



## The State of Infant and Young Child Feeding (IYCF)

### Practices (Indicator 1-5)

Indicator 1:  
Early Initiation of  
Breastfeeding : **NA**

Indicator 2:  
Exclusive Breastfeeding for  
the first 6 months: **NA**

Indicator 3: Median Duration of breastfeeding: **NA**

Indicator 4:  
Bottle-feeding: **NA**

Indicator 5:  
Complementary Feeding: **NA**

Remarks: NA refers to not available.

### Policies and Programmes (Indicator 6-15)

**6. National Policy, Programme and Coordination**  
*Concerns national policy, plan of action, funding and coordination issues.*

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**7. Baby Friendly Hospital Initiative**  
*Concerns percentage BFHI hospitals, training, standard monitoring, assessment and reassessment systems.*

1

**8. Implementation of the International Code**  
*Concerns implementation of the Code as law, monitored and enforced.*

0

**9. Maternity Protection**  
*Concerns paid maternity leave, paid breastfeeding breaks, national legislation encouraging work site accommodation for breastfeeding and/or childcare and ratification of ILO MPC No 183.*

2

**10. Health and Nutrition Care Systems**  
*Concerns health provider schools and pre-service education programmes, standards and guidelines for mother-friendly childbirth procedures, in-service training programmes*

3.5

**11. Mother Support and Community Outreach-**  
*Concerns skilled counseling services on infant and young child feeding, and its access to all women.  
(During pregnancy and after birth)*

7

**12. Information Support**  
*Concerns national IEC strategy for improving infant and young child feeding, actively implemented at local levels.*

6

**13. Infant Feeding and HIV**  
*Concerns policy and programmes to address infant feeding and HIV issue and on-going monitoring of the effects of interventions on infant feeding practices and health outcomes for mothers and infants.*

4.5

**14. Infant Feeding during Emergencies**  
*Concerns policy and programme on infant and young child feeding in emergencies and material on IYCF in emergencies integrated into pre-service and in-service training for emergency management.*

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**15. Mechanisms of Monitoring and Evaluation System**  
*Concerns monitoring, management and information system (MIS) as part of the planning and management process.*

3

### Key to scoring, colour- rating, grading and ranking:

- The level of achievement of infant feeding practices is taken in 'percentage' except median duration, which is an absolute number of months.
- In the case of indicators 1 to 5 on practices, key to rating is used from the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". Scoring and colour-rating and grading are provided according to IBFAN Asia Guidelines for WBT. Each indicator is scored out of maximum of 10.
- For indicators 6 to 15, there is a sub set of questions leading to key achievement, indicating how a country is doing in a particular area. Each question has possible score of 0-3 and the indicator has a maximum of 10.
- IBFAN Asia Guidelines for WBT for rating and grading individual indicators 1 to 15 are as: 0 - 3 is rated Red or graded D, 4 - 6 is rated Yellow or graded C, 7 - 9 is rated Blue or graded B and more than 9 is rated Green or graded A.
- Total score of all indicators 1 to 15 is calculated out of 150.

### Key GAPS

- No Infant and Young Child Feeding / Breastfeeding policy
- No Central Breastfeeding Committee nor Breastfeeding Co-ordinator
- No territory-wide data on breastfeeding according to WHO indicators
- No accredited Baby Friendly Hospital
- Inadequate training of health workers on infant and young child feeding
- No comprehensive Information / Education / Communication programmes on breastfeeding
- No specific action to give effect to the International Code of Marketing of Breast-milk Substitutes
- Acceptance of free supplies of breastmilk substitutes
- Maternity leave below ILO recommendation
- No paternity leave
- Inadequate peer support
- No support for working mothers who breastfeed
- No structured monitoring and evaluation of practices, programmes nor violations of the Code

### Key Recommendations

- Establish a multisectoral Central Breastfeeding Committee with a Breastfeeding Co-ordinator
- Adopt the WHO Global Strategy on Infant and Young Child Feeding as policy
- Implement the Innocenti Declaration of 2005
- Collect data regularly according to WHO recommendations
- Train systematically all health workers
- Develop strategic Information / Education / Communication programmes
- Legislate or implement a strong voluntary Code of Marketing of Breast-milk Substitutes with sanctions for violations
- Hospitals to stop free supplies
- Adopt Mother/Baby Friendly practices in maternity services accreditation standards
- Extend Maternity leave to 14 weeks
- Provide paternity leave
- Train Peer Counsellors
- Provide support for working mothers who breastfeed
- Establish monitoring and evaluation system on practices, programmes and Code compliance

## HKSAR Assessment 2008

The World Breastfeeding Trend Initiative (WBTi) is developed by International Baby Food Action Network (IBFAN) Asia to assess the implementation of the WHO Global Strategy for Infant and Young Child Feeding. Currently over 50 countries are participating in the project with more expected in the year 2009. Part I of the assessment has five indicators on infant practices while Part II has 10 indicators on policy and programmes. The information collected will be the largest global database on policies and programmes for supporting breastfeeding.

Baby Friendly Initiative Hong Kong Association was invited by IBFAN Asia to co-ordinate the assessment for Hong Kong Special Administrative Region. The Consumer Council is the supporting organisation in the project.

Although HKSAR is not a country, the format of the assessment assists the Special Administrative Region in the identification of gaps and the recommendation of improvement measures in this very important area of public health. When the exercise is repeated in a few years, the trend and progress will be reflected. This report card summarises briefly the findings of the assessment by the working group after gathering information from government departments and non-government organisations.

### Supporting Organization

Consumer Council  
[www.consumer.org.hk](http://www.consumer.org.hk)

## Convention on the Right of the Child (CRC)

### CRC Commitment

The Convention on the Rights of the Child (CRC) was adopted by the United Nations in 1990. In 1994, the United Kingdom extended the ratification of the CRC to Hong Kong which continues to be applicable after the handover of the sovereignty to the People's Republic of China in 1997. Article 24 of the CRC states that the child has the right to "the enjoyment of the highest attainable standard of health" and that "all segments of society... have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding..."

### Recommendations of the CRC Committee 1996 & 2005

In the Concluding Observations of the UN Committee on the Rights of the Child on Hong Kong in 1996, Hong Kong was specifically recommended to review "the effectiveness of measures in place to support the policy of promoting and encouraging breast-feeding". It also "recommended that the question of the free distribution of powdered milk for babies in hospitals, as well as the compatibility of conditions of employment with the obligation laid down in the Convention to encourage breast-feeding, should form an integral part of such a review."

In the Concluding Observations on the second periodic report from China (including Hong Kong and Macau Special Administrative Regions) in 2005, the State party was urged "to develop policies and programmes to promote breastfeeding through strengthening of the International Code of Marketing of Breast-milk Substitutes in all parts of the State party... and through the promotion of Baby Friendly Hospitals in Hong Kong SAR".

## Global Commitments on Infant and Young Child Feeding

- **Global Strategy for Infant and Young Child Feeding 2002:** World Health Assembly (WHA) and UNICEF adopted the Global Strategy, which sets five additional targets: national policy on infant and young child feeding, community outreach, information support, infant feeding in difficult circumstances and monitoring and evaluation. [http://www.who.int/child-adolescent-health/New\\_Publications/NUTRITION/gst\\_ycf.pdf](http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/gst_ycf.pdf)
- **Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding 1990:** <http://www.unicef.org/programme/breastfeeding/innocenti.htm>
- **World Health Assembly Resolutions:** call upon Member States to implement policies and programmes to improve infant nutrition. The recent resolution adopted on May 27, 2006 calls on Member States to implement Global Strategy for Infant and Young Child Feeding and multilateral and bilateral donor arrangements and international financial institutions to direct financial resources for Member States to carry out these efforts. Resolutions 49.15, 58.32, 61.20 call upon member states to avoid conflicts of interests in programmes of child health. [http://www.who.int/gb/ebwha/pdf\\_files/WHA58/WHA58\\_32-en.pdf](http://www.who.int/gb/ebwha/pdf_files/WHA58/WHA58_32-en.pdf)  
[http://www.who.int/gb/ebwha/pdf\\_files/A61/A61\\_R20-en.pdf](http://www.who.int/gb/ebwha/pdf_files/A61/A61_R20-en.pdf)
- **WHO HIV and Infant Feeding Technical Consultation Consensus Statement, Geneva, October 25-27, 2006:** <http://www.who.int/hiv/mediacentre/Infantfeedingconsensusstatement.pdf>
- **Millennium Development Goals:** [www.un.org/millenniumgoals/](http://www.un.org/millenniumgoals/)
- **Innocenti Declaration 2005 on Infant and Young Child Feeding:** [www.unicef.org/nutrition/index\\_breastfeeding.html](http://www.unicef.org/nutrition/index_breastfeeding.html)
- **Maternity Protection Convention:** <http://www.ilo.org/>

**For detailed report please contact:**

### Regional Coordinating Organizations



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