO guidance on nutrition interventions targeting the first 1000 days of life. Focusing on this package of essential nutrition actions (ENA), policymakers could reduce infant and child mortality, improve physical and mental growth and development, and improve productivity.

Part I presents the interventions currently recommended by WHO, summarizes the rationale and the evidence, and describes the actions required to implement them. The document uses a life course approach, from pre-conception throughout the first 2 years of life.

Part II provides an analysis of community-based interventions aimed at improving nutrition and indicates how effective interventions can be delivered in an integrated fashion. It shows how the ENAs described in the first part have been implemented in large-scale programmes in various settings, what the outcomes have been, and to examine the evidence for attribution of changes in nutritional outcomes to programme activities.

• Advocacy Toolkit: a guide to influencing decisions that improve children's lives

UNICEF has an exceptional history of advocating to protect and promote children's and women's rights. The Advocacy Toolkit stems from this, systematizing and coordinating both internal and external advocacy expertise, as well developing a few innovative approaches. The Toolkit provides a set of practical tools to help UNICEF staff and partners in the development and management of their advocacy work.

Country Experiences and Tools

The Breastfeeding Advocacy Toolkit provides advocates at all levels, including international, national, and community leaders, with the information and tools they need to make the case for implementation of the seven policy actions.

Implementation experiences at the country level and tools developed in the field are invaluable resources, strengthening our joint vision that breastfeeding is a collective responsibility, shared by all.

While examples and case studies are used in other topic sections, this section of the Toolkit
gathers reports, case studies, documents, and resources developed at the country level to highlight successes, innovative strategies, and lessons learned.

Do you have a case study or lessons learned to share? Email breastfeeding@unicef.org to submit it for consideration.

Resources:

- **Bangladesh Breastmilk Substitutes (BMS) Act:**
  Protecting, promoting, and supporting breastfeeding by ending the unethical marketing of BMS

  Despite the unparalleled benefits of breastfeeding, mothers and families face significant commercial pressures that undermine breastfeeding. The Bangladesh Breastmilk Substitutes (BMS) Act was developed to ensure that mothers and families receive accurate and unbiased information about the healthiest way to feed their infants and young children? free of commercial influence?by regulating the marketing and distribution of BMS. This brief summarizes key provisions in the Bangladesh BMS Act and the roles and responsibilities of key actors to prevent unethical marketing.

- **Centers of Excellence for Breastfeeding: Viet Nam**

  This brief outlines the criteria for becoming a Center of Breastfeeding Excellence in Viet Nam, a model which the Alive and Thrive initiative is adapting to promote centers of excellence around Southeast Asia. More specifically the brief explains the designation process, legal framework that supports Centers of Excellence, the accreditation process, and tools to monitor accreditation.

- **Maternity Protections In Nigeria**

  Advocacy brief outlining the importance of implementing maternity protections in Nigeria.

- **Partnering with Women?'s Associations to Advocate for Stronger Infant and Young Child Feeding Policies and Programs: Viet Nam**
A brief on partnering with Women’s Associations to Advocate for Stronger Infant and Young Child Feeding Policies and Programs with lessons learned.

- **Media Engagement and Capacity-Building to Increase Commitment to IYCF Policies and Programs: Bangladesh**

  A brief on media engagement and capacity building to increase commitment to IYCF policies and programs with lessons learned from Bangladesh.

- **US Breastfeeding Committee Advocacy Tools**

  The United States’ Breastfeeding Committee Breastfeeding Advocacy page includes links to advocacy resources and messages as well as active federal legislation efforts in the United States. The page includes resources for lobbying and reference documents.

- **Best Start Community Breastfeeding Project**

  This webpage outlines the outcomes of the Best Start Community Breastfeeding Project funded as part of a comprehensive strategy to combat child obesity in Ontario, Canada. The page includes resources and links to case studies of community initiatives funded by the three-year project (2013-2016).

- **Maternity protection policy brief: Nigeria**

  A policy brief outlining advocacy activities to increase paid leave for mothers in Nigeria.

- **Human Milk Bank: Establishing in Viet Nam**

  A brief on the establishment of Viet Nam's first human milk bank in the Da Nang Hospital for Women and Children.

- **Program considerations for integration of nutrition and**
family planning: Beliefs around maternal diet and breastfeeding within the context of the nutrition transition in Egypt

This study used in-depth interviews with pregnant women, lactating women, and nonlactating women to gain an understanding of behaviors, perceptions, and cultural beliefs in relation to maternal dietary intake during pregnancy, lactation, and nonlactation; weight gain during pregnancy; birth spacing; and family planning.

• Kenya Baby-friendly Community Initiative Implementation Guidelines

The BFCL implementation guidelines has been developed to operationalize MIYCN policy whose aim is to protect, promote, and support optimal maternal, infant, and young child feeding practices, and improve child survival. These guidelines will also actualize the National Nutrition Action Plan (NNAP) and County Nutrition Action Plans (CNAP). The BFCL implementation guidelines also provide strategic guidance for implementation of community focused interventions, which is detailed in Kenya’s Community Health Strategy, as part of the Kenya National Health Sector Strategic Plan (KHSSP) to deliver the Kenya Essential Package for Health (KEPH).

• Integrating Maternal, Infant, and Young Child Nutrition and Family Planning Services in Bondo Sub-County, Kenya

This document captures the outcomes of a demonstration program integrating maternal, infant, and young child nutrition, and family planning (FP) services in six health facilities and adjacent community units in Bondo Sub-County, Siaya County, Western Kenya. The main objective of the initiative was to enhance and strengthen the linkages between nutrition and FP interventions in order to improve maternal and child health outcomes through pregnancy spacing and better nutrition practices.

The integrated approach reinforced messages about the importance of exclusive breastfeeding during the first six months after birth, continuation of breastfeeding when offering complementary food starting at six months, and transition to another modern method of FP before the lactational amenorrhea method criteria are no longer met. This report outlines the intervention approach, planning and implementation process, key results, and recommendations for future efforts in this area.
Prelacteal feeding practices in Vietnam: challenges and associated factors

This study examined the factors associated with prelacteal feeding among Vietnamese mothers.

• Maternity Leave in Viet Nam: Advocacy Booklet

An advocacy booklet on the need to extend maternity leave in Viet Nam.

Policies and Guidelines

The Breastfeeding Advocacy Toolkit exists to make resources and tools that educate on and can be used to advocate for the seven policy actions readily available and accessible to a wider audience. While specific topics in the Toolkit may include model policies and guidelines, this section of the Toolkit is dedicated to sample documents that can be used as templates or inspiration based on local needs and context.

Do you have a policy, guideline, or template to share? Email breastfeeding@unicef.org to submit it for consideration.

Resources:

• HIV and infant feeding in emergencies: operational guidance

The purpose of this document is to provide operational guidance on HIV and infant feeding in
emergencies. It is intended to be used to complement emergency and sectoral guidelines on health, nutrition and HIV, including specifically infant feeding, prevention of mother-to-child transmission of HIV and pediatric antiretroviral treatment. The envisaged target audience consists of decision-makers, policy-makers, national and subnational government managers and planners, managers of refugee camps and similar settlements for displaced persons, and managers and planners in United Nations agencies, nongovernmental organizations and other groups responding to humanitarian situations, as well as donors.

• **Infant and young child feeding in emergencies:**
  **Operational Guidance (Version 3.0)**

This resource includes the Operational Guidance from the IFE Core Group, as well as topic specific resources. The OG-IFE aims to provide concise, practical guidance on how to ensure appropriate infant and young child feeding in emergencies for policy-makers, decision-makers and programmers working in emergency preparedness and response, including governments, United Nations (UN) agencies, national and international non-governmental organisations (NGOs), donors, volunteer groups and the private/business sector.

• **Updates on HIV and infant feeding - Guideline**

The overall purpose of this guideline is to improve the HIV-free survival of HIV-exposed infants by providing guidance on appropriate infant feeding practices and use of ARV drugs for mothers living with HIV and by updating WHO-related tools and training materials.

• **Infant feeding in areas of Zika virus transmission - Guideline**

The purpose of this guideline and associated resources are to provide a recommendation to guide governments, ministries of health, policy-makers and health-care workers in regions affected by transmission of Zika virus, in the development of local and national protocols and policies on infant feeding, including breastfeeding practices in areas of Zika virus transmission, and their implementation. It may also be used to inform communication to the general public.

• **Baby Friendly Spaces Holistic Approach for Pregnant, Lactating Women and their very young children in**
Emergency

The Baby Friendly Spaces is a model of intervention for a holistic program to support pregnant, lactating women and their children in emergency situations.

- **Guidelines on optimal feeding of low birth-weight infants in low- and middle-income countries**

  The Department of Child and Adolescent Health has developed guidelines on optimal feeding of low birth weight infants in low- and middle-income countries. These guidelines include recommendations on what to feed low-birth weight infants, when to start feeding, how to feed, how often and how much to feed.

  The guidelines were developed using the process described in the WHO Handbook for Development of Guidelines. Systematic reviews were conducted to answer 18 priority questions identified by the guidelines development group. The population of interest is low-birth weight infants, and the critical outcomes include mortality, severe morbidity, growth and development. The implementation of these guidelines in low- and middle-income countries is expected to improve care and survival of low birth weight infants.

- **Global strategy for infant and young child feeding**

  WHO and UNICEF jointly developed the Global Strategy for Infant and Young Child Feeding whose aim is to improve - through optimal feeding - the nutritional status, growth and development, health, and thus the very survival of infants and young children. The Strategy is intended as a guide for action; it identifies interventions with a proven positive impact, it emphasizes providing mothers and families the support they need to carry out their crucial roles, and it explicitly defines the obligations and responsibilities in this regard of governments, international organizations, and other concerned parties.

Global Evidence
Evidence underpins the seven policy actions both in their development and implementation. Throughout the Breastfeeding Advocacy Toolkit, users will find resources, tools, and reports that synthesize and apply the best available evidence to practice.

The Global Evidence section gathers the key sources of knowledge and evidence to enhance breastfeeding policies, programs, financing, and communication into one area for rapid reference in developing rationale and plans to implement the seven policy actions.

This section also includes a selected number of high-quality, high-impact peer-reviewed studies that are frequently referenced by nutrition and health staff during the development of recommendations and programs for the promotion, protection, and support of breastfeeding.

Resources:

- **Addressing Barriers to Exclusive Breastfeeding: Evidence and Program Considerations for Low- and Middle-Income Countries**

  This nutrition brief summarizes findings from an MCSP-led review identifying key barriers that impede exclusive breastfeeding during the first six months of life. The brief presents Demographic and Health Survey analyses of three key breastfeeding problems and a compilation of country policies that address exclusive breastfeeding. It also provides key considerations for implementers of infant and young child feeding programs and policies in low- and middle-income countries.

- **Establishing an integrated human milk banking approach to strengthen newborn care**

  The provision of donor human milk can significantly reduce morbidity and mortality among vulnerable infants and is recommended by the World Health Organization as the next best option when a mother’s own milk is unavailable. Regulated human milk banks can meet this need, however, scale-up has been hindered by the absence of an appropriate model for resourcelimited settings and a lack of policy support for human milk banks and for the
operational procedures supporting them. To reduce infant mortality, human milk banking systems need to be scaled up and integrated with other components of newborn care. This article draws on current guidelines and best practices from human milk banks to offer a compilation of universal requirements that provide a foundation for an integrated model of newborn care that is appropriate for low- and high-resource settings alike.

- **Addressing barriers to exclusive breastfeeding in low- and middle-income countries: a systematic review and programmatic implications**

  Despite numerous global initiatives on breast-feeding, trend data show exclusive breast-feeding (EBF) rates have stagnated over the last two decades. The purpose of this systematic review was to determine barriers to exclusive breast-feeding in twenty-five low- and middle-income countries and discuss implications for programmes.

- **Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect**

  The importance of breastfeeding in low-income and middle-income countries is well recognised, but less consensus exists about its importance in high-income countries. In low-income and middle-income countries, only 37% of children younger than 6 months of age are exclusively breastfed. With few exceptions, breastfeeding duration is shorter in high-income countries than in those that are resource-poor. Our meta-analyses indicate protection against child infections and malocclusion, increases in intelligence, and probable reductions in overweight and diabetes. We did not find associations with allergic disorders such as asthma or with blood pressure or cholesterol, and we noted an increase in tooth decay with longer periods of breastfeeding. For nursing women, breastfeeding gave protection against breast cancer and it improved birth spacing, and it might also protect against ovarian cancer and type 2 diabetes.

  The scaling up of breastfeeding to a near universal level could prevent 823,000 annual deaths in children younger than 5 years and 20,000 annual deaths from breast cancer. Recent epidemiological and biological findings from during the past decade expand on the known benefits of breastfeeding for women and children, whether they are rich or poor.

- **Why invest, and what it will take to improve breastfeeding practices?**

  "Despite its established benefits, breastfeeding is no longer a norm in many communities. Multifactorial determinants of breastfeeding need supportive measures at many levels, from
legal and policy directives to social attitudes and values, women's work and employment conditions, and health-care services to enable women to breastfeed. When relevant interventions are delivered adequately, breastfeeding practices are responsive and can improve rapidly. The best outcomes are achieved when interventions are implemented concurrently through several channels. The marketing of breastmilk substitutes negatively affects breastfeeding: global sales in 2014 of US$44·8 billion show the industry's large, competitive claim on infant feeding. Not breastfeeding is associated with lower intelligence and economic losses of about $302 billion annually or 0·49% of world gross national income. Breastfeeding provides short-term and long-term health and economic and environmental advantages to children, women, and society. To realise these gains, political support and financial investment are needed to protect, promote, and support breastfeeding."

- **WBTi: Bridging the Gaps**

The WBTi report summarize key global findings in the first 84 countries to have completed the WBTi assessment process.

- **Impact of Breastfeeding on Maternal and Child Health**

The Acta Pædiatrica Special Issue on Maternal and Child Health published in July 2015 includes review articles and meta-analyses focussing on the impact of breastfeeding to maternal and child health.

- **Innocenti Declaration**

In 1990 the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding set an international agenda with ambitious targets for action. In November 2005 Florence was again the gathering place to celebrate the 15th Anniversary of the Innocenti Declaration. The Anniversary was observed to: assess progress made in the protection, promotion and support of breastfeeding since 1990; call upon governments, civil society and donors to increase efforts to implement the targets of the Innocenti Declaration and the additional targets established in 2002 within the Global Strategy for Infant and Young Child Feeding; raise awareness of every child’s right to adequate nutrition, and the corresponding obligations on all sectors of society to ensure that this right is realized. The Innocenti Declaration on Infant and Young Child Feeding captures the renewed commitments made at this historic anniversary meeting and records the additional five operational targets that were identified as part of the ongoing global strategy on Infant and Young Child feeding. The Declaration was endorsed by the Standing Committee on Nutrition on 17 March, 2006 and the Call for Action made in the declaration was welcomed by the World Health Assembly on
27 May, 2006.

Source URL: https://www.k4health.org/toolkits/breastfeeding-advocacy-toolkit