DRAFT

NATIONAL INFANT AND YOUNG CHILD FEEDING POLICY

GOVERNMENT OF JAMAICA

Ministry of Health

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NATIONAL INFANT AND YOUNG CHILD FEEDING POLICY
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PREFACE

In recent years the results of several studies have provided strong evidence of the association between good infant feeding practices and reduced mortality and morbidity in young children. This information has strengthened the desire globally to create a favourable environment in which optimal feeding practices can be promoted and maintained. Optimal infant feeding is defined by WHO and UNICEF as early initiation of breastfeeding and exclusive breastfeeding for 6 months followed by appropriate complementary foods with continued breastfeeding for up to 2 years or beyond. Breastfeeding has been identified and documented as the foundation for achieving optimal health and development throughout the life course.

The Government of Jamaica has been a signatory to several International Initiatives to promote, protect and support breastfeeding, such as, *The International Code of Marketing of Breast Milk Substitutes* (1981) and the *Innocenti Declaration for the Promotion, Protection and Support of Breastfeeding* (1990). The Innocenti Declaration called for the development of a national, multi-sectoral breastfeeding committee; implementation of the Code of Marketing of Breastmilk Substitutes and the *Ten Steps* of the Baby-Friendly Hospital Initiative (BFHI)**;** and the adoption of Maternity Protection Legislation. With the approval of the WHO Global Strategy for Infant and Young Child Feeding in 2002, increased emphasis has been given to intensifying efforts for improving mothers/caregivers' access to information and support for adopting recommended feeding practices.

In Jamaica there has been a decline in exclusive breastfeeding at 6 weeks postpartum, from 63.2% in 1983, to 50.3% in 2011. Although not a standard indicator, it gives valuable information relating to the fall off from exclusive breastfeeding very early in the process. The early introduction of water, 'teas' and thin porridges is the general practice. The principal concern is not simply the inappropriate timing of early feeds, but the increase in incidence of nutrition related childhood diseases and the increased risk of chronic non-communicable diseases in adulthood that may result from these practices. The Ministry of Health is mindful of the proportion of the population who will not breastfeed for various reasons including physiological, psychological or pathological reasons, or separation of the mother-infant dyad. This population of mothers/infants also requires special attention. In summary, the emphasis on breatfeeding is motivated by the knowledge that the longer, and more exclusively, children are breastfed in the early months of life, the more protection they will have against such diseases/conditions. Children who are not breastfed will require increased attention to ensure that they are achieving their milestones.

Greater attention will therefore be placed on the promotion of optimal infant and young child feeding practices as one of the essential strategies for improving children's physical and mental development, and reducing the incidence and severity of infectious diseases particularly in

respect of vulnerable groups. Consequently, on behalf of the Government of Jamaica, the Ministry of Health has formulated a National Infant and Young Child Feeding Policy, which provides an operational framework for all concerned stakeholders and serves as a reference guide for the design and implementation of programmes and services related to the achievement of the policy objectives.

In undertaking and coordinating the implementation of this policy, the Ministry of Health will develop strong collaborative relationships with government and non-governmental organizations, institutions and international agencies involved directly or indirectly in improving maternal and child health. The policy is an indication of the government's commitment to improving the health of the nation and part of continuing efforts to fulfill international obligations in relation to health and sustainable development.

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Honourable Fenton Ferguson, DDS, MP
Minister of Health

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LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti-Retro Viral
BFHI	Baby-friendly Hospital Initiative
BMI	Body Mass Index
CARPHA	Caribbean Regional Public Health Agency
CFNI	Caribbean Food and Nutrition Institute
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CME	Continuing Medical Education
COHSOD	Council on Social and Human Development
EBF	Exclusive Breastfeeding
EBFPP	Exclusive Breastfeeding Pilot Project
ECC	Early Childhood Commission
eMTCT	Elimination of Mother-to-Child Transmission
ESSJ	Economic and Social Survey of Jamaica
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HMSR	Hospital Monthly Statistics Report
IDB	Inter-American Development Bank
ILO	International Labour Organization
IYCF	Infant and Young Child Feeding
MCSR	Monthly Clinic Summary Report

MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MOH	Ministry of Health
MLSS	Ministry of Labour and Social Security
MTCT	Mother-to-Child Transmission
NERHA	North East Regional Health Authority
OPM	Office of the Prime Minister
PAHO	Pan American Health Organization
PAJ	Paediatric Association of Jamaica
PIOJ	Planning Institute of Jamaica
PMTCT	Prevention of Mother-to-Child Transmission
SERHA	South East Regional Health Authority
SGA	Small-for-Gestational Age
SRHA	Southern Regional Health Authority
UHWI	University Hospital of the West Indies
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UWI	University of the West Indies
WHA	World Health Assembly
WHO	World Health Organization
WRHA	Western Regional Health Authority

GLOSSARY OF TERMS[1]

TERMINOLOGY	DEFINITION
Adequate	(used in relation to complementary feeding) Providing sufficient energy and nutrients to meet a growing child's nutritional needs
Antenatal	Period of pregnancy up to delivery
Appropriate	(used in reference to complementary feeding) The introduction of complementary foods is timely and the foods offered are adequate, safe and properly fed.
Artificial Feed	Any kind of milk or other liquid given instead of breast milk.
Baby-friendly	Practising the Ten Steps to Successful Breastfeeding and other provisions of the BFHI.
Artificial Feeding	Feeding an infant with a breast milk substitute.
Baby-friendly Hospital Initiative	An approach to transforming maternity practices as recommended by WHO/UNICEF joint statement on protecting, promoting and supporting breastfeeding: the special role of maternity services (1989).
Body Mass Index	A number that indicates an individual's weight in proportion to length/height calculated as weight (kg)/length or height (m^2).
Bottle Feeding	Feeding an infant from a bottle, whatever is in the bottle, including expressed breast milk, water, formula and other substances.
Breast-milk Substitute	Any food being marketed or otherwise represented as a partial or total replacement for breast milk, whether or not it is suitable for that purpose.
Complementary Feeding	The process starting when breast milk alone or infant formula alone is no longer sufficient to meet the nutritional requirements of infants, and therefore other foods (solid or semi-solid) and liquids are needed along with breast milk or a breast milk

[1] as appears in various WHO/UNICEF publications and Dorland's Pocket Medical Dictionary 25th Edition. U.S.A.: W.B Saunders Company 1995

	substitute. This is usually after 180 completed days (6 months) and up to 2 years.
Complementary Food	Any food, whether manufactured or locally prepared used as a complement to (fed along with) breast milk or a breast milk substitute when either becomes insufficient to satisfy the nutritional requirements of the infant.
Continued Breastfeeding	Breastfeeding that is practiced for up to two years of age or beyond
Cup Feeding	Feeding from an open cup without a lid, whatever is in the cup.
Early Childhood Practitioners	Persons employed as care-givers or teachers in institutions offering care to children less than eight years of age.
Exclusive Breastfeeding	Infant receives no other food or drink, not even water, other than breast milk (which can include expressed Breastmilk), with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines as indicated by a medical practitioner.
Formula Feeding	Involves the use of commercial infant formula that is formulated industrially in accordance with applicable Codex Alimentarius standards to satisfy the nutritional requirements of infants during the first months of life up to the introduction of complementary foods.
Gestation	Period from conception to birth
Gestational Age	The number of weeks of pregnancy.
Infant	Refers to a child from birth to 12 months of age.
Intra-partum	Period during labour and delivery
Latch-on	Attachment of baby's mouth to the breast to facilitate suckling.
Malnutrition	A broad term commonly used as an alternative to undernutrition, but technically it also refers to overnutrition. It relates to any disorder related to an unbalanced, insufficient, or excessive diet.
Micronutrient	Nutrients such as vitamins and minerals present in foods in small amounts but needed by the body for growth and prevention of infection.
Micronutrient malnutrition	Deficiency in vitamins and minerals

Mixed Feeding	**(**usually done during period of exclusive breastfeeding) Refers to breastfeeding with the addition of fluids, solid foods and/or non-human milks such as formula
Morbidity	Illness or abnormal condition
Mortality	Causing or terminating in death.
Mother-to-Child Transmission	Indicates instances of transmission of HIV to a child from an HIV-infected woman during pregnancy, delivery or breastfeeding
Multiple Birth	Birth of more than one child from the same pregnancy (e.g. twins)
Neonatal	Period following birth up to 28 days (Newborn Period)
Perinatal	Period shortly before and after birth from the 20^{th} – 29^{th} week of gestation to 1 – 4 weeks after birth
Post-partum	Time period immediately following delivery up to 6 weeks.
Pre-lacteal Feed	**A**rtificial feeds given before breastfeeding is established.
Pre-term newborn (Premature infant)	Infant born before 37 completed weeks of gestation.
Properly fed	(used in reference to complementary feeding) Given in response to child's signals of appetite and satiety with love, care and patience.
Replacement Feeding	The process of feeding a child who is not receiving any breast milk with a diet that provides all the nutrients the child needs until the child is fully fed on family foods.
Safe	(used in reference to complementary feeding) hygienically stored and prepared and fed with clean hands and utensils but not bottles or teats.
Snack	Food eaten between meals (usually self-fed), convenient and easy to prepare.
Sustaining	Maintaining (or continuing) breastfeeding to 2 years of age or beyond
Timely	(used in reference to complementary feeding) The introduction of complementary foods when the need for energy and nutrients

	exceeds what can be provided by exclusive and frequent breastfeeding.
Undernutrition	The outcome of insufficient food intake and/or repeated infectious diseases; includes being: • Underweight or severely underweight for one's age (below the -2 or -3 z-score line in weight-for-age) • Too short for one's age, that is, stunted or severely stunted (below -2 or -3 z-score line in length/height-for age) • Dangerously thin for one's height, that is, wasted or severely wasted (below the -2 or -3 z-score line in weight-for-length/height) • Deficient in vitamins and minerals
Young Child	Child aged 1-8 years.

EXECUTIVE SUMMARY

Importance of Optimal Feeding Practices

Scientific evidence points to the importance of nutrition in achieving optimal health outcomes in the early years and reducing the risk of long-term chronic diseases. The attainment and maintenance of optimal nutrition in young children is achievable through appropriate evidence-based infant and young child feeding practices. Inappropriate feeding practices are major causes of infant morbidity and can have life-long impact on intellectual and social development as well as on health outcomes across the life course. These consequences impede governments' efforts towards sustainable socioeconomic development and poverty reduction.

Optimal breastfeeding practices up to two years of life, especially exclusive breastfeeding for the first six months of life, can have the single largest impact on child survival of all preventive interventions. Research indicates that breastfeeding has the potential to prevent approximately 14 % of all under-5 deaths in the developing world, or save 1.4 million lives. In addition, optimal complementary feeding of children six months to two years of age can prevent a further 0.6 million or 6 % of deaths.

Challenges

Despite the progress in infant and young child nutrition that has taken place in Jamaica and the world, major challenges persist. Many children still suffer from the effects of undernutrition and micronutrient malnutrition, namely iron deficiency anaemia. Inappropriate feeding practices are also leading to rising incidences of overweight and obesity which are risk factors for chronic diseases in children. These trends are occurring against a backdrop of dramatic changes in the global economic climate which threaten and undermine food security at the household and national levels.

Available data on feeding practices show that dietary recommendations are not commonly practiced. Data from Monthly Clinic Summary Reports (MCSR) showed that the number of infants being exclusively breast-fed at 6 weeks of age declined from 47.1 % in 2001 to 43.1 % in 2008. Based on 2005 Multiple Indicator Cluster Survey (MICS) data, 80 per cent of mothers in the sample reported that they initiated breastfeeding within the first day, but only 15 % of infants at six months had been exclusively breastfed in accordance with infant feeding recommendations. Associated with the dominant pattern of a low prevalence of exclusive breastfeeding in the first six months is the early introduction of other food/drink, such as, milk, formula, water, teas and porridges, leading to the displacement of breast milk and the premature cessation of breastfeeding.

MICS data also show that overall, the adequacy of infant feeding was low. Complementary feeding was assessed to be adequate in less than one quarter of infants 6 - 8 months of age and in even fewer children in the 9 -11 month age group. As a result of these feeding patterns, only

15 percent of children aged 6-11 months were assessed as being adequately fed based on recommendations relating to complementary feeding.

Current Interventions

Interventions relating to training programmes for health workers, educational campaigns and follow-up support of mothers by health workers and trained community members have resulted in a 6.5 percentage point increase in exclusive breastfeeding rates at six weeks between 2008 and 2011. In addition, efforts have been made to integrate some of the provisions of the International Code of Marketing of Breast-milk Substitutes into maternal and child health policies. This has led to restrictions on direct marketing through the health sector and media channels.

It is generally recognized that the introduction of the Baby-friendly Hospital Initiative (BFHI) has contributed to improvements in optimal infant and young child feeding practices. Ten hospitals were certified as Baby-friendly, but inadequate monitoring has resulted in declining compliance with BFHI criteria in these facilities. This has led to a revitalization of the initiative and the identification of Team Leaders in all the previously certified facilities as well as in facilities being prepared for certification.

Efforts at building community outreach and support networks for mothers, infants and young children have not been successfully maintained. Lack of resources, such as funding to maintain communication between Breastfeeding Promoters and mothers with challenges, and appropriate venues at the community level to facilitate counseling sessions, has resulted in sustainability challenges. In addition, little attention has been given to improve the legislation to protect the breastfeeding rights of working women. This matter may need to be treated with a level of urgency to facilitate continued breastfeeding among working women, thus contributing to an increase in exclusive breastfeeding rates.

As with other determinants of infant feeding practices, the perceptions and attitudes revealed in study data are embedded in the social, cultural and traditional norms and patterns of communities. An understanding of the barriers and motivators for improved feeding practices is critical in achieving behavioural change. Evidence from effective interventions has demonstrated the need for policy directions, a mix of strategies through multiple channels and a multi-sector approach. This will successfully influence primary caregivers and strengthen support structures within the home, community, health system and work environment.

At the global level, there is recognition of the need to redirect and intensify actions for improving young child nutrition while consolidating the gains of the past. This led to the development and subsequent adoption of the Global Strategy for Infant and Young Child Feeding by the WHO member states at the 55th World Health Assembly in 2002 (1). The Global Strategy calls on governments and relevant stakeholders to renew their commitment to promoting the health and nutrition of young children by placing the promotion, protection and support of optimal feeding behaviours high on public health agendas.

Jamaica is a signatory to several global targets that support the global thrust for the advancement of the Infant and Young Child Feeding agenda, among which are:

- The Millennium Development Goals (MDGs) related to child survival (MDG 4), the eradication of extreme poverty and hunger (MDG 1) and universal primary education (MDG 2);
- The United Nations Convention on the rights of the Child (1989) which requires Governments to combat disease and malnutrition;
- The World Fit for Children (2001) which aims to reduce child under-nutrition;
- The Convention on the Elimination of all Forms of Discrimination against Women (CEDAW, 1979) which specifies women's needs for social support during maternity and child-rearing, appropriate maternity leave, employment protection and social benefits and; adequate access to health care services and nutrition during pregnancy and lactation.
- Innocenti Declaration on the Protection, Promotion and Support for Breastfeeding (1990, 2005) which supports exclusive breastfeeding;
- The International Code of Marketing of Breast-milk Substitutes (1981) as well as subsequent World Health Assembly Resolutions which seek to encourage and protect breastfeeding and;
- The Guidelines on HIV and Infant Feeding (1997, 2003, 2006, 2010) which ensure the availability of the most current information on optimal feeding in relation to special circumstances associated with HIV and AIDS.

Several national policy initiatives, strategies, plans and interventions have been, or are being introduced, in support of Jamaica's commitment to the various International instruments and in furtherance of the country's national goals. These include Vision 2030 Jamaica Development Plan; National Policy for the Promotion of Healthy Lifestyle in Jamaica (2004); the Early Childhood Act (2005); the Early Childhood Regulations (2005); the BFHI - already introduced in some hospitals; the National Safe School Policy (draft); and the Food and Nutrition Security Policy. There is also strong support for this Infant and Young Child Feeding Policy in the international arena, in particular, the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the Inter-American Development Bank (IDB) and the World Bank.

Policy Overview

This comprehensive policy on infant and young child feeding seeks not only to address the deficiencies and obstacles identified, but also to provide a context for the development of innovative approaches for addressing the various determinants of infant and young child feeding practices. The National Infant and Young Child Feeding Policy will facilitate and set standards for the comprehensive promotion, protection and support of breastfeeding, or a suitable alternative. This will ensure timely and safe transition to the appropriate introduction of complementary foods, while continuing to breastfeed up to two years or beyond.

The **vision** of the policy is that "*all infant and young children in Jamaica attain optimal health and development which enables them to achieve their full potential*". The goal of the policy is to

"*create a sustainable environment that will contribute to reduction in child morbidity and mortality and improvement in child health and nutrition"*.

Objectives of the policy are to:

1. Increase access to breastfeeding support in communities and the workplace.
2. Achieve BFHI status in all institutions providing maternity and child health services.
3. Establish a sustainable mechanism for accurate, timely and comprehensive collection and dissemination of data on infant and young child feeding and related indicators to influence policy and programme development.
4. Build capacity within all relevant agencies, and at different levels of the health system and community, for the promotion, protection and support of infant and young child feeding.
5. Develop and implement sustainable public education initiatives for the promotion and support of optimal infant and young child feeding practices.

Priority Areas

The provisions of the policy apply to activities in five priority areas:

i. Advocacy/Legislation

The Policy will promote the strengthening of the capacity of institutions in the areas of advocacy, legislation and regulations to advance the Infant and Young Child Feeding agenda.

ii. Training

Training will be provided at the institutional level in the health and education sectors, as well as in public and private sectors, and for women of child bearing age, caregivers, pregnant and lactating women.

iii. Health Care Delivery

The policy will seek to scale up the BFHI and improve the capacities of the health sector to provide the following services: antenatal care; intra-partum, immediate postpartum and neonatal care; as well as care under special circumstances such as breastfeeding in the context of HIV infection, low birth weight and premature babies, multiple births and emergencies, and special medical conditions.

iv. Public Information, Education and Communication

An effective public education/information programme will be designed and implemented to encourage changes in nutrition practices for infants and young children.

v. Monitoring and Evaluation and Research

Monitoring frameworks and instruments will be established, including national surveys on nutrition status and feeding practices of infants and young children. The Ministry will work with academia and the epistemic committee to advance a research agenda to inform the continuous development and improvement in the area of infant and young child nutrition.

Appropriate linkages will be made with existing structures in the implementation of the above-named areas of focus.

Implementation

The Government of Jamaica through the Ministry of Health shall serve as the lead agency for implementation of this policy with support from other governmental and non-governmental organizations and shall:

- Ensure that Education authorities provide accurate information through schools and other educational channels to promote greater awareness and positive perceptions of appropriate infant and young child feeding practices;
- Facilitate, as necessary, the review, development and enactment of legislation related to the achievement of policy objectives, including implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions;
- Identify and advocate for adequate resources – human, financial and organizational – to the timely successful implementation of the national policy and plan of action on infant and young child feeding; and
- Ensure that all facilities providing maternity and child health services and care for newborn infants obtain Baby-friendly accreditation.

The Ministry will be supported by the National Infant and Young Child Feeding Committee which will be responsible primarily for the implementation of the policy. Other important implementing partners include health facilities, administrators of training institutions, health workers, health professional associations, employers, trade unions, manufacturers and distributors of infant formula, child care facilities, Government and Non-Government Organizations and the mass media. These partners will play a pivotal role in the implementation of the policy.

Expected Impact and Outcome

Successful implementation of the policy should result in a multiplier effect of reducing infant morbidity and mortality leading to better child health outcomes, reduction in the burden on the health system and household spending on treating childhood illnesses.

Improvement in Infant Feeding Practices, improved educational outcomes, strengthened Institutional arrangements and enhanced multi-sectoral collaboration are also anticipated from successful implementation.

Monitoring and Evaluation

A Monitoring and Evaluation Framework will be developed and updated periodically, and will be supported by provisions from the budgetary allocation in support of the National Nutrition programme in respective sectors. Nevertheless, some tools already exist to monitor progress, such as routine health reports through the MCSR and BFHI monitoring tools. Additionally, supplementary information will be gathered through sharing and exchange mechanisms from different stakeholders. This expanded information will contribute to a data base that is current and reliable to inform the policy process and facilitate effective decision making.

The Ministry of Health through its Regional Health Authorities and the National IYCF Committee will be the key body for ensuring continuous monitoring. The Stakeholders will be fully involved in the analysis and interpretation of the data. This inclusivity has been shown to contribute to improvements in programmes, skills, performance and system strengthening. The proposal is to establish a multi-sector body with the responsibilities of:

(i) evaluating, through continuous monitoring of their respective sectors and,

(ii) when necessary, directing the modification of programmes that pertain to the promotion, protection and support of appropriate infant and young child feeding practices.

There will be a multi-level reporting system: national, regional and international. At the national level, Regional Health Authorities and the National IYCF Committee will report to the MOH monthly, quarterly and annually. Reports will be sent to the multi-sector body, the Planning Institute of Jamaica (PIOJ) and Cabinet quarterly and annually. At the regional level, the Government is required to report annually to the Caribbean Community (CARICOM): Council on Social and Human Development (COHSOD) and the Caribbean Regional Public Health Agency (CARPHA), as well as the Pan American Health Organization (PAHO). At the international level, reporting is done to UNICEF, WHO, the World Bank and the IDB as per requirement.

1. INTRODUCTION

Scientific evidence points to the importance of nutrition in achieving optimal health outcomes in the early years and reducing the risk of long-term chronic diseases. The attainment and maintenance of optimal nutrition in young children is achievable through appropriate evidence-based infant and young child feeding practices. Inappropriate feeding practices are major causes of infant morbidity and can have life-long impact on intellectual and social development, as well as on health outcomes across the life course. These consequences impede governments' efforts towards sustainable socioeconomic development and poverty reduction.

Improvements in infant and young child feeding practices contribute directly to achievement of the Millennium Development Goals (MDGs) related to child survival (MDG 4) and the eradication of extreme poverty and hunger (MDG 1) (2). Optimal breastfeeding practices up to two years of life, especially exclusive breastfeeding for the first six months of life, can have the single largest impact on child survival of all preventive interventions. Breastfeeding has the potential to prevent approximately 14 % of all under-5 deaths in the developing world, or save 1.4 million lives (3). In addition, optimal complementary feeding of children six months to two years of age can prevent a further 0.6 million or 6 % of deaths. The results of studies conducted in Ghana and Nepal showed that breastfeeding babies within the first hour of birth can prevent neonatal deaths by 22 % and 19 %t, respectively (4). In addition, because of the significant effects of nutrition on health and cognitive development, promotion of appropriate feeding practices also contributes to the achievement of the MDGs related to universal primary education (MDG 2), promotion of gender equality and empowerment of women (MDG 3), protection of maternal health (MDG 5) and combating HIV/AIDS (MDG 6).

Despite the progress made in infant and young child nutrition in Jamaica and the world, major challenges continue to exist. Many children still suffer from the effects of undernutrition and micronutrient malnutrition, namely iron deficiency anaemia. Inappropriate feeding practices are also leading to rising incidences of overweight and obesity, which are risk factors for chronic diseases in children. These trends are occurring against a backdrop of dramatic changes in the global economic climate, for instance the rising cost of fuel and the increasing use of food grains as biofuels. The latter has exacerbated the rise in food prices, amplifying the challenge of under-nutrition which is linked to reduction in calories (energy), proteins and micro-nutrients (5). These threaten and undermine food security at the household and national levels.

In keeping with the Government's commitment to implementing the recommendations of the Global Strategy for Infant and Young Child Feeding (2002), the National Lactation Management Committee was renamed the National Infant and Young Child Feeding Committee and given the expanded mandate of developing a comprehensive and integrated national policy for the improvement of infant and young child feeding in Jamaica. The policy was developed through a consultative process involving development partners, non-governmental organizations, professional associations, advocacy groups, distributors of infant formulas and representatives from key government ministries, departments and agencies (MDAs). These participants are listed in Appendix 5. To this end, the following series of consultations were organized:

- National Stakeholders' Consultation held December 4, 2001.
- Updated Ministry of Health Draft Breastfeeding Policy (March 1995) incorporating text revisions recommended by Dr. M.H. Labbok –Senior Advisor, Infant & Young Child Feeding and Care, UNICEF, New York.
- Working Groups at UNICEF/MOH/MLSS/UHWI/PAJ/ECC meeting held 19 March 2003.
- Further revision incorporated from working groups of:
    - UNICEF/MOH/MLSS/PIOJ/OPM/ECC meeting held November 30, 2006;
    - UNICEF/MOH led consultation held June 11, 2009;
    - UNICEF/MOH/CFNI retreat held September 14-18, 2009 in Trelawny.
    - National Infant and Young Child Feeding Committee meetings held 2010-2012
    - UNICEF Head Quarters review – May 2010
    - NERHA – Regional Stakeholders' Consultation August 2011
    - WRHA - Regional Stakeholders' Consultation August 2011
- Presentation to Human Resource Committee of the Cabinet – April 11, 2012
- Cabinet approval to develop IYCF Policy – April 23, 2012
- Focus group discussions on Breastfeeding in the Workplace
    - SRHA – December 5, 2012
    - WRHA – December 11, 2012
- Validation Workshop with Key Stakeholders - March 6, 2013

The objective of the consultations and subsequent review of past and ongoing initiatives in Jamaica was to propose a mix of policy actions. These policy actions are intended to address and eliminate prevailing obstacles to the full adoption of appropriate feeding practices. Attention was given to the integration of infant and young child feeding support and promotion in health care services, education programmes, community development initiatives and workplace policies and practices.

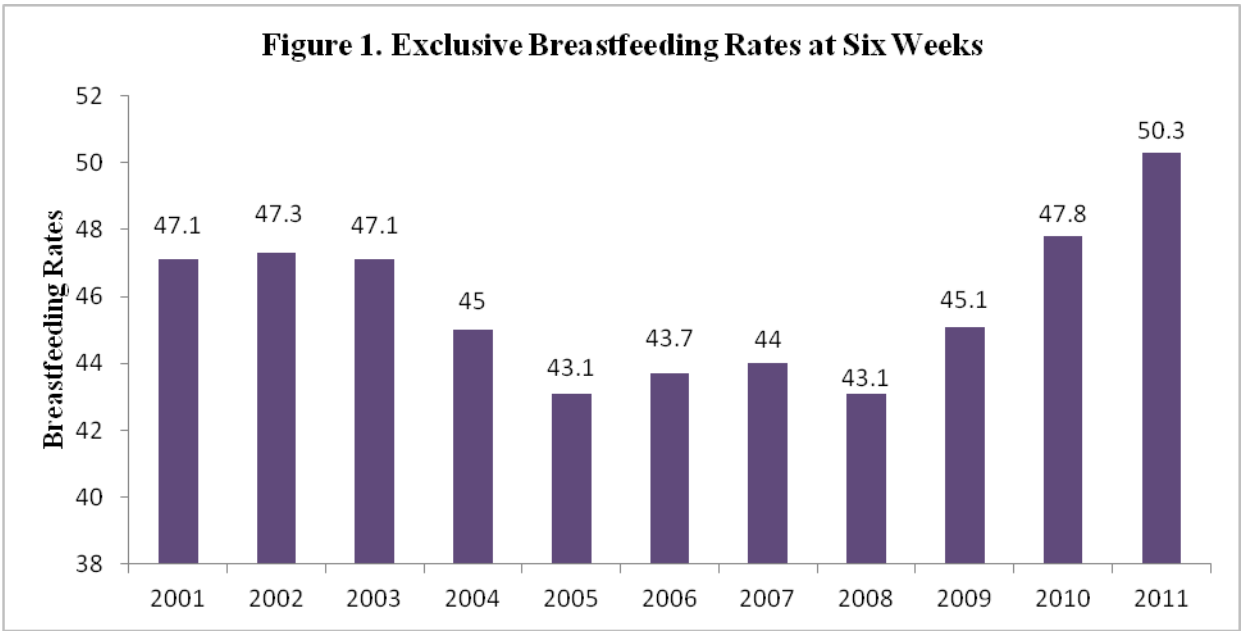
Key elements of the National Infant and Young Child Feeding Policy framework include a situational analysis of infant and young child feeding in Jamaica, the goals and objectives of the policy, responsibilities of key stakeholders and five priority areas for action.

2. SITUATIONAL ANALYSIS

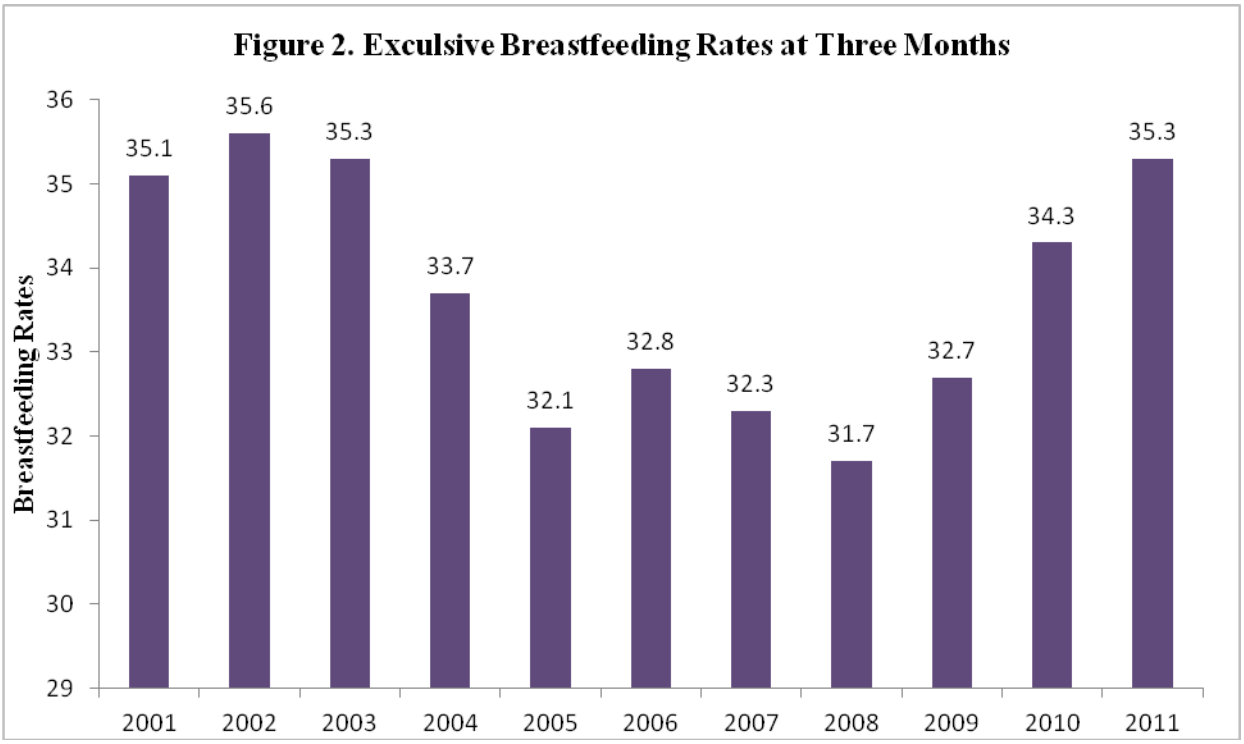
The Jamaican government is concerned about the decline in exclusive breastfeeding rates and the premature introduction of complementary feeding that has occurred over the past decade. In 2007, Jamaica's infant mortality rate was estimated at 25.7 per 1,000 live births. Conditions originating in the perinatal period were the leading cause of infant mortality. According to the MOH's Annual Report (2007), the Mortality Rate for the 1-4 year age group was 30.0 per 1 ,000 in 2007. Low birth weight (< 2,500g) stood at 11.1% in 2005. In 2007, the rate of under-nutrition in children under age 3 years attending child health clinics was 3.3% with severe malnutrition being 0.1%. Data from MOH revealed that the rate of over-nutrition among the same cohort of children was 6.9% (6).

2.1 Exclusive breastfeeding (EBF) at 0-6 months (180 completed days)

Available data on feeding practices show that dietary recommendations are not commonly practiced. Data from Monthly Clinic Summary Reports showed that the number of infants being exclusively breast-fed at 6 weeks of age declined from 47.1% in 2001 to 43.1% in 2008, with marginal increases from 2009 (Figure.1).



The pattern is similar at three months where the rates have declined from 35.1% in 2001 to 31.7% in 2008 (Figure. 2).



Data from the 2005 MICS confirmed these less than optimal breastfeeding practices, indicating that the picture worsens with time. Over 80% of mothers in the sample reported that they initiated breastfeeding within the first day, yet only 15% of infants at six months had been exclusively breastfed in accordance with infant feeding recommendations.

2.2 Complementary Feeding at 6 months and older

Associated with the dominant pattern of a low prevalence of exclusive breastfeeding in the first six months is the early introduction of other food/drink such as milk, formula, water, teas and porridges. This leads to the displacement of breast milk and the premature cessation of breastfeeding.

The MICS findings showed that, overall, the adequacy of infant feeding was low. Complementary feeding was assessed to be adequate in less than one quarter of infants aged 6 - 8 months and in even fewer children in the 9 -11 month age group. As a result of these feeding patterns, only 15% of children aged 6-11 months were assessed as being adequately fed based on recommendations relating to complementary feeding.

More recently, a qualitative study carried out in Clarendon and St. Catherine in 2009 provided some insights into factors contributing to reported trends in infant feeding behaviours. These factors include beliefs and attitudes on the part of health workers, women and their partners which may negatively influence infant feeding decisions. Findings from focus group discussions revealed that:

- Breastfeeding myths are common among women, their partners, community and healthcare workers.
- Mothers, family members, community and some support staff are averse to the expression (manual removal) and use of breast milk.
- It is commonly believed that breast milk is not sufficient for the baby up to six months of age.
- Mothers and some healthcare workers feel that the recommended duration for EBF of 6 months is too long.

As with other determinants of infant feeding practices, the perceptions and attitudes revealed in the study data are embedded in the social, cultural and traditional norms and patterns of communities. An understanding of the barriers and motivators for improved feeding practices is critical in achieving behavioural change.

The national problems associated with the perinatal period that require policy and programmatic interventions include maternal and child mortality, HIV/AIDS, acute respiratory tract infections, gastroenteritis and the early introduction of poor complementary foods. The National Infant and Young Child Feeding Policy is being developed to facilitate and set standards for the comprehensive promotion, protection and support of breastfeeding, or a suitable alternative, and to ensure timely and safe transition to appropriate complementary foods. Evidence from effective interventions has demonstrated the need for policy directions, a mix of strategies through multiple channels and a multi-sector approach. This will successfully influence primary caregivers, and strengthen support structures within the home, community, health system and work environment.

2.3 Current Initiatives

Interventions between 2008 and 2011 have resulted in a 6.5 percentage point increase in exclusive breastfeeding rates at 6 weeks. These include training programmes for health workers, educational campaigns, and community level interventions such as follow-up support of mothers by health workers and trained community members. Many of these initiatives are still underway; however competing demands on health budgets, staff turnovers and shortages and silos of promotional efforts continue to limit the effectiveness of ongoing activities and threaten their sustainability in the future.

Efforts have been made to integrate some of the provisions of the International Code of Marketing of Breast-milk Substitutes into maternal and child health policies. This has led to restrictions on direct marketing through the health sector and media channels. However, much remains to be done to enforce implementation of all provisions of the Code.

2.3.1 Baby-friendly Hospital Initiative

It is generally recognized that the introduction of the BFHI has contributed to improvements in optimal infant and young child feeding practices. However, the Ten Steps to Successful Breastfeeding (foundations of the BFHI) have not been integrated into standards of care in all institutions. Ten hospitals were certified as Baby-friendly, but inadequate monitoring has resulted in declining compliance with BFHI criteria in these facilities. This has led to a revitalization of the initiative and the identification of Team Leaders in all the previously certified facilities, as well as facilities being prepared for certification.

2.3.2 Community Outreach

Efforts at building community outreach and support networks for mothers, infants and young children have not been successfully maintained. Lack of resources, such as funding to maintain communication between Breastfeeding Promoters and mothers with challenges, and appropriate venues at the community level to facilitate counseling sessions, has resulted in sustainability challenges. In addition, the legislation to protect the breastfeeding rights of working women needs to be strengthened. The Maternity Leave Act of Jamaica 1979 provides for 12 weeks maternity leave (or up to 14 weeks in special circumstances) of which 8 weeks is paid. This may need to be reviewed with a level of urgency to facilitate continued breastfeeding among working women, thus contributing to an increase in exclusive breastfeeding rates.

2.4 Scope

This comprehensive policy on infant and young child feeding seeks not only to address the deficiencies and obstacles identified, but also to provide a context for the development of innovative approaches for addressing the various determinants of infant and young child feeding practices. It also aims to identify a suitable alternative for those infants that are not being breastfed. The policy will provide an operational framework for all concerned stakeholders, and proposes a reference guide for the design and implementation of programmes and services related to the achievement of the policy objectives. Those initiatives will ensure that the most vulnerable population has access to safe and nutritious foods at a critical stage of their development. It will also ensure that the appropriate norms and standards for maternity and child health services, community-based actions and communication are in keeping with international initiatives and best practices to positively impact child survival, growth and development. This policy will cover the antenatal, intra-partum and post-partum periods as well as the period from birth to five years.

2.5 Expected Impact and Outcomes

The Policy is expected to contribute to the achievement of a healthy and stable population in keeping with National Outcome No. 1 of Vision 2030 Jamaica National Development Plan. There should also be improvements in infant feeding practices and a multiplier effect of reducing infant morbidity and mortality leading to better child health outcomes, a reduction in

the burden on the health system and in household spending on treating childhood illnesses. Improved educational outcomes, strengthened institutional arrangements and enhanced multi-sectoral collaboration are also anticipated from successful implementation.

2.6 Global Policy Agenda

In 2009 the world recorded its highest level of hunger ever as a result of the food, fuel and financial crisis (7). At this time, only about one-third of children under 6 months were being exclusively breastfed, following on gradual increases between the early 1990s and the early 2000s and declines between 2000 and 2008 (8).

To achieve the best outcomes, several actions have been identified as key, but these must be implemented simultaneously at local, national, regional and global levels. Global targets have been developed to inform these policies, strategies and programmes (9).

Jamaica is signatory to several of these international targets, which demonstrates Government's commitment to act. The following itemizes these obligations:

- *International Code of Marketing of Breast Milk Substitutes (1981) & subsequent relevant World Health Assembly Resolutions*, endorsed by WHO and UNICEF, seeks to encourage and protect breastfeeding by restricting the aggressive marketing practices of distributors of products for artificial feeding. The Code represents the minimum requirements for protecting healthy practices in respect of infant and young child feeding. Jamaica was one of the one hundred and eighteen (118) countries that was a signatory to the Code in 1981.

- *Innocenti Declarations on the Protection, Promotion and Support of Breastfeeding (1990, 2005)* called for Governments to take action by 1995 to protect, promote and support breastfeeding where all women should be enabled to practice exclusive breastfeeding. This was reaffirmed and broadened in 2005. Jamaica was one of thirty high level government decision makers that adopted the Innocenti Declaration in 1990.

- *United Nations Convention on the Rights of the Child (1989)* which says that Governments must combat disease and malnutrition through, inter alia, the provision of adequate nutritious foods and ensure that all sectors of society are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, including the advantages of breastfeeding (cf. Article 24(e)). As of 2009 one hundred and ninety-four (194) countries had ratified this treaty, and Jamaica was amongst them, having ratified it in 1991.

- *The BFHI (BFHI)(1991)* launched by UNICEF and WHO promotes the implementation of the Ten Steps to Successful Breastfeeding in recognition of the special role of maternity services in early support and protection of breastfeeding. Jamaica commenced implementation in 1993.

- *The Millennium Declaration (2000)* established health and development goals and targets (Millennium Development Goals (MDGs)) for 2015. Achievement of all eight goals is linked directly or indirectly to feeding indicators, especially MDG 1 (eradication

of extreme poverty and hunger: proportion of children under 5 years who are underweight) and MDG 4 (reduction of child mortality: reduction of under-five mortality and infant mortality), which are directly linked.

- *Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) (1979)* adopted by the United Nations General Assembly, provides a framework for the promotion of gender equality and protection of women against sex-based discrimination. Jamaica's ascension to this convention in 1981 affirms the country's commitment to the reproductive rights of women, which includes pregnancy and lactation, and specifies women's needs for social support during maternity and child-rearing (Article 5, b); appropriate maternity leave, employment protection and social benefits (Article 11, 2) and; adequate access to health care services and nutrition during pregnancy and lactation (Article 12, 2).

- *World Fit for Children (2002)* aims to reduce child undernutrition among children under five years of age by at least one-third, with special attention to children under 2 years of age. It also aims to protect, promote and support exclusive breastfeeding for six months and continued breastfeeding with safe, appropriate and adequate complementary feeding up to two years of age and beyond.

- *WHO/UNICEF Global Strategy for Infant and Young Child Feeding (2002),* unanimously accepted by all World Health Organization Member States, is the framework through which WHO prioritizes research and provides technical support to countries to facilitate the implementation of strategies aimed at protecting, promoting and supporting appropriate infant and young child feeding practices. Jamaica's National Strategy is aligned to these principles which are infused in the curricula of health workers, early childhood practitioners and the education system.

- *Guidelines on HIV and Infant Feeding (1997, 2003, 2006, 2010)* is the policy on HIV and Infant Feeding that recommends key actions to cover special circumstances associated with HIV and AIDS. Constant reviews indicate the commitment of partners in ensuring that the most current information on optimal feeding is available to this vulnerable population. In keeping with these reviews, the National HIV/AIDS Programme of Jamaica recently released revised *Guidelines for the Vertical Transmission of HIV and Syphillis* (MOH 2011). The Prevention of Mother-To-Child-Transmission (PMTCT) Programme in Jamaica provides free commercial infant formula for 6 months to mothers who are exposed to HIV. With the revision, formula will be provided until the infants are 12 months old to ensure food security. The programme was further strengthened in 2012 when the Elimination of Mother-To-Child-Transmission (EMTCT) of HIV and Syphillis was launched based on the global initiative.

2.7 Support for Policy in the International Community

There is strong support for the policy in the international community, particularly from the following:

- WHO and UNICEF: Global data indicate very slow progress in overall improvement in the exclusive breastfeeding situation except for countries that have made strong commitments and heavy investments. UNICEF and WHO continue to provide the needed funding and support for this heavy investment. In 2010, the WHO conducted a policy review in which countries reported on their progress in implementing national policies for Infant and Young Child Feeding as well as the International Code. This was in addition to the annual reporting required to the Director General of the WHO on the progress of implementing the International Code of Marketing of Breast-milk Substitutes. The WHO, through the regional body – Pan American Health Organization (PAHO), Washington, also provided resource materials which were utilized to train Health Workers in the use of the new growth promotion tools in preparation for the implementation of the Child Health and Development Passport. The Passport incorporates the new growth charts which prescribes the exclusively breastfed child as the standard, as well as the core indicators for reporting outcome and impact. These include, but are not limited to, dietary diversity, exclusive breastfeeding, continued breastfeeding at 1 year and 2 years, weight-for-age, length/height-for-age, and weight-for-length/height.

  Furthermore, WHO and UNICEF have developed a number of courses to improve health worker capacity in breastfeeding and complementary feeding, including making it a key component of both clinical and community national strategies in the Integrated Management of Childhood Illnesses. They have also developed a Planning Guide for national implementation of the Global Strategy for Infant and Young Child Feeding.

- Inter-American Development Bank (IDB) has supported initiatives to promote exclusive breastfeeding and introduction of timely, appropriate complementary foods after six (6) months. They have funded education and health promotion activities for health workers and care givers.

- The World Bank has supported the Early Childhood Development Sector, specifically the Effective Preventive Health Care component of Jamaica's 5-year National Strategic Plan for Early Childhood Development 2007-2012. This component incorporates activities related to improving childhood nutrition and enhancing nutrition support strategies.

3. THE NATIONAL INFANT AND YOUNG CHILD FEEDING POLICY

3.1 Vision Statement:

All infants and young children in Jamaica attain optimal health and development which enables them to achieve their full potential.

3.2 Goal:

To create a sustainable environment that will contribute to reduction in child morbidity and mortality and improvement in child health and nutrition.

3.3 Policy Objectives:

1. To increase access to breastfeeding support in communities and the workplace.
2. To achieve BFHI status in all institutions providing maternity and child health services.
3. To establish a sustainable mechanism for accurate, timely and comprehensive collection and dissemination of data on infant and young child feeding and related indicators to influence policy and programme development.
4. To build capacity within all relevant agencies and at different levels of the health system and community, for the promotion, protection and support of infant and young child feeding.
5. To develop and implement sustainable public education initiatives for the promotion and support of optimal infant and young child feeding practices.

3.4 The Policy:

To ensure that all Jamaican children benefit, a multi-foci strategy will be employed to strengthen the infant and young child feeding programme in Jamaica. The areas of emphasis will be in five priority areas.

3.4.1 Advocacy/Legislation

Policy Statement: ***Advocacy and legislative/regulatory initiatives should be implemented to increase the promotion and support of optimal IYCF practices at the individual, family, community, regional and national levels.***

(a) The National Infant and Young Child Feeding Committee will be charged with responsibility to advocate for the full implementation of the International Code and subsequent relevant WHA resolutions even before the legislative process is completed.

(b) Existing legislation and supporting regulations shall be reviewed and amended to ensure conformity to the International Labour Organization (ILO) Maternity Convention (10).

(c) Representation shall be made to the appropriate Government and Non-Governmental Agencies for the revision and amendment of the Maternity Leave Act of Jamaica (1979) to strengthen the paid leave entitlement in accordance with ILO recommendations and pro-rate these provisions for women with short term or seasonal employment. Consideration shall be given to amend the legislation to include paternity leave as a mechanism to provide support for mothers of infants.

(d) Establish the *Four 'S'*[2] for the maintenance of exclusive and continued breastfeeding following employees' return to the workplace (flexible hours, breast-feeding breaks, and facilities for expressing and storing breast milk) in accordance with ILO recommendations.

(e) Health Professional Associations shall be engaged through consultation to amend and include in their respective code of ethics, criteria that are in keeping with provisions of the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions. This action is necessary to avoid conflicts of interest that could adversely affect IYCF especially where the individual or institution is in receipt of sponsorship for courses and conferences, educational materials, research grants and other activities and events provided by distributors and producers of breast milk substitutes.

(f) The Government of Jamaica shall strengthen institutional capacities to monitor existing standards and regulations relating to nutrition in Early Childhood Institutions.

(g) An Advocacy Consultation Plan shall be developed to increase ongoing public awareness of the following: international laws such as WHA resolutions, ILO Conventions, International Code of Marketing of Breast-milk Substitutes; provisions of existing and proposed legislation/regulations relevant to the protection and support of optimal infant and young child health and nutrition, for instance the Maternity Leave Act 1979, National Insurance Act 1966 and the Regulations and Standards for the Operation of Early Childhood Institutions in Jamaica 2007; and any future legislation relevant to infant and young child feeding.

(h) The Government shall advocate for the establishment of Regional and Parish IYCF Committees to mirror the work at the national level and filter the information to communities and individuals for sustained implementation, partnering with existing structures such as Social Development Commission and the Parenting Commission.

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[2]**Sensitise** – Facilitate ongoing breastfeeding education for all employees (males and females); **Schedule** – Create a flexible schedule that allows lactating mothers time to express milk; **Space** – Establish a private space for breast milk expression. Create an enclosed private area or room with a comfortable chair and table; **Storage** – Provide a small refrigerator or cooler for the proper storage of breast milk (11).

3.4.2 Training

Policy Statement: Optimal infant and young child feeding shall be promoted, protected and supported through the improvement of knowledge, skills and practices of health care personnel and other key stakeholders

Adequate training in the promotion of infant and young child feeding is an essential prerequisite for making effective contributions to the achievement of the policy goals and is applicable to pre-service, in-service and continuous training.

3.4.2.1 General

(a) All education and training shall be in keeping with the International Code of Marketing of Breast-milk Substitutes (Appendix 1).

(b) Intensive collaboration shall be developed with all agencies involved in preparing human resources for health, other related sectors and community groups.

(c) Health care personnel shall be made aware of the effects of certain medications and other practices known to have a negative effect on exclusive breastfeeding.

(d) Emphasis shall also be placed on antenatal iron and folic acid supplementation during pregnancy.

(e) The provision of iron-rich and/or animal foods shall be included in complementary feeding education.

3.4.2.2 Health Care Workers

(a) Health care facilities shall develop integrated infant and young child feeding training plans that shall be incorporated into a regional plan to build capacity of staff at all levels.

(b) Health care facilities shall provide and facilitate opportunities for education, training and skills development for all staff in infant and young child feeding practices.

(c) Managers of health care facilities shall be responsible for orientation and training of staff for the implementation of this policy.

(d) Health care personnel who work in the area of infant and young child feeding and nutrition programmes shall receive ongoing training to strengthen their communication and counseling skills.

(e) Sponsorship for training activities shall be in keeping with the provisions of the International Code of Marketing of Breast milk Substitutes and Subsequent WHA Resolutions to avoid conflict of interest.

(f) Health care personnel shall be sufficiently skilled in counselling on HIV and infant feeding to avoid biases toward any one method of infant feeding. Training shall include knowledge and skills on how to educate mothers on the recommended infant feeding option, to support them in their choice, and to provide regular follow-up, all in keeping with the policies and principles of the Ministry of Health.

(g) Training curricula for all categories of health care staff shall be developed and/or reviewed by the National Infant Young Child Feeding Committee to ensure that the required competencies in relation to infant and young child feeding are met.

(h) All training materials used in in-service and pre-service training shall be in keeping with the national recommendations for infant and young child feeding.

(i) Training coordinators shall ensure that continued education in infant and young child feeding for health care workers is incorporated into continuing medical education (CME). All health professional associations shall include updates on infant and young child feeding practices as part of their continuing education training.

(j) The aim of training shall be to provide the skills necessary to teach **all** mothers about the principles and practices of appropriate infant and young child feeding, including those unable to breastfeed due to physiological, psychological or pathological reasons.

3.4.2.3 Early Childhood Education

(a) All caregivers in day care centres or other early childhood institutions shall be trained in infant and young child feeding principles.

(b) Basic nutrition to include infant and young child feeding shall be included in the curriculum of teachers' colleges and all other training institutions.

(c) Curricula for early childhood institutions and primary schools shall be reviewed and updated periodically with relevant information relating to infant and young child nutrition.

3.4.2.4 Counselling of Parents/Guardians of Young Children

(a) Scientifically sound and culture-specific infant and young child feeding counselling shall be provided to parents/guardians and caregivers of young children, including the use of a variety of local foods.

3.4.3 Health Care Delivery

Policy Statement: ***The BFHI and the International Code of Marketing of Breast-milk Substitutes will be utilized to create and maintain health service practices that foster optimal***

infant and young child feeding in all public and private maternal and child care facilities in Jamaica.

The following practices are to be implemented:

3.4.3.1 General

(a) All public and private health facilities providing maternal and child health services shall be supported by the Government of Jamaica to achieve Baby-friendly accreditation. The Ten Steps to Successful Breastfeeding are listed in Appendix 2.

(b) The manager in each facility shall have responsibility for implementation of the BFHI.

(c) The Government of Jamaica, through the National IYCF Committee, shall ensure full implementation of the International Code of Marketing of Breast-milk Substitutes (Appendix 1*)* and subsequent relevant WHA resolutions and monitor compliance.

(d) Protocols for the maternal and child health services at all levels shall reflect the provisions of this policy.

3.4.3.2 Antenatal Care Services

(a) All pregnant women shall receive adequate and timely information and guidance concerning:

i. Early initiation and maintenance of breastfeeding.

ii. Exclusive breastfeeding for the first six months.

iii. Management of challenges related to breastfeeding.

iv. Continued breastfeeding until two years and beyond with appropriate and safe complementary feeding (see Appendix 3).

v. Prevention and treatment of anaemia

(b) The content of the information provided at antenatal visits shall be evidence-based, culturally appropriate and unbiased in order to ensure all pregnant women make informed decisions.

(c) All pregnant women in government health facilities shall be provided with iron and folate supplements for the gestation period; pregnant women in private health facilities shall be encouraged to take iron and folate supplements.

(d) All pregnant women should be assessed for depression.

3.4.3.3 Intra-partum

(a) Obstetric procedures that produce trauma to the mother shall be reduced as much as possible to prevent the delay in the establishment of breastfeeding.

(b) Sedation of the mother shall be minimized, and no drug to suppress lactation shall be routinely given.

(c) The baby shall be given to the mother immediately after birth (placed on the mother skin-to-skin after being wiped dry), allowing interaction and breastfeeding to proceed with the mother's encouragement and without external intervention. All non-urgent medical routines shall be delayed for at least one hour unless medically indicated.

(d) In case of a caesarean section, a well mother with a healthy term baby shall breastfeed her infant as soon as she is able to.

3.4.3.4 Immediate Post-partum and early neonatal

(a) Mothers shall have full access to infants from birth through rooming-in arrangements.

(b) Mothers shall be encouraged to breastfeed babies on demand and taught how to do the following:

i. recognize infant demand behaviours

ii. ensure frequency of at least 10 feeds per 24 hours in the early days, and

iii. recognize signs of dehydration.

(c) Fathers shall be given information about breastfeeding and be facilitated in bonding with the newborn.

(d) Routine feeding of breast milk substitutes to healthy neonates by health care workers shall be completely prohibited. Neither display of milk formula nor any other form of its advertisement shall be permitted.

(e) The use of feeding bottles with teats, pacifiers and other such devices on the hospital ward shall be prohibited.

(f) Mothers shall be assessed to determine the presence of any breastfeeding and/or mental health challenges and shall be appropriately counselled and/or treated.

(g) Breastfeeding shall be encouraged for a sick or pre-term new-born who is able to suckle. If the baby is unable to suckle, expressed breast milk shall be the feed of choice unless medically contraindicated.

(h) Adequate provision for the expression, storage and handling of breast milk shall be made, especially in neonatal special care units.

(i) Mothers shall be encouraged to have maximum contact with their sick or pre-term babies, particularly if the babies are in a special care unit.

3.4.3.5 Post-partum and neonatal

(a) Trained health care workers shall provide support to mothers. Contacts (via telephone or visits to mother) shall be arranged at 3-6 days, 10-14 days and, if needed, at 3-4 weeks, in addition to the 6-week follow-up visit.

(b) Breastfeeding support shall be provided at the community level by the Parish IYCF Committee and, on discharge each mother shall be informed how to access this support.

(c) All mothers who choose replacement feeding shall be taught how to prepare and use formula feeds safely. This should be done individually, and only for mothers who need it.

3.4.3.6 Neonatal and Infancy

(a) Adequate facilities shall be provided to foster the continuation of breastfeeding in older infants by allowing the mother to stay with a hospitalized infant, or through open visitation rights for mother and child.

(b) Quality community support for mothers shall be provided by health workers, early childhood practitioners and community groups, who shall receive prior training in the promotion of appropriate infant feeding practices. That training will include:

i. Clinical approaches to initiating and maintaining adequate milk supply.

ii. Known changes that occur in the early weeks of breastfeeding.

iii. Overcoming social and workplace obstacles to breastfeeding continuation.

iv. Introduction of appropriate complementary foods when a baby is 6 months old.

v. Counselling and communication techniques.

3.4.3.7 Special circumstances

(a) Breastfeeding in the context of HIV infection

i. AVOIDANCE of ALL breastfeeding shall be promoted as the strategy most likely to give Jamaican infants the greatest chance of HIV-free survival.

ii. Full replacement formula feeds shall be given free of charge for at least one year as per PMTCT Programme.

iii. All mothers shall be educated about the dangers of mixed feeding.

iv. All mothers shall be taught through demonstrations, on an individual basis, how to prepare and use formula feeds safely. Cup feeding shall be encouraged and bottle feeding discouraged.

v. Government procurement shall be according to the provisions of the *International Code of Marketing of Breast-milk Substitutes*, and in keeping with national procurement guidelines.

vi. Mothers who decide by informed choice to breastfeed shall be individually assessed, and exclusive breastfeeding based on current WHO/UNICEF recommendations shall be reinforced:

- (2010) exclusive breastfeeding up to 6 months with mother and infant on anti-retro virals (ARVs), with introduction of complementary feeds and continued breastfeeding to 1 year for mothers who are HIV-infected and whose infants are HIV-uninfected or of unknown status

- (2010) continued breastfeeding to 2 years when both mother and infant are infected

- All practices related to the breastfeeding in the context of HIV infections shall be in keeping with elimination of mother-to-child transmission (EMTCT).

(b) Low Birth Weight and Premature Babies

i. Exclusive breastfeeding or exclusive breast milk feeding for the first six months of life and sustained breastfeeding for two years and beyond shall be promoted, supported and protected, unless there is a medical indication not to breastfeed.

ii. Health care facilities shall enable mothers to remain with their hospitalized infants and young children to ensure continued breastfeeding and adequate complementary feeding.

iii. Health care facilities shall provide the requisite environment, which includes adequate supplies and equipment, to facilitate continued breastfeeding of the hospitalized infant.

iv. All staff caring for low birth weight and/or premature babies shall be trained and equipped to teach mothers how to express and store breast milk, and to assist mothers in the transition from breast milk feeding to breastfeeding.

(c) Two or more births (Multiple Births)

i. Breastfeeding shall be encouraged for mothers with more than two babies per pregnancy. They shall be provided with the necessary support as most mothers can produce enough breast milk for two or more babies.

(d) Children living in Special Circumstances

i. Children living in special circumstances such as orphans, children in foster care and children with drug- or alcohol-dependent mothers, or mothers who are imprisoned, shall receive adequate and appropriate replacement feeding for as long as they need it.

ii. Nutrient dense complementary foods shall be introduced in the infant's diet when they are 6 months old (180 completed days).

iii. Young children shall continue to receive a variety of nutritious foods from the six food groups in the appropriate amounts as recommended by the WHO and the national Recommended Dietary Allowances (RDA).

(e) Children with other Medical Conditions (not listed in this policy)

i. Children with other medical conditions not listed in this policy, such as diabetes and cleft palate, shall be monitored and evaluated, and their mothers/caregivers educated in caring for them to ensure that their nutritional needs are met.

(f) In emergency situations

i. Where relief efforts require the use or distribution of commercial formula (as a last resort), this shall comply with all the relevant provisions of the International Code of Marketing of Breast-milk Substitutes, subsequent relevant WHA resolutions, and the Operational Guidance on Infant and Young Child Feeding in Emergencies (12) or version in effect at the time; and shall not undermine exclusive and sustained breastfeeding practices.

ii. Whenever possible, mothers should never be separated from their children.

iii. Special attention must be given to the nutritional requirements of vulnerable groups, including pregnant and lactating women, and young children.

iv. Psychosocial support must be given to pregnant and lactating women who are more vulnerable during periods of extreme stress.

3.4.4 Public Information, Education and Communication

Policy Statement: Accurate and relevant information shall be disseminated to the Jamaican population so that they can make informed choices regarding appropriate infant and young child feeding practices, and adopt those practices successfully.

(a) Targeted interventions to ensure achievement of the policy objectives shall include:

i. Increased public awareness through the mass media of the need to exclusively breastfeed for six months

ii. Introduction of complementary foods with continued breastfeeding

iii. Provision of information on where support for infant and young child feeding can be accessed.

(b) A strong partnership shall be developed with the media to help promote exclusive and continued breastfeeding as normal, desirable and achievable for women (best practice), with an emphasis on the benefits of breastfeeding and the risks of not breastfeeding.

(c) Particular emphasis shall be placed on the radio, which has proven to be an effective medium for reaching a wide cross-section of the population.

(d) Infant and young child feeding public education strategies shall include sustained mass media campaigns, workshops, seminars and interpersonal communication.

(e) The implementation of mass media and community education on exclusive breastfeeding for the first six months shall highlight the importance of early initiation of breastfeeding; the cost-savings and health benefits for mother and child; and to dispel common myths.

(f) All education messages shall be consistent and complementary, and all efforts shall be made to ensure clarity of the "exclusive breastfeeding" message and the need for paternal and family support for the mother (especially in the early postpartum weeks).

(g) Public education programmes shall seek to influence men's attitudes and practices in relation to optimal infant and young child feeding, and shall also stress the important role of fathers in supporting mothers in carrying out appropriate feeding practices.

(h) Policymakers, community leaders, and other key stakeholders who are integral to the promotion of optimal infant and young child feeding shall be continuously engaged.

(i) Selected health workers and stakeholders shall be trained in communication to allow for the effective dissemination of information through electronic and other forms of media.

(j) All women shall be educated on achieving optimal nutritional status before, during and after pregnancy.

(k) All pregnant women shall be educated on exclusive breastfeeding for 6 months and continued breastfeeding for 2 years and beyond with appropriate complementary feeding; women who choose replacement feeding shall be given adequate information to make informed decisions.

(l) All pregnant women shall be encouraged to bring partners or family members for antenatal education.

(m) Infant and young child feeding shall be emphasized in nutrition education, parenting, health and family life education courses for primary, secondary and tertiary students.

(n) Appropriate promotional and educational materials shall be developed, reviewed and disseminated by the relevant bodies in adequate quantities for use in various settings.

(o) Inter- and intra-sector collaboration shall be encouraged to facilitate the sharing of information and of lessons learned in the implementation of best practices in educational programmes.

(p) The use of new and emerging technologies shall be included in the promotion of exclusive breastfeeding.

(q) Messages shall highlight continued breastfeeding for 2 years and beyond with appropriate introduction of complementary foods, placing special emphasis on adequate energy and nutrient density while limiting the use of sugars, salt/sodium and fats.

(r) Healthy eating habits and daily physical activity in children shall be promoted.

(s) Family members and communities shall be educated on the influence of early feeding practices on childhood obesity and other non-communicable chronic diseases.

(t) Health care workers shall educate family members and communities about optimal infant and young child feeding to provide support to mothers.

(u) Parents and other caregivers shall have access to objective, consistent and complete information about appropriate feeding practices, free from commercial influence.

(v) Information shall be disseminated to the public on the principles, aims and provisions of the International Code of Marketing of Breast Milk Substitutes. The procedures for monitoring compliance and censuring violations should also be made available to the public as per the National Code.

(w) Public and private partnerships shall be developed to promote the use of media advocacy to stimulate public discussion on infant and young child feeding.

3.4.5 Monitoring, Evaluation and Research

Policy Statement: There shall be continuous review and evaluation of infant and young child feeding programmes and its contribution to the health and development of children. Research shall also be conducted to provide evidence based information, to influence policy development and programme planning.

(a) A Monitoring and Evaluation Framework shall be developed and updated periodically.

(b) Provisions shall be made for budgetary allocation under the National Nutrition programme to ensure sustainability of programmes geared towards improving infant and young child feeding practices.

(c) Provisions shall be made for the strengthening of monitoring and evaluation functions.

(d) The Government of Jamaica shall ensure the continuous monitoring, evaluation and, when necessary, the modification of programmes pertaining to the promotion, protection and support of infant and young child feeding practices.

(e) Instruments and procedures for data collection related to infant and young child health shall be reviewed and amended as required.

(f) Appropriate instruments shall be developed for monitoring and evaluation of training and education interventions under this programme.

(g) A system shall be formulated and implemented across public and private sector for the effective collection, storage, retrieval, analysis and dissemination of data in order to facilitate the timely reporting of infant and young child feeding practices and their impact on health status.

(h) National surveys shall include information on the nutritional status and feeding practices of infant and young children and shall be conducted at 5-year intervals.

(i) A monitoring and evaluation system shall be developed to continuously assess the implementation of the BFHI.

(j) Inter and intra-sectoral collaboration shall be encouraged to facilitate the sharing of information and lessons learnt on best practices in the implementation of infant and young child feeding programmes.

(k) On-going Operational Research shall examine the adaptation of international recommendations on infant and young child feeding for the local setting.

(l) The capacity of Research Institutions shall be strengthened to provide evidence-based information on IYCF to influence policy development and programme planning.

(m) The use of the commercial formula through the PMTCT programme and health care facilities shall be monitored and evaluated to prevent spillover of replacement feeding to the general population.

4. KEY STAKEHOLDERS AND THEIR ROLES

4.1 Government

The Government of Jamaica shall:

(a) Ensure that Education authorities provide accurate information through schools and other educational channels to promote greater awareness and positive perceptions of appropriate infant and young child feeding practices.

(b) Facilitate the revision, development and enactment of legislation related to the achievement of policy objectives, including implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions.

(c) Identify and allocate adequate resources – human, financial and organizational – to facilitate the timely and successful implementation of the national policy and plan of action on infant and young child feeding.

(d) Ensure that all facilities providing maternity and child health services and care for newborn infants obtain Baby-friendly accreditation.

The following table outlines the responsibilities of key MDAs.

MDAs	Key Responsibilities
MOH	Responsible for formulating and facilitating development of policies and programmes and the implementation of public health, nutrition, maternal and child health programmes among others, as well as projects to ensure a healthy population and the enforcement of public health regulations.
Ministry of Education (MOE)	Support the development of curricula at different levels of the education system - teacher training, early childhood institutions, primary and secondary schools - that include nutrition and health education for making lifestyle choices. Implements the school feeding programme in early childhood institutions.
Ministry of Industry, Investment and Commerce	The Jamaica Bureau of Standards, which is an agency of this Ministry, is responsible for ensuring that products marketed for infants and children conform to the Codex regulations and WHA resolutions.
Ministry of Foreign Affairs	This Ministry has a role in trade relations and in

MDAs	Key Responsibilities
and Foreign Trade MFA&FT)	negotiating and monitoring of relevant international treaties and conventions.
The Planning Institute of Jamaica (PIOJ)	Charged with effective social and economic planning for sustainable development of the country, and coordinates international support for programme implementation. PIOJ monitors the outcomes for the Vision 2030, offers policy advice, technical support in monitoring and evaluation, and assessment of gaps in delivery of programmes and initiatives.
Ministry of Labour and Social Security	Implements programmes and services to improve social welfare, especially among vulnerable groups, and also facilitates employment for the more vulnerable segments of the society through its overseas employment programme.
The Ministry of Finance	The Ministry of Finance has overall responsibility for developing the Government's fiscal and economic policy framework; collecting and allocating public revenues and playing an important role in the socio-economic development of the country in creating a society in which each citizen has every prospect of a better quality of life. They ensure that adequate resources are available for programme implementation.
The Early Childhood Commission (ECC)	The ECC is an agency of the MOE with overall responsibility for early childhood development in Jamaica. It uses an integrated approach to bring all policies, standards and regulations relating to early childhood care, education and development, under one umbrella.
Ministry of Agriculture and Fisheries	Rural Agricultural Development Authority (RADA) is an agency of this Ministry and is charged with the responsibility of outreach activities, especially as it relates to empowerment of rural women.

4.2 National Infant and Young Child Feeding Committee

The National Infant and Young Child Feeding Committee[3] shall:

(a) Formulate, facilitate implementation, monitor and ensure evaluation of the comprehensive national policy on infant and young child feeding.

(b) Undertake to achieve the policy goal and objectives through full collaboration of all concerned government agencies, international organizations and other key stakeholders.

(c) Develop and monitor a detailed strategic action plan to support the implementation of the national policy. The plan should include defined goals and objectives, a timeline for their achievement, allocation of responsibilities for the plan's implementation and measurable indicators for its monitoring and evaluation.

(d) Coordinate training in Infant and Young Child Feeding.

(e) Monitor the implementation of BFHI.

(f) Provide technical support to facilities that provide maternity and child health services.

(g) Monitor compliance to the International Code of Marketing of Breast-milk Substitutes.

(h) Coordinate continuous revision and implementation of this national policy on IYCF based on current scientific evidence and developments related to child health.

4.3 Regional Health Authorities

The leadership of Regional Health Authorities shall:

(a) Coordinate IYCF programme implementation at Regional level.

(b) Align and integrate indicators for IYCF in all levels of planning.

(c) Provide resources to support implementation of IYCF at various levels.

(d) Operationalize and monitor Committees at the regional, parish and institutional levels to support IYCF programme implementation.

(e) Establish a system of analysis and reporting to track progress.

[3] See Appendix 7 for detailed Terms of Reference.

4.4 Administrators of Health Facilities

The administrators of health facilities shall:

(a) Implement, monitor and maintain the BFHI.

(b) Facilitate BFHI- related training and assessment.

(c) Establish coordinating committees within the institution.

(d) Collaborate with the National Infant and Young Child Feeding Committee.

(e) Ensure that all staff adhere to the *Ten Steps to Successful Breastfeeding.*

(f) Provide equipment and supplies for accurate monitoring of growth and development.

4.5 Health Workers

Health workers in public and private institutions shall have the following responsibilities:

(a) Provide factual and current information to families to facilitate informed decision-making.

(b) Provide skilled support for exclusive and continued breastfeeding and appropriate complementary feeding in all neonatal, paediatric, reproductive health, nutritional and community health services.

(c) Work towards the achievement and maintenance of Baby-friendly status by maternity hospitals, wards and clinics, consistent with the *Ten Steps to Successful Breastfeeding.*

(d) Observe, in their entirety, their responsibilities under the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions, and national measures adopted to give effect to both.

(e) Encourage the establishment and recognition of community support groups and refer mothers to them.

4.6 Administrators of Training Institutions

Administrators of public and private institutions, which include but are not limited to medical faculties and schools of nursing and public health, who are involved in the training of health care workers and support service groups have the following main responsibilities towards their students:

(a) Ensuring that basic education and training for all health workers cover the following: lactation physiology; exclusive and continued breastfeeding; complementary feeding; feeding in difficult circumstances; meeting the nutritional needs of the mother and infants who have to be fed on breast milk substitutes; the International Code of Marketing of Breast-milk Substitutes; and legislation and other measures adopted to give effect to the Code and subsequent relevant World Health Assembly resolutions.

(b) Training in how to provide skilled support for exclusive and continued breastfeeding, and appropriate complementary feeding in all neonatal, paediatric, reproductive health, nutritional and community health services.

(c) Promoting achievement and maintenance of Baby-friendly status by maternity hospitals, wards and clinics, consistent with the *Ten Steps to Successful Breastfeeding*.

(d) Observing, in their entirety, their responsibilities under the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions, and national measures adopted to give effect to both.

(e) Encouraging the establishment and recognition of community support groups and referring mothers to them.

4.7 Health Professional Associations

Health professional bodies shall have the responsibility of ensuring continuing education for their membership in the following areas:

(a) Nutritional health of women of child bearing age and pregnant and lactating women

(b) Promotion of appropriate infant and young child feeding including exclusive breastfeeding and complementary feeding.

(c) Adherence to the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA Resolutions in their entirety.

(d) Implementation of BFHI.

(e) Other emerging areas of interest relevant to infant and young child feeding.

4.8 Employers

(a) In keeping with the ILO Convention and the labour laws of Jamaica, employers shall ensure that maternity entitlements of all women in paid employment are met, and shall develop workplace arrangements – for example the Four 'S'– in order to facilitate breast-milk feeding once paid maternity leave is over.

4.9 Trade Unions

(a) Trade unions shall negotiate adequate maternity entitlements, enabling environment for expressing and storage of breast milk and security of employment for women of reproductive age.

4.10 Manufacturers and Distributors

Manufacturers and distributors of industrially processed foods intended for infants and young children shall:

(a) Ensure that processed food products for infants and children, when sold, meet applicable Codex Alimentarius standards and the Codex Code of Hygienic Practice for Foods for Infants and Children.

(b) Be responsible for monitoring to ensure that their marketing practices at every level conform to the principles and aims of the International Code of Marketing of Breast-milk Substitutes, subsequent relevant WHA resolutions; the Marketing of Foods and Non-alcoholic Beverages to Children; and national measures that shall be adopted to give effect to both.

4.11 Child Care Facilities

(a) Child-care facilities shall support and facilitate exclusive breastfeeding, continued breastfeeding/breast-milk feeding and appropriate complementary feeding in accordance with guidelines provided by the Ministry of Health and the Early Childhood Commission.

(b) All early childhood institutions shall ensure adherence to the nutrition and other standards under the Early Childhood Regulations.

4.12 Non-Governmental Organizations Including Community-Based Support Groups

Non-governmental organizations operating locally and nationally shall:

(a) Provide their members with accurate and current information about infant and young child feeding.

(b) Integrate skilled support for infant and young child feeding in community-based interventions, and ensure effective linkages with the health care system.

(c) Contribute to the creation of mother- and child-friendly communities and workplaces that routinely support appropriate infant and young child feeding.

(d) Ensure full implementation of the International Code of Marketing of Breast-milk Substitutes, subsequent relevant Health Assembly resolutions and national actions that give effect to both.

4.13 Academia

(a) Academia will be engaged to advance a research agenda to inform continuous development and improvement in the area of infant and young child feeding.

4.14 Mass Media

In disseminating information to the public, all forms of media shall:

(a) Provide accurate, factual, current, objective and consistent information about parenting, child care including appropriate feeding practices, and products consistent with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions.

(b) Prevent public exposure to images of bottle feeding and inappropriate feeding practices.

5. LINKAGES WITH OTHER POLICIES

Several national policy initiatives, strategies, plans and interventions have been or are being introduced in support of Jamaica's commitment to the various International instruments and in furtherance of the country's national goals.

This Policy is complementary to several national policies and frameworks that have been developed or are being drafted, namely:

5.1 ***Vision 2030-Jamaica National Development Plan (2009)***: Strategic objective to ensure national food security for vulnerable groups, making sure that all peoples at all times have physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life. The priority sector strategy involves the design of policies from a nutrition and health perspective; support for the production of safe food; and strengthened policies, systems and programmes for mortality reduction and improvements in health status. The key action is to reinforce the National Infant and Young Child Feeding Policy.

5.2 ***National Policy for the Promotion of Healthy Lifestyle in Jamaica (2004):*** is an inter-sectoral approach to promote healthy lifestyles in the population in order to reduce the risk of developing chronic diseases and the incidence of violence and injuries. Five (5) key behavioural elements are promoted: physical activity; appropriate eating behaviours; prevention and control of smoking; appropriate sexual behavior and; building self-esteem, resiliency and life skills. The strategies for appropriate eating behavior are related to reinforcing and implementing policy on breastfeeding and baby-friendly hospitals, policy on breast milk substitutes developed and all hospitals certified as *Baby-friendly*.

5.3 ***National Food and Nutrition Security Policy (2013):*** makes reference to the National Infant and Young Child Feeding Policy as breastfeeding provides food security especially in food insecure populations. Breast milk is readily available, no preparation is needed, and it is available at the right temperature and in the right amounts as required by the child.

5.4 ***Safe School Policy (draft):*** ensures that Infant and Young Child Feeding has been included in the curriculum at all levels of the education system. It has been included in the recently revised Health and Family Life Education Curriculum for Primary and Secondary Level Education and forms one of the core courses in the training of most health-related professionals and para-professionals. At the pre-primary level, standards developed for the Early Childhood sector have outlined that expressed breast milk can be made available throughout the day for children whose mothers are unable to come in to breastfeed.

Other National Frameworks

5.5 ***The Early Childhood Act (2005) and the Early Childhood Regulations (2005):*** outline the registration requirements for Early Childhood Institutions to operate as legal entities. This ensures that appropriate plans, programmes and services are offered to facilitate the optimal growth and development of children. Twelve categories of National Standards for the

operation, management and administration of ECIs have been developed. Standards 6 and 7 deal specifically with health and nutrition with clearly stated performance criteria.

5.6 ***The Baby-Friendly Hospital Initiative (1991):*** Jamaica adopted this initiative in 1993 and between 1996 and 2001 certified ten (10) hospitals as Baby-friendly. In these facilities, practices are aimed at meeting the needs of the mother and her newborn infant by ensuring that good care is provided before, during and after delivery in a caring, friendly and compassionate environment. Whilst exclusive breastfeeding is promoted for the first 6 months, mothers who choose not to breastfeed are supported in their decision and provided with unbiased factual information and advice.

5.7 ***The Maternity Leave Act of Jamaica (1979):*** provides for 12 weeks maternity leave (or up to 14 weeks in special circumstances) of which 8 weeks is paid.

5.8 ***Ministry of Health Strategic Plan 2011-12:*** includes the introduction of the Child Health and Development Passport which involves the use of WHO Growth Charts that are based on the exclusively breastfed child. The Strategic Plan also speaks to the finalization of the Policy, a target that has been missed on numerous occasions.

6. MONITORING AND EVALUATION

Monitoring and Evaluation is critical for programme implementation to assess achievement of policy objectives. The outcomes will be used to provide updates, recommendations and guidance for revision of strategies to improve maternal and child health. A Monitoring and Evaluation Framework will be developed and updated periodically and will be supported by provisions from the budgetary allocations in support of the National Nutrition programme in respective sectors. Nevertheless, some tools already exist to monitor progress, such as routine health reports through the MCSR and BFHI monitoring tools. Additionally, supplementary information will be gathered through sharing and exchange mechanisms from different stakeholders. This expanded information will contribute to a data base that is current and reliable to inform the policy process and facilitate effective decision making.

The Ministry of Health through its Regional Health Authorities and the National IYCF Committee will be the key body for ensuring continuous monitoring. The Stakeholders will be fully involved in the analysis and interpretation of the data. This approach has been shown to contribute to improvements in programmes, skills, performance and system strengthening. The proposal is to establish a multi-sector body with the responsibilities for

i. evaluating, through continuous monitoring of their respective sectors and,

ii. when necessary, directing the modification of programmes that pertain to the promotion, protection and support of appropriate infant and young child feeding practices.

There will be a multi-level reporting system: national, regional and international. At the national level, Regional Health Authorities and the National IYCF Committee will report to the MOH monthly, quarterly and annually. Reports will be sent to the multi-sector body, the PIOJ and Cabinet quarterly and annually. At the regional level, Government is required to report annually to the Caribbean Community (CARICOM): Council on Social and Human Development (COHSOD) and the Caribbean Regional Public Health Agency (CARPHA), as well as the PAHO. At the international level, reporting is done to UNICEF, WHO, the World Bank and the IDB as per requirement.

Indicators to be monitored include inter alia:

i. Nutritional status (length/height-for-age, weight-for-age, weight-for-length/height)
ii. Breastfeeding initiation rates
iii. EBF rates at 6 months
iv. Continued Breastfeeding at 1 and 2 years
v. Introduction of complementary foods
vi. Dietary diversity
vii. Consumption of iron fortified foods
viii. Number of Baby-friendly hospitals/facilities
ix. Number of persons trained and certified

x. Number of community support groups established/strengthened

The process, outcome and impact indicators as agreed on in the action plan will guide implementation of the NIYCF Policy. The approved Action Plan will incorporate the respective roles of MDAs and civil society and the established mechanism for coordinating, monitoring and evaluation at all levels will be outlined (see Appendix 6).

7. CONCLUSION

Infant and young child feeding promotion is a public health best practice. It has the multiplier effect of reducing infant morbidity and mortality and responding well to public health interventions. Maternal behaviours change, and these individual changes will collectively contribute to positive national trends:

i. improvement in infant morbidity and mortality;

ii. improved breastfeeding rates and infant feeding practices;

iii. better child outcomes;

iv. less money spent on treating childhood illnesses and

v. less absenteeism from work decreasing the development index.

Consultations have highlighted issues related to socio-economic conditions, poverty, labour laws, misinformation on the part of health workers and caregivers, myths which influence feeding practices and the practices of distributors of infant formula as issues that will impact on the achievement of the policy objectives. These issues will be given priority treatment in the development of the framework which will support Jamaica's pursuit of developed country status, as outlined in Vision 2030 – Jamaica National Development Plan.

8. REFERENCES

1. World Health Organization. Global Strategy for Infant and Young Child Feeding. Geneva: World Health Organization; 2003.

2. United Nations (US). Millennium Development Goals [Internet]. New York: United Nations; 2000. Available from: http://www.un.org/millenniumgoals/

3. Jones, G, Steketee, R, Black, R, Bhutta, Z and Morris, S. How many child deaths can we prevent this year? Lancet. 2003:362: 65-71.

4. Black, R, Allen, H, Bhutta, Z, Caulfield, L, de Onis, M, Ezzati, M, Mathers, C and Rivera, J. Maternal and child undernutrition: global and regional exposures and health consequences. Lancet. 2008:371: 243-60.

5. Ministry of Health. Concept Paper - Towards a National Infant and Young Child Feeding Policy for Jamaica. Kingston, Jamaica: Ministry of Health; 2011.

6. Ministry of Health. National Infant and Young Child Feeding Policy [cabinet submission]. Kingston, Jamaica: Ministry of Health; 2012.

7. Food and Agricultural Organization of the United Nations. The State of Food Insecurity in the World: Economic Crisis – impacts and lessons learnt. Rome: Food and Agriculture Organization of the United Nations; 2009.

8. World Health Organization. A Review of Nutrition Policies: draft report. Geneva: World Health Organization; 2010.

9. United Nations Children's Fund. Programming Guide: Infant and Young Child Feeding. New York: United Nations Children's Fund; 2011.

10. International Labour Organization. Geneva Report Form for the Maternity Protection Convention, C183 (Article 4) [Internet]. Geneva: United Nations; 2000. Available from: http://www.ilo.org/dyn/normalex/en

11. Ministry of Health. Breastfeeding: Create a Breastfeeding-friendly Work Environment [draft]. Kingston, Jamaica: Ministry of Health; 2013.

12. IFE Core Group. Infant and young child feeding in emergencies (Version 2.1): Operational guidance for emergency relief staff and programme managers. Oxford, UK: IFE Core Group; 2007.

APPENDIX 1

INTERNATIONAL CODE OF MARKETING OF BREAST MILK SUBSTITUTES

The main points in the Code include:

i. no advertising of breast-milk substitutes and other products to the public;

ii. no free samples to mothers;

iii. no promotion in the health services;

iv. no donations of free or subsidized supplies of breast-milk substitutes or other products in any part of the health care system;

v. no company personnel to contact or advise mothers;

vi. no gifts or personal samples to health workers;

vii. no pictures of infants, or other pictures or text idealizing artificial feeding, on the labels of the products;

viii. information to health workers should only be scientific and factual;

ix. information on artificial feeding should explain the benefits of breastfeeding and the costs and dangers associated with artificial feeding;

x. unsuitable products, such as sweetened condensed milk, should not be promoted for babies.

xi.

APPENDIX 2

PROVISIONS OF THE BABY-FRIENDLY HOSPITAL INITIATIVE

A. The Ten Steps to Successful Breastfeeding

1. Have a written Breastfeeding Policy that is routinely communicated to all health care staff.

2. Train all health care staff in the skills necessary to implement this policy.

3. Inform all pregnant women about the benefits and management of breastfeeding.

4. Help mothers initiate breastfeeding within a half -hour of birth.

5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.

6. Give newborn infants no food or drink other than breast milk, unless medically indicated.

7. Practice 'rooming-in' - that is, allow mothers and infants to remain together 24 hours a day.

8. Encourage breastfeeding on demand

9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

B. Feeding in the context of HIV/AIDS- private demonstration of formula preparation and feeding.

C. Provisions of the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions.

APPENDIX 3

GUIDELINES FOR COMPLEMENTARY FEEDING

After six months of age (180 days), complementary feeding should be introduced in addition to breastfeeding or breast milk. Infants who are not breastfed should continue to receive an appropriate breast milk substitute as well as complementary feeds.

Complementary foods for 6-24 months should be iron-rich foods (e.g meat, poultry and fish products, or fortified cereals/porridges), mashed or ground, and thickened with banana or other mashable fruit and/or thinned breast milk. The food should be dense (not able to drip off the spoon) and feeding should be interactive, with encouragement and stimulation for the child.

Quantity, variety and frequency of feeding:

AMOUNTS OF FOODS TO OFFER			
Age	**Texture**	**Frequency**	**Amount of food an average child will usually eat at each meal[1]**
6-8 months	Start with thick porridge, well mashed foods Continue with mashed family foods	2-3 meals per day plus frequent breastfeeds Depending on the child's appetite 1-2 snacks may be offered	Start with 2-3 tablespoonfuls per feed increasing gradually to ½ of a 250 ml cup
9-11 months	Finely chopped or mashed foods, and foods that baby can pick up	3-4 meals plus breastfeeds Depending on the child's appetite 1-2 snacks may be offered	½ of a 250 ml cup/bowl
12-23 months	Family foods, chopped or mashed if necessary	3-4 meals plus breastfeeds Depending on the child's appetite 1-2 snacks may be offered	$^{3}/_{4}$ to one 250 ml cup/bowl
If baby is not breastfed, give in addition: 1-2 cups of milk per day, and 1-2 extra meals per day.			

Source: WHO/UNICEF Complementary Feeding Counselling Course

The milk of choice for porridge is breast milk. If the mother is not breastfeeding, a suitable breast milk substitute is recommended as the milk to be added. Cow's milk alone is not recommended for infants less than one-year old as this may produce allergies and in addition contains limited iron. As the baby progresses from 6-24 months, the variety, amount, and size

(once the child can pick up food) of the complementary food is increased, ensuring that a variety of vitamin and nutrient rich foods are included in meals and snacks.

Most mothers discontinue breastfeeding when returning to work. However, breast milk expression is an excellent alternative, allowing continued breast milk feeding when mother is not home. Mothers should begin expressing and storing milk in the freezer about 2 weeks before beginning absences from the baby.

APPENDIX 4

SPECIAL CIRCUMSTANCES

Premature and SGA/Low Birth Weight

Breastfeeding and breast milk feeding is recommended for premature infants as the quality and composition of the mother's milk are specific to the needs of the infant. For low birth weight infants, it is suggested that more hind-milk be fed, so that the baby benefits from the higher caloric content.

Mothers must be allowed unrestricted visits to infants admitted to special care units to begin skin-to-skin familiarization, to receive assistance with milk expression, to transition to breastfeeding and to facilitate feeding on demand and night feeding. If the mother cannot be with her infant often enough, expressed breast milk should be fed by cup. In cases where a mother decides not to breastfeed, a special formula for premature infants is recommended.

Infants with Cleft Lip or Cleft Palate

Infants with cleft lip and/or palate are to be breastfed. This requires special skills and knowledge on the part of the caregiver. The mother must be provided with the support needed to give her the confidence and skills to succeed. If in doubt, refer to a Dietitian/Nutritionist/Lactation Consultant.

Infants delivered by Caesarean Section (C/S)

Infants delivered by C/S under general anaesthetic are expected to be put to the breast as soon as the mother is responsive. This is usually initiated in the recovery room.

Children 12 months to 2 years and beyond

Such children should be offered breastfeeding or replacement feeding plus 5-6 complementary feeds per day, ensuring a wide variety of foods. Emphasis should be placed on the consumption of nutrient rich foods, such as animal/fish products and iron fortified foods.

Infants Born to HIV Positive Mothers

As there is a risk of transmission of HIV through breastfeeding, infants born to HIV infected mothers should be given special consideration regarding breastfeeding, according to current National Guidelines. Cup feeding shall be encouraged.

Infants whose Mothers have Died

Infants whose mothers have died should be provided with adequate amounts of breast-milk substitutes. Families should be given support through the parish nutrition programmes. If difficulties arise, contact the Family Health Services or the Nutrition Unit in the Ministry of Health.

All donations offered under such circumstances shall be approved by and routed through the Family Health Services or the Nutrition Unit in the Ministry of Health.

APPENDIX 5

LIST OF PARTICIPANTS AT CONSULTATIONS

Stakeholders' Meeting
Courtleigh Hotel, New Kingston
2001 December 4

Participants	Institution/Organization
Genevieve Sydial	Abbott Laboratories
Allison Wedderburn	Abbott Nutritionals
Jennifer Williams	Bureau of Women's Affairs
Fitzroy Henry	Caribbean Food& Nutrition Institute
Elaine Baker	Children's Services Division, MOH
Sonia Copeland	Clarendon Health Department
Tressie Wallace	Department of Child Health, UWI
Fitz Brown	Early Childhood Unit, MOEYC
Celia Barnes	JAMAC/Private Sector Organization of Jamaica
Sharon Dawson	KSA Public Health Department
Stephen Robinson	KSA Public Health Department
Halcyone BurkegreenWilliams	Lasco Distributors
Angeline Gillings	Mead Johnson Nutritionals
Amarylis Gwendin	Mead Johnson Nutritionals
Beverley Gayle	Mead Johnson Nutritionals
Michelle Anglin Williams	Mead Johnson Nutritionals
Marlene Campbell	Medi Grace Limited
Lorna Gooden	Ministry of Agriculture- RADA
Chelsea Shelly Vernon	MLSS
Joan Supria	MLSS
Arlene Nicholson	MOH
Byron Hanna	MOH
Denise Duncan Goffe	MOH
Dr. Karen Lewis Bell	MOH

Participants	Institution/Organization
Levin Cooper	MOH
Lorna J. Edwards	MOH
Ms. Novelette Matterson	MOH
Peter J. Figueroa	MOH
Sharmaine Edwards	MOH
Stanley M. Clarke	MOH
Violet D. Griffith	MOH
Karelle Kidd	Nestle-JMP Jamaica Ltd
Reynaldo Hobson	North East Regional Authority
Abigail Harrison	Paediatric Association of Jamaica
Debbie Clarke Grant	Southern Regional Health Authority
Heather Reid Jones	St. Catherine Health Department
Alex McKenzie	UNICEF, Canada
Cheryl Gopaul	UNICEF, Jamaica
Kerida McDonald	UNICEF, Jamaica
Laila Ismail-Khan	UNICEF, Jamaica
Pauline Lovindeer	University Hospital of the West Indies
Jessica Atrio	Peace Corps Volunteer, ERTU

Consultative Workshop on Infant Feeding Policy Review
2003 March 19

Participants	Institution/Organization
Janet Brown	Caribbean Child Development Centre - UWI
Laura D. Richards	Caribbean Food & Nutrition Institute
Merris Murray	Early Childhood Commission
Christine Powell	Epidemiology Research Unit – UWI
Lisa Packer	KPMG Consulting Firm
Joan Clarke	Ministry of Health
Winston McCalla	Ministry of Health
Chelsea Shellie-Vernon	Ministry of Labour & Social Security
Arlene Nicholson	MOH
Byron Hanna	MOH
Karen Lewis Bell	MOH
Margaret Lewis	MOH
Princess Thomas-Osbourne	MOH
Violet Griffith	MOH
Minerva Thame	Paediatric Association of Jamaica
Heather Reid Jones	St. Catherine Health Department.
Janet Cupidon Quallo	UNICEF, Jamaica
Kerida McDonald	UNICEF, Jamaica
Miriam H.Labbok	UNICEF, New York
Pauline Lovindeer	University Hospital of the West Indies

National Consultation on Infant and Young Child Feeding
2009 June 11

Participants	Institution/Organization
Claude Braithwaite	Abbott Nutritionals
Genevieve Sydial	Abbott Nutritionals
Audrey Morris	CFNI
Beverley Lawrence	CFNI
Paula Trotter	CFNI
Dwayne Cargill	Office of the Children's Advocate
Winsome Smith	Children Service Division
Dorothy Campbell	Consumer Affairs Commission
Karlene Deslandes	Early Childhood Commission
Leslyn Clarke Wright	Facey Commodity
Lorna Squire	Facey Commodity
Kerryann Gordon	H.D. Hopwood
Mrs. Lorna Golding	Jamaica House
Yvonne Davis	JAPINAD
Halcyone Burke-Green Williams	Lasco Distributors
Diedre Mills	Ministry of Foreign Affairs & Foreign Trade
Mr. McIntosh	MLSS
Beverley Anthony	SERHA
Christine Calloo	MOH
Dawn Padilla	SERHA
Deon Bent	MOH
Eva Lewis-Fuller	MOH
Grace Allen Young	MOH
Hazelyn Williams	SERHA
Heather Wood-Mullings	SRHA
Jeffrey Latty	MOH
Kathleen Pratt	SERHA
Leila McWhinney	MOH
Marchelle Turner-Pitt	MOH
Marva Ximinnes	MOH
Meris Hopkins	NERHA
Michael Kington	WRHA
Michelle Coore Brown	SRHA
Natricha Levy	MOH
Opal Ruddock	SERHA
Pauline Lovindeer	UHWI

Participants	Institution/Organization
Rachel Nembhard	SERHA
Rowena Palmer	MOH
Sharon Dawson	SERHA
Stephanie Shaw-Smith	MOH
Stephen Robinson	SERHA
Tamu Davidson	MOH
Tracia Thomas Gayle	SRHA
William Broughton	MOH
Yvonne Munroe	MOH
Dianne Thompson	Nestlé, Jamaica
Marsha Woolery	Northern Caribbean University
Walter James	PIOJ
Christine Powell	Tropical Medicine Research Institute (TMRI)
Susan Bostolusso-Alli	Tropical Medicine Research Institute
Lola Ramocan	UNICEF
Ava Simpson	University of Technology
Morrison Spence	Bureau of Standards Jamaica Limited
Winsome Smith	Child Development Agency

Retreat of Policy Working Group
2009 September 14 – 18
Trelawny

Participants	Institution/Organization
Sharmaine Edwards	MOH
Marchelle Turner Pitt	MOH
Deon Bent	MOH
Hank Williams	MOH
Netricia Miller	Legal Officer, MOH
Sheleka Walker	MOH
Charmaine Plummer	MOH
Lola Ramocan	UNICEF
Paula Trotter	CFNI
Yvonne Davis	WRHA
Tracy Evans Gilbert	Consultant Paediatrician, WRHA

Consultation Workshop
Mystic Mountain
2011 August 18

Participants	Institution/Organization
Genevieve Sydial	Abbott Laboratories
Mr. Curtis Crooks	Alexandria Community Hospital
Sylvia Higgins Hinds	Alexandria Community Hospital
Dr. Mellisa Fisher	Annnoto Bay Hospital
Arlene Mighty	Annotto Bay Hospital
Dr. Iyer Ramos	Annotto Bay Hospital
Donna Bunnamon	Brown's Town Community College
Joan Campbell	Early Childhood Commission
Desmond Edwards	Guest
Shirley McGregor	Kiwanis Club
Halcyone Burke-Green Williams	Lasco Distributor
Andrew Bennett	MOH
Deon Bent	MOH
Rowena Palmer	MOH
Sharmaine Edwards	MOH
Teslyn Bryan	MOH
Peaches Carter	Member of the public (Mother)
Simone Medwinter	Member of the public (Mother)
Anwar Johnson	Nestlé
Deon Barrett	North East Regional Health Authority
Elaine Johnson Kelly	North East Regional Health Authority
Ilene Buckle-Brown	North East Regional Health Authority
Meris Hopkins	North East Regional Health Authority
Collette Callum	Port Maria Hospital
Bentley Steer	Portland Health Department
Nurse Raffington	Portland Health Department
Shawn Harriott	St .Ann's Bay Hospital
Donna Campbell Bryan	St. Ann Health Department
Dr. Carla Hoo	St. Ann Health Department
Nordia Campbell	Parish Manager, St. Ann
Carmen Smith	St. Ann's Bay Hospital
Fay Reid	Optimist International
Keith Richards	St. Ann's Bay Hospital
Marcia LaFayette	St. Ann's Bay Hospital
Patricia Murray	St. Ann's Bay Hospital
Mrs Kirkland-Henry	St. Mary
Ms Mcleod	St. Mary
Tashalee Miller	St. Mary
Mrs Pauline Steele Davis	St. Mary Health Department

Dr. Julia Porter	St. Mary Health Department

Western Regional Health Authority
Infant and Young Child Feeding Policy Consultation
2011 August 31
Montego Bay Civic Centre

Participants	Institution/Organization
Jasmine Carpenter	Montego Bay Community College
Parsha Budhoo	Chamber of Commerce
Yvonne Amair	Cornwall Regional Hospital
Everton Anderson	Cornwall Regional Hospital
Rosalee Brown	Cornwall Regional Hospital
Elaine McPherson	Cornwall School of Nursing
Rosemarie James	Hanover
Zena Thorpe	Hanover
Horace Hinds	Jamaica Observer
Halcyone Burkegreen Williams	Lasco Distributor – Western Region
Pauline Findlaytor	MLSS
Andrew Bennett	MOH
Angella Morris	MLSS
Deon Bent	MOH
Sharmaine Edwards	MOH
Teslyn Bryan	MOH
Marie Newman	Montego-Bay Nursing School
Leshon Douglas	Mother
Hazeline Forrester	Noel Holmes Hospital
Sabrina Gallimore Campbell	Noel Holmes Hospital
Millicent Dixon	St. James Health Department
Audrey Gilling	St. James Health Department
Nadean Simmonds Lewis	St. James Health Department
Vivian Lawe –Wint	St. James Health Department
Paula Barrett Brown	St. James Health Dept.
Ann McLeod	Trelawny Health Department
Audrey Carvalho	Trelawny Health Department
Dr. Lisa Wisdom	Trelawny Health Department
Norma Stephens	Trelawny Health Department
Princess Wedderburn	Trelawny Health Department
Kenneth Russell	UNICEF
Marsha Cole	University of Technology-School of Nursing
Dorrett Wilson	University of the West Indies- School of Nursing
Marceleen Wheatle	Western Regional Health Authority
Dr.Garfield Badal	Western Medical Association of Jamaica
Clinton Pickering	Western Mirror
Henrietta Harrison	Western Regional Health Authority
Luana Binns Watson	Western Regional Health Authority

Participants	Institution/Organization
Marcia Johnson Campbell	Western Regional Health Authority
Polly Ruddock	Western Regional Health Authority
Yvonne Davis	Western Regional Health Authority
Claudette Anderson	Westmoreland Health Department
Dawnett Kelly	Westmoreland Health Department
Pansy Brown	Westmoreland Health Department
Vivine Martin	Westmoreland Health Department

Focus Group Discussion
Support Breastfeeding
2012 December 5
Manchester

Participants	Institution/Organization
Nikindi Campbell	Mother
Tori Carty	Frankfield Primary & Infant School
Denise Colquhorn	Juci Patties
Barbara Pitter Reid	Manchester Cooperative Credit Unit
Alice Carney	Manchester Health Department
Althea Brown	Manchester High
Deon Bent	MOH
Sharmaine Edwards	MOH
Sharon Jones	MOH
Cynthia Blake	National Water Commission
Earl McLaughlin	Percy Junior Hospital
Melissa Reid	Power Services Co.Ltd.
Royden Longmore	Shoppers Fair –Manchester
Korell.Morris	Southern Regional Health Authority
Heather Wood-Mullings	Southern Regional Health Authority
Herschel Ismail	Southern Regional Health Authority
Marleen Tate-Thompson	Southern Regional Health Authority
Debbie Ann Williams Dyer	Tax Administrator Jamaica

Western Regional Health Authority
Focus Group Discussion -Breastfeeding in the Workplace
2012 December 11
Cornwall Regional Hospital Board Room

Participants	Institution/Organization
Bersie Hylton	Barracks Road Primary
Carlington McLennon	Cornwall Regional Hospital
Dr. K. Whyte	Cornwall Regional Hospital
Georgia Taylor	MLSS
Deon Bent	MOH
Sharmaine Edwards	MOH
Sharon Jones	MOH
Marjorie Spence	Mother
Darrion Smith	Mother
M. Johnson Anderson	St. James Health Department
Marceleen Whittle	St. James Health Department
Marcia Green	St. James Health Department
Amanda Thompson	Sunset Beach Resort
Keeble Downie	Tax Administration Jamaica
C. Evans Ricketts	Western Regional Health Authority
Yvonne Davis	Western Regional Health Authority
Kay-Dene Campbell	Westmoreland Health Department

Validation Workshop for the National Infant and Young Child Feeding Policy
2013 March 6
Jamaica Pegasus Hotel

Participants	Institution/Organization
Kaysia Butler	Andrews Memorial Hospital
Joyce Henry	Andrews Memorial Hospital
Pearlitta Lumsden	Jamaica Bureau of Standards
Dr. Mara HoSang	Bustamante Hospital for Children
Patricia Ingram Martin	Bustamante Hospital for Children
Debbie Ottey Golding	Clarendon Health Department
Dalcie Allen	Consumer Affairs Commission
Natrichia Levy McFarlane	Epidemiology Research Unit, MOH
Daisylyn Chin	Epidemiology Research Unit.MOH
Sophia Smith	Excelsior Community College
Donna Lewis	Facey Commodity Company
Toni-Ann Rankine	Jamaica Information Service
Chris Patterson	JIS
Angella Thomas	Mandeville Regional Hospital
Sharmaine Edwards	Ministry of Health
Lishaan Salmon	Ministry of Foreign Affairs and Foreign Trade
Stephanie Shaw Smith	Ministry of Health
Andriene Blackin	Ministry of Youth & Culture
Hon. Lisa Hanna	Ministry of Youth & Culture
Sadie Keating	Ministry of Youth and Culture
Alicia Pita	MOH
Deon Bent	MOH
Hon. Dr. Fenton Ferguson	MOH
Dr. Sonia Copeland	MOH
Ingrid Williams	MOH
Marjorie Taylor	MOH
Neville Graham	MOH
Sharon Jones	MOH
Shirley Hibbert	MOH
Stephen Robinson	SERHA
Takese Foga	MOH
Yvonne Munroe	MOH
Dianne Thompson	Nestle Jamaica
Dr. Erica Robinson Sturridge	Northern Caribbean University
Fitzroy Henry	PAHO
Gunilla Burgh	PAHO
Mareca Brown	PIOJ
Dawn Walters	South East Regional Health Authority

Participants	Institution/Organization
Sharon Dawson	South East Regional Health Authority
Alice Carney	Southern Regional Health Authority
Beverley Wright	Southern Regional Health Authority
Heather Wood Mullings	Southern Regional Health Authority
Marie Powell	Southern Regional Health Authority
Shirlene Marshall	Spanish Town Hospital
Staine Lane Marshall	Ministry of Industry, Investment and Commerce
Beverley Blake Scarlett	St. Ann Health Department
Deon Barrett	St. Ann Health Department
Patricia Murray	St. Ann's Bay Hospital
Janet D. Housen	St. Thomas Health Department
Kenneth Russell	UNICEF, Jamaica
Robert Fuderich	UNICEF, Jamaica
Pauline Lovindeer	University Hospital of the West Indies
Ava V. Simpson	University of Technology
Marjorie Ming	University of Technology/Cornwall School of Nursing
Melissa Walker	UWI School of Nursing
Valrie Taylor Smalling	Victoria Jubilee Hospital
Michael Kington	Western Regional Health Authority
Yvonne D. Davis	Western Regional Health Authority
Tiffany Brown	Abbott Nutritionals
Karlene DeGrasse Deslandes	Early Childhood Commission
Tasha Nembhard	Ministry of Agriculture and Fisheries
Netricia Miller	MOH
Doret Crawford	Coalition for better Parenting
Joyce Miller	Facey Commodity

APPENDIX 6

PROPOSED INDICATORS FOR ACTION PLAN IN SUPPORT OF NATIONAL INFANT AND YOUNG CHILD FEEDING POLICY

Goal:

To improve the nutritional status, growth and development, health; as well as reduce infant and young child morbidity and mortality through optimal feeding practices MDGs

Indicators of Achievement

i. Nutritional status (length/height-for-age, weight-for-age, weight-for length/height)
ii. Infant Mortality Rate/Under Five Mortality Rate
iii. Breastfeeding initiation rates
iv. EBF rates at 6 months
v. Continued Breastfeeding at 1 & 2 year
vi. Introduction of complementary foods
vii. Dietary diversity
viii. Consumption of iron fortified foods

Means of Verification

i. MCSR
ii. HMSR
iii. Nutrition surveillance
iv. Special surveys
v. Demographic statistics

Purpose:

Develop effective interventions to create supportive, sustainable environment for improving feeding practices

Indicators of Achievement

i. Number of Baby-friendly hospitals/facilities
ii. Legislation enforced
iii. Information system developed and approved

iv. Increase support to mothers/caregivers of young children
v. Number of persons trained and certified
vi. Change in KAPB in regards to IYC recommendations
vii. Number of community support groups established/strengthened

Means of Verification

i. Reports
ii. Surveys and other special reports
iii. Gazetted legislation
iv. Training records

Output 1:

Implementation of BFHI at maternal and child health facilities

Activities

i. Develop national and institutional plans for BFHI implementation
ii. Implement the BFHI plan
iii. Monitor the implementation of the plan

Indicators of Achievement

i. Compliance to BFHI criteria in at least 50% of institutions
ii. Re-assess at least 2 hospitals every year
iii. Certify at least one every year

Means of Verification

i. Reports from External Assessors

Output 2:

National legislation for implementation of the international code

Activities

i. Policy and Cabinet Submission prepared for Cabinet's approval
ii. Preparation of drafting instructions for submission to Chief Parliamentary Counsel along with supporting documents
iii. Settling of the draft bill

iv. Tabling of the bill in Parliament

v. Gazetting of National Infant and Young Child Nutrition Act.

Indicators of Achievement

i. Promulgation of legislation

Means of Verification

i. Gazetted legislation

Output 3:

Efficient and effective data management system in accordance with international standards

Activities

i. Develop and review data collection instruments

ii. Establish a data base

iii. Developed a standardized reporting format

iv. Prepared and disseminated periodic and annual reports

v. Develop and implement a training plan

vi. Conducted research studies

Indicators of Achievement

i. A system for documentation is institutionalized in computerized database

Means of Verification

i. Timely preparations of regular reports

ii. Exchanged, shared and disseminated information within MOH, NGOs and other donors

Output 4:

Educated, informed and skilled stakeholders

Activities

i. Developed a national training plan

ii. Implement the national training plan

iii. Monitor and evaluate the training programme
iv. Reviewed, revised and developed pre-service and in-service curricula

Indicators of Achievement

i. Completion of training programmes
ii. Change in KSA of stakeholders
iii. Enhanced capacity in IYCF counseling

Means of Verification

i. Training reports
ii. Survey Reports
iii. Pre and Post training evaluation

Output 5:

Increased community support to facilitate appropriate infant and young child feeding

Activities

i. Build capacity within the community to provide support for mothers/families
ii. Inter and intra sectoral collaboration with a view to increasing workplace support
iii. Monitor and evaluate level of community support

Indicators of Achievement

i. Increased activities organized and implemented at the community level
ii. Number of workplaces with interventions that support and facilitate breastfeeding

Means of Verification

i. Programme Reports

Output 6:

Improved knowledge, attitude and behavioral practices in target groups

Activities

i. Develop education/training plan for target groups
ii. Implement education/training plan for target groups
iii. Monitor and evaluate the effectiveness of education/training plans

Indicators of Achievement

i. Percentage of target groups educated/trained
ii. Change in KAB of target groups

Means of Verification

i. Pre and post KAB surveys
ii. Media recall surveys
iii. Pre and post tests
iv. Observation reports

Output 7:

Mobilize funding/resources to sustain IYCF interventions

Activities

i. Capacity building to develop proposals
ii. Preparation and submission of proposals
iii. Manage funds appropriately

Indicators of Achievement

i. Number of proposals developed and submitted to donors for funding
ii. Number of proposals approved and funding disbursed
iii. Utilization of funds to proposed program/project

Means of Verification

i. Proposals
ii. Financial reports
iii. Evaluation reports

APPENDIX 7

TERMS OF REFERENCE: NIYCF COMMITTEE

Name: National Infant and Young Child Feeding Committee

Background: Established as a stipulation of the Baby-friendly Hospital Initiative (BFHI)

Mandate: Spearheading Programmes and initiatives for the improvement of infant and young child feeding practices

Chairman: Director Nutrition

Composition: The Committee should comprise of representatives from the following Organizations, Entities and Agencies:

i. Breastfeeding Advocate
ii. Bustamante Hospital for Children
iii. Child Development Agency
iv. Community Representative
v. Early Childhood Commission
vi. Family Health Unit (MOH)
vii. Health Promotion and Education (MOH)
viii. Jamaica Employers Federation – co-opted as necessary
ix. Ministry of Labour and Social Security (co-opted as necessary)
x. North East Regional Health Authority
xi. Office of the Prime Minister
xii. Paediatric Association of Jamaica
xiii. Planning Institute of Jamaica (co-opted as necessary)

xiv. South East Regional Health Authority

xv. Southern Regional Health Authority

xvi. UNICEF

xvii. PAHO

xviii. University Hospital of the West Indies

xix. Victoria Jubilee Hospital

xx. Western Regional Health Authority

Quorum: Ten (10) members

Responsibilities of the Committee

1. To monitor the implementation of the BFHI
2. To provide technical support to facilities that provide maternity and paediatric services.
3. To develop and monitor implementation of the National Plan of Action for Infant and Young Child Feeding.
4. To coordinate training and ensure that current information is readily available.
5. To monitor compliance with national and international regulations.

Roles of the Committee Members

1. To provide technical guidance to the national programmes (HIV/Infant Feeding, BFHI, Nutrition Education/Promotion).
2. To facilitate coordination between sectors and relevant institutions that deal with infant and young child feeding.
3. To coordinate continuous revisions to and implementation of the Infant and Young Child Feeding Policy.
4. To serve as a member of at least one sub-committee.

Sub- Committees

Sub-Committees will be convened as necessary by the Sub- Committee Chairman. These committees are as follows:

1. Legislation
2. Training
3. Publicity
4. Monitoring and Evaluation

Frequency of Meetings: Fourth Friday of each month

Decisions: Moved by consensus or vote, when necessary

Budgetary Support: National Nutrition Programme and grant funding from international development partners. .