



World Breastfeeding Trends Initiative (WBTi)

Assessment Report





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Report



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Thanks goes to Dr.Sci Brankica Maldenovic, The President of National Breastfeeding Committee for her special contribution in providing comprehensive data that make the Report valuable tool for further action in improving breastfeeding and young child feeding practices in the Country

We believe that this Report will be very useful to both governmental and non-governmental organizations in Macedonia for future planning and implementing interventions and nutrition improvement programs, ultimately contributing to the health of infants and young children in the country.

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Partners and data sources

1. Ministry of Health : National Breastfeeding Committee
2. UNICEFF Office –Skopje
3. Institute of Public Health
4. Health Center Skopje- Institute for mother and child health
5. State Statistical Office
6. University St Cyril & Methodius -Medical faculty
7. Neonatology Association of Macedonia

Abbreviations

BFHI	Baby Friendly Hospital Initiative
GSYCF	Global Strategy for Infant and Young Child Feeding
IYCF	Infant and Young Child feeding
IMCH	Institute for Mother and Child Health
IEC	Information , Education, Communication
IBFAN	International Baby Food Action Network
MOH	Ministry of Health
MDG	Millennium Developmental Goals
MBC	Mother baby Corner
NGO	Non Governmental Organization
WBW	World Breastfeeding Week

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I. Introduction

This **report** provides information about the status and benchmark the progress of the implementation of the Global Strategy for Infant and Young Child Feeding (GSIYCF) in R.of Macedonia. The data presented in the Report are based on innovative initiative, the World Breastfeeding Trends Initiative (WBTi), developed by IBFAN Asia .This initiative is a system for tracking, assessing and monitoring the implementation of GSIYCF with main objective to strengthen and stimulate breastfeeding action worldwide.

WBTi assessment tool has been used for data collection as a standardized tool for assessing national practices, policies and programs. All data can be used for international evaluation of the status of GSIYCF globally and across the countries on regional level.

The IBFAN representatives of R.of Macedonia took participation on the second regional workshop for Europe in Lisbon in October, 2016 and have entered in policy and program assessing process at the beginning of 2017.

The main findings are as follows:

- There is no separate comprehensive written infant and young child feeding policy. Different aspects are integrated into different documents and policies, such strategies, programs, action plans etc., which may undermine the full implementation.
- Although eighty percent of maternity hospitals were certified as Baby Friendly Hospitals according to joint WHO/UNICEF standards in year 2000, a recent review of the certified maternities showed that some of them did not maintained the conditions and will not be recommended for re-certification if they remain in their present condition.
- In the country, CODE legislation is not fully integrated in national legislation, but has some Code-related provisions is incorporated across different laws and other relevant documents. Some regulations are in place within "Food safety law" in the section related to labeling of the products in general without specific provision on labeling for infant formula.
- Maternity protection legislation stipulates 9 months maternity leave , breastfeeding breaks and other protection provisions , but the awareness of the employers is still very low regarding the importance of protection of their employees during pregnancy and motherhood. There is no strong legislation that provides effective protection of women during pregnancy and motherhood in informal sector.
- Breastfeeding is part of the training curricula for all health providers that interact with mothers (nurses, family doctors, pediatricians, gynecologists) and is integrated at various levels of education (under-graduate, post-graduate, in-service) and in various technical documents. But, still the breastfeeding/IYCF is not incorporated in comprehensive manner in the teaching curricula, and do not allow to health providers to attain sufficient practical skills for breastfeeding counseling and lactation management, while the implementation of technical guidelines is still in an early stage.
- Community based nursing services provided by patronage nurses are available and they are free of charge. They are providing preventive outreach health care services for all family members including pregnant women and mother and babies after birth. The number of community health nurses is unequally distributed throughout the country, leaving rural areas especially underserved
- The National Committee for Promotion, Support and Protection of Breastfeeding is leading organization in breastfeeding promotion activity in the country through its annual Action plan of activities. Some of activities are regular every year, and are part of annual Program for Health Protection of Mothers and Children. Main promotional breastfeeding activities are developing and distributing informational brochure and posters in mother and child health facilities as well as training of health providers in breastfeeding counseling. World Breastfeeding Week is celebrating every year as an opportunity for press conference with media organized by the Ministry of Health. Group of experts, members of the Committee,

announce a WBW and have short brief about the breastfeeding situation in Macedonia. Journalists from different media further broadcast the information for general public.

- The country has national program for protection of population from HIV/AIDS without mentioning any specific measures for prevention of vertical transmission of HIV ensuring healthy outcomes for both mothers and their babies. Specific guideline for infant feeding and HIV positive mothers is not available and this is the weakest chain in breastfeeding promotion and protections program in the country. At present, a National strategy for HIV /AIDS 2017-2020 is developing and HIV mother to child transmitting ion will be included in line with supporting mothers in their decisions on infant feeding.
- Republic of Macedonia was affected by the migrant crisis in 2015 and 2016 as a transition country from the migrant route to Europe. In March 2016, the migrant route was closed which created a situation when approximately 1600 refugees and migrants (40% of them children) were stranded in the two transit centers (one at the southern border and one at the northern border). As a result of that, The National Breastfeeding Committee in its "A two-year strategic action plan of the National Committee for promotion, support and protection of breastfeeding 2016-2017", included a section for breastfeeding and migrants crisis. This section defines and proposes several activities with the main goal to help migrant mothers to have appropriate support from the health system and other sectors to maintain breastfeeding and age-appropriate infant and young child feeding in transit settings.
- Monitoring of infant and young child feeding practice is not part of regular health statistic system, but some small scale nitrations studies have produced reliable data for infant and young child feeding practices in the country. UNICEF surveys are still the main data sources for monitoring infant and young feeding practices.
- In spite of the well-recognized importance of exclusive breastfeeding, the support system and breastfeeding practice is not widespread and affect breastfeeding indicators. The rate of EB is still very low (<25%), although proportion of children ever breastfeed is very high (>90%)

II. About World Breastfeeding Trends Initiative (WBTi)

The World Breastfeeding Trends Initiative (WBTi) is an innovative initiative, developed by IBFAN Asia, to assess the status and benchmark the progress of the implementation of the Global Strategy for Infant and Young Child Feeding at national level. The tool is based on two global initiatives, the first is WABA's (GLOPAR) and the second the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programs". The WBTi is designed to assist countries in assessing the strengths and weaknesses of their policies and programmes to protect, promote and support optimal infant and young child feeding practices. The WBTi has identified 15 indicators in two parts, each indicator having specific significance.

Part-I deals with policy and programs (indicator 1-10)	Part –II deals with infant feeding practices (indicator 11-15)
National Policy, Programme and Coordination Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding) Implementation of the International Code of Marketing of Breast milk Substitutes Maternity Protection Health and Nutrition Care Systems (in support of breastfeeding & IYCF) Mother Support and Community Outreach Information Support Infant Feeding and HIV Infant Feeding during Emergencies Mechanisms of Monitoring and Evaluation System	Early Initiation of Breastfeeding Exclusive breastfeeding Median duration of breastfeeding Bottle feeding Complementary feeding

Once assessment of gaps is carried out, the data on 15 indicators is fed into the questionnaire using the WBTi/web based toolkit which is specifically designed to meet this need. The toolkit objectively quantifies the data to provide a color- coded rating in Red, Yellow, Blue or Green. The toolkit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

Each indicator used for assessment has following components:

- The key question that needs to be investigated.
- Background on why the practice, policy or program component is important.
- A list of key criteria as subset of questions to be considered in identifying achievements and areas needing improvement, with guidelines for scoring, color-rating, and ranking how well the country is doing.

Part I: A set of criteria has been developed for each target, based on Global Strategy for Infant and Young Child Feeding (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005). For each indicator, there is a subset of questions. Answers to these can lead to identify achievements and gaps in policies and programs to implement Global Strategy for Infant and Young Child Feeding. This shows how a country is doing in a particular area of action on Infant and Young Child Feeding.

Part II: Infant and Young Child Feeding Practices in Part II ask for specific numerical data on each practice based on data from random household survey that is national in scope.

Once the information about the indicators is gathered and analyzed, it is then entered into the web-based toolkit through the ' WBTi Questionnaire'. Further, the toolkit scores and color- rate each individual indicator as per **IBFAN Asia's Guidelines for WBTi**

III. Country Background

Main demographic country data

The Republic of Macedonia is a small country in the Balkan Peninsula in Southeast Europe . According to the data from the last Census of Population, Households and Dwellings in 2002, the Republic of Macedonia had 2.022.547 inhabitants, which is 3.9% more compared with the Census in 1994 and 43% more compared with the Census in 1948. According to population estimates (on 30.06.2015), the Republic of Macedonia has 2 070 226 inhabitants, and the population density is 80.5 inhabitants per km².¹

As regards population ageing, in 2015, the participation of the young population (age group 0-14) in the total population was 16.7%, and the participation of the old population (age group 65 and over) was 12.8%.

In 2015, there were 23 260 births, of which 23 075 live births and 185 stillbirths. In the gender structure of live births, boys represent 51.8% of all life births, which means there were 107.6 boys per 100 girls. Total fertility rate (TFR) in 2015 was 1.49 live births per woman in reproductive age. According to the mothers' age, in 2015, 34.5% were live births from mothers aged 25-29. The mean age of mothers for all live births was 28.7 years, while the mean age of mothers at first birth was 27.0 years.

Changes in the age structure of the population have their impact on increasing death rates in the country. (9.9 Per 1000 in 2015) and decreasing natural increase. The average age at death is 70.4 years for males and 75.1 years for females, which means that women live 4.7 years longer on average.

The most common causes of death are circulatory diseases with 58.4% of the total number of deaths, followed by neoplasm with 18.3%, endocrine, nutritional and metabolic diseases with 4.3%, etc.

As a result of the declining birth rate and the increasing rate of general mortality in the last 10 years, the rate of natural increase has dropped from 2.0‰ (per 1000 population) in 2005 to 1.3‰ in 2015.²

Child survival and infant nutrition

There have been significant gains over the last decade in terms of improving mother and child health and its overall indicators reflect significant progress towards achieving its MDG goals by 2015. The data from the annual report of the Institute of Mother and Child Health (IMCH)³ has shown progress made since 2008 in terms of basic indicators. In 2015, total number of live births was 23075 and with 198 registered infant deaths infant mortality rate was 8.6 per 1000 live births. Despite improvements in the quality of neonatal and infant health care services, the decreasing perinatal mortality trend is considered to be very slow and the country still has the highest perinatal mortality in Europe, with 12,8 per 1,000 births against the European Union average of 6 per 1,000 births and the regional average of 11 per 1,000 births. This is as a result, primarily, of the high percentage of still births and premature births. Disparities in total infant mortality rate remain evident between urban and rural areas and among different socio-economic and ethnic groups.

The rate of skilled attendance at birth was with 98% nearly universal. On a national level 84% of deliveries are attended by a gynecologist – a rate which is considerably lower for the Roma minority (70%) and for women with no education (78%).

Safe Motherhood Strategy, as a leading Ministry of Health Policy document, recognizes that implementing best practice in the maternity service is crucial in providing high quality of perinatal care and success for promotion and supporting breastfeeding.

¹ MAKSTAT selection. - Skopje : State Statistical Office, 2016.

² http://www.stat.gov.mk/OblastOpsto_en.aspx?id=2 (last approach at 20.12.2016)

³ Annual Report: Health protection and health condition of mothers and children in R.of Macedonia in 2015 , Health center - Institute for mother and child health, Skopje , 2016

Basic mother and child health indicators in R.of Macedonia – 2009/2015

Indicator	2009	2010	2011	2012	2013	2014	2015	Differences 2014/2015
No of life births	23684	24296	22770	23568	23138	23767	23075	↓
Maternal mortality rate	4,2	8,2	4.4	4.2	4.3	12.7	-	↓
Perinatal mortality rate per 1000 births	16,4	12,6	12.3	12.8	14.3	12,7	12.8	→
Infant mortality rate per 1000 live births	11,7	7,6	7.5	9,7	10.2	9,9	8.6	↓
Under 5 mortality rate per 1000 live births	13,3	8,3	8.6	11.0	11.3	10,7	9.7	↓
Low birth weight rate (below 2500 gr)	8	7,8	7.0	7,2	7.4	7,2	7.6	↑

Source: Annual Report, Institute for mother and child health, Skopje 2016

According to the last national nutritional survey among mothers and children aged 6-59 months ⁴ 93.4% children at that age had been breastfed at some point in their lives.

Both exclusive breastfeeding practices and duration of breastfeeding rates are low in Macedonia. The duration of breastfeeding rates are relatively short, with less than half of children in the sample still being given breast milk after 12 months of age.

In the same research, data has showed the prevalence of underweight in the sample of children was 2.5%.

Underweight was significantly higher among boys than girls (3.5% vs. 1.5%), among children 12-35 months of age, children in the East region and among Roma children (6.4%).

Underweight prevalence was highest in the subgroup of children with low educated and illiterate mothers.

Regardless of this, overweight is a more common problem than wasting in Macedonian children 6-59 months of age. The prevalence of overweight and obesity was not gender and age related (no differences between boys and girls and among different age groups). However, 23.7% of children aged 12-23 months of age were overweight and this was significantly higher comparing other age groups.

The prevalence of anemia for all children in the study was 21.8%, compared to 16.7% in the European Region ⁵. The study results have shown that the prevalence of anemia was significantly higher than the national average (21.8%) for children in the North East (29.3%) and Skopje (24.3%) regions, rural areas (26.0%), for boys (25.8%), younger children (6-11 months of age, 43.6%; 12-23 months of age, 45.3%), Roma (34.4%), Albanian (30.2%) and Turkish (28.1%) ethnicities, and those with poor maternal education, poor income and poor dietary diversity.

Breastfeeding policy –challenges and perspectives

The Ministry of Health of the Republic of Macedonia, in cooperation with the UNICEF Skopje Office, started in 1999 the implementation of the project “Baby Friendly Hospital Initiative” – Standardization of the care in the maternity hospitals in the Republic of Macedonia. The basic goal

⁴ National nutritional survey in Macedonia among women of reproductive age and children 6-59 months of age, UNICEF, Skopje, 2011

⁵ WHO, CDC. *Worldwide prevalence of anaemia, 1993-2005*. WHO Global Database on Anaemia. Geneva, World Health Organization, 2008.

of this Initiative was to achieve such organizational and infrastructural changes in the maternity hospitals accompanying with trainings of the whole maternity staff. Hospitals went through an extensive assessment by an external team and then were required to keep up these standards through annual audits and regular external assessments. As a final result of the preliminary assessment and evaluation of the maternity hospitals with regard to the implementation of the "10 steps", completed in the 1999-2000 period, 25 hospitals out of 27 in the Republic of Macedonia were certified as meeting the standards of the "Baby Friendly Hospitals" program.

The finding that 87.5% of the infants were breastfed exclusively immediately after discharge from the maternity hospital (in the first 10 days) points to the fact that mothers learnt successfully the technique of breastfeeding in the hospital as a result of the greater support from the medical personnel, and the implementation of the new policy with full enforcement of the 10 steps to successful breastfeeding as a standard for work of the BFH in the Republic of Macedonia.

Although eighty percent of maternity hospitals were certified as Baby Friendly Hospitals according to UNICEF standards, a recent review of the certified maternities showed that some of them did not maintained the conditions and will not be recommended for re-certification if they remain in their present condition.

IV. Assessment process followed by the country

A comprehensive Global Strategy for Infant and Young Child Feeding (GSIYCF), which was developed during the period 1999–2001, was formally endorsed by the World Health Organization's governing bodies in 2002. The Global Strategy builds on past and continuing achievements, including the International Code of Marketing of Breast-milk Substitutes (1981) and the Baby-friendly Hospital Initiative (1991) and Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding (1990).

In 2003, WHO launched a tool for assessing national practices, policies and programs related to implementation of the GSIYCF. This assessment tool is designed to assist in gathering and presenting relevant information; in determining the strengths and weaknesses of national policies and programs to protect, promote and support appropriate feeding practices; and in deciding where improvements may be needed to meet the aim and objectives of the Global Strategy.

Inspired by Strategy initiatives, IBFAN Asia and BPNI has developed WBTi as a system for tracking, assessing and monitoring the implementation of GS and organized training workshops aimed to build capacity of interested countries in order to make assessment process functional and collect all relevant data in more organized and systematic way. The 3 day integrated WBTi & WBCi training program is designed for training of country representatives who wish to conduct WBTi assessment and apply WBCi tools in their country. The 3 day program covers all aspects of WBTi assessment and introduces the WBCi tool and practical exercise of working on the tool.

In October 19-21, 2016 a training workshop, funded by IBFAN Asia, was held in Lisbon, Portugal and 6 countries expressed their commitment to apply WBTi assessment tool and to produce national Report by May 2017 (Albania, France, Lithuania, Moldova, Spain and Macedonia.)

The workshop participants from Macedonia were Biljana Anchevska – pediatrician and Nadica Janeva – public health specialist and health statistician. They represent IBFAN group from Macedonia and were highly experienced in country Breastfeeding promotion and protection policy. Upon return from Portugal, workshop participants took the following actions in order to initiate the WBTi process:

- Meeting with the President of National Breastfeeding Committee and introduced this tool as an opportunity to evaluate country infant feeding policy with highly participatory approach. Dr. sci Brankica Mladenovic, praised the initiative as an excellent way of evaluating the infant feeding situation in Macedonia, and expressed support for the WBTi using participatory approach in collecting and analyzing data related to infant and young child feeding.
- On December 20, 2016 a orientation workshop was carried out for invited participants who are dealing with infant health and nutrition. The workshop was conducted by Biljana Anchevska and she sensitized the participants with the objectives and the process of WBTi. She was appointed as a WBTi coordinator. She used to be a national breastfeeding coordinator in period 2000- 2009 and was very much involved in Baby Friendly Hospital Initiative supported by MoH and UNICEF country office. At present, she is working in well baby clinic in the capital and actively supports breastfeeding through pediatric counseling services.
- Six core group members (CGM), in addition to the national WBTi coordinator, were selected and agreed to participate. They are:

Dr. Biljana Anchevska – pediatrician – national WBTi coordinator

Brankica Mladenovic, NBC president,

Dr. Dance Gudevskaja - UNICEF Health and Nutrition Officer,

Dr. Marina Poplazarova- neonatologist – Member of NBC,

Dr. Nadica Janeva- public health specialist – Institute for mother and child health

Emilija Miladinova – legal adviser ECD COR and project administrator

Prof. dr. sci. Sonja Peova – University Pediatric Clinic

Dr. Biljana Ancevska presented the key elements of the Initiative focusing on WBTI assessment tool. Each member was provided with relevant documents for further reading and invited to select three indicators which they would like to assess.

For the quality of the Report, group members suggested to think about additional possible persons /professionals who can support the assessment and report developing with their expertise and experience in the field of infant nutrition (to use them as key informants for particular topics)

Data collection process was conducted In the period January – April , 2017 following by several consultation meetings with CGM in order to discuss the relevance of the findings and additional support needed for clarification .

Draft Report is communicated with BPNI and finalized based on the suggestions and recommendation for improvements ,and promotional event and Call for action was launched.

V. Assessment Findings

Indicator 1: National Policy, Program and Coordination

Key question: Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government program? Is there a mechanism to coordinate like National infant and young child feeding committee and a coordinator for the committee?

Guidelines for scoring		
Criteria	Scoring	Results
		✓ <i>Check any one</i>
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	1	
1.2) The policy recommended exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	1	✓
1.3) A national plan of action developed based on the policy	2	✓
1.4) The plan is adequately funded	2	
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1	✓
1.6) The national breastfeeding (infant and young child feeding) committee meets, monitors and reviews on a regular basis	2	✓
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5	
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level.	0.5	
Total Score	6/10	

Information Sources Used:

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Conclusions

The protection, promotion and support of breastfeeding has been identified in many national policy documents as a major public health issue which all promote practices that are consistent with international guidelines. A number of different strategies, programs and action plans that have been developed in the last decade, have included interventions with aim of improvement of breastfeeding culture in the country. All of these documents has been developed in different periods of time and thus continuously reinforce the importance of breastfeeding. There is no separate comprehensive policy that integrates all aspects, which might affect the coordination, further implementation and proper budgeting of the interventions.

Additionally, several different institutions and health professionals are involved in promotion and protection of breastfeeding, such public health institutions (Ministry of Health, Institute of Mother and Child Health, Institute of Public Health) and different levels of the health system, such maternities from secondary/tertiary level, gynecologists and patronage nurses from primary care level, which impose a need for creation of a body with mandate to coordinate activities and interventions.

National Committee for promotion, support and protection of breastfeeding was initially created in 2001 and re-created in 2013. It is Ministerial appointed, multi-disciplinary advisory body that includes members from different professional background: neonatologists, pediatricians, obstetricians and gynecologists, epidemiologist, public health specialist, patronage nurse, all representatives from the health sector (Ministry of health, maternity wards, primary health care, UNICEF representative). The current President of the Committee is public health specialist. All members including the President work on voluntary basis. Representatives from other sectors and from civil society are not yet included in the Committee, but inter sectoral approach is important aspect so it would be useful to include members/representatives from sectors other than health and from the civil society (whole-of-government and whole-of-society approach). Several civil society organizations have developed community-based network and provide support to mothers during pregnancy and after delivery, thus becoming an important partner to the health system.

The Committee's primary role is advisory, and is focusing on giving expert opinions on the protection and promotion of breastfeeding in the country, and is involved in preparation of strategic documents, preparation of recommendations for improvement of the breastfeeding rate, in coordination of promotion activities such celebrating World Breastfeeding Week, communication with media, emphasizing the importance of the International Code on the Marketing of Breast milk Substitutes, collaboration with UN organizations and with other stakeholders. Meetings are held regularly 2-3 time per year, and each meeting minutes are distributed to the Ministerial cabinet and to all members of the Committee.

National Committee for promotion, support and protection of breastfeeding, in 2013 started to develop biannual Strategic Action Plans where proposing and prioritizing interventions according to the current situation in breastfeeding in the country. This Strategic Action Plan is actually internal document, trying to synthesize in one place all relevant interventions that are important for further development of a breastfeeding supportive culture in Macedonia. It is mostly focused on the health system interventions, but the Committee recognizes the importance of other sectors and is trying to involve them in the proposed activities. Some of this activities are budgeted and implemented each year through the Program for Active Health protection of Mothers and children (annual preventive MOH Program), but it is not sufficient to cover all proposed activities. Many of the activities that are proposed by the Committee cannot be fully implemented because there is no separate budget.

Since the Macedonia is on the migrant transit route from 2015, breastfeeding in emergency situations was included in the last activities in Strategic Action Plan 2016-2017 which are grouped around four main goals:

All families have the knowledge, skills and support to make informed infant feeding decisions.

The health system takes responsibility for developing and implementing evidence based breastfeeding policies and practices.

Legislation and public policies promote, support and protect breastfeeding in the country.

Women in refugee and migrant transit settings have appropriate support from the health and other sectors to maintain breastfeeding and appropriate infant and young child feeding.

Gaps:

- There is no separate comprehensive written infant and young child feeding policy. Different aspects are integrated into different documents and policies, such strategies, programs, action plans etc., which may undermine the full implementation.
- National Committee for promotion, support and protection of breastfeeding is advisory body to the Minister of Health, with mandate to propose interventions for promotion and protection of breastfeeding; there is no separate budget that might affect the implementation of the proposed interventions as they require human and financial resources.
- All members of the Committee are from the health sector, with no representatives from other sectors and from the civil society.
- There is a lack of coordination, networking and communication between sectors, institutions and the civil society.
- Health workers (patronage nurses, neonatologists, midwives, preventive teams) receive in-service training mostly about breastfeeding counseling and managing of the most common problems during breastfeeding, but the amount of hours are not sufficient, nor the training curricula is comprehensive enough. Comprehensive curriculum requires more training hours, higher logistic costs etc.
- Pre-service education system is not sufficiently inclusive for breastfeeding and infant and young child feeding. Few aspects are part of pre-service educational curricula, such benefits from breastfeeding and psychological mechanism, while many other aspects such breastfeeding and complementary feeding counseling, management of problems or International Code of Marketing on Breast milk Substitutes, are not part of it.
- International Code of Marketing on Breast milk Substitutes is partially implemented into the national legislation; not all health professionals are sufficiently informed about the Code, especially new generation of health professionals due to different reasons.

Recommendations:

- National Committee for promotion, support and protection of breastfeeding need to widen it's mandate on young child feeding issues, as now is more focused solely on breastfeeding.
- Committee should include representatives from other sectors that are relevant (education, social policy, local governance) and from the civil society.
- There is a need for creating mechanisms for sustainable financing model of the Committee. Action plan that are developed by the Committee should become integrated part of wider national nutrition policy.
- There is a need for development of clear terms of reference of the President of the Committee.
- Policies on infant and young child feeding should be integrated into one comprehensive policy according to EU Commission and WHO Infant and young child feeding: standard recommendations for the European Union, in order to improve the implementation.
- Legislation framework should be revised in order to identify ways for better implementation of the Code; The Breastfeeding Committee should have a leading role in the process.

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding 6)

Key questions:

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

What is the quality of BFHI program implementation?

Guidelines – Quantitative Criteria

2.1) 0 out of 30 total hospitals (both public & private)and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly” in the last 5 years 0 %

Guidelines for scoring		
Criteria	Scoring	Results Check only one which is applicable
0	0	
0.1 - 20%	1	
20.1 - 49%	2	
49.1 - 69%	3	
69.1-89 %	4	
89.1 - 100%	5	
Total rating	0 / 5	

Guidelines – Qualitative Criteria

Quality of BFHI program implementation:

Guidelines for scoring		
Criteria	Scoring	Results Check that apply
2.2) BFHI program relies on training of health workers using at least 20 hours training program ⁷	1.0	√
2.3) A standard monitoring ⁸ system is in place	0.5	

⁶ **The Ten Steps To Successful Breastfeeding:** The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The steps for the United States are:

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast milk, unless medically indicated.
7. Practice “rooming in”-- allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

⁷ IYCF training programmes such as IBFAN Asia’s ‘4 in1’ IYCF counseling training programme, WHO’s Breastfeeding counseling course etc. may be used.

2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5	
2.5) An assessment system relies on interviews of mothers.	0.5	
2.6) Reassessment ⁹ systems have been incorporated in national plans with a time bound implementation	1.0	
2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5	
2.8) HIV is integrated to BFHI programme	0.5	
2.9) National criteria are fully implementing Global BFHI criteria (See Annex 2.1)	0.5	
Total Score	1 /5	
Total Score	1/10	

Information Sources Used (please list):

1. Institute for social and political research :Evaluation of the "Baby Friendly Hospitals" Project in the Republic of Macedonia, Skopje , 2001
2. UNICEF/MOH :Assessment of quality of care in maternity hospitals in R.of Macedonia ,2009, Skopje

Conclusions

The Ministry of Health of the Republic of Macedonia, in cooperation with the UNICEF Skopje Office in 1999 had started with the implementation of the project "Baby Friendly Hospital Initiative" – Standardization of the care in the maternity hospitals in the Republic of Macedonia. The basic goal of this Initiative was to improve the quality of maternal and infant health care in the maternity hospitals accompanying with facilities rehabilitation and following trainings of the maternity staff and community nurses . WHO/UNICEF breastfeeding counseling training package has been used for training purposes. International breastfeeding consultants accomplished ToT workshop (40 hours) for establishing group of national trainers for rolling out trainings for all mother and child health care professionals

Within this national BFHI Program, all maternity hospitals went through an extensive assessment by an external team and were required to keep these standards through annual audits and regular external assessments. As a final result of the preliminary assessment and evaluation of the maternity hospitals with regard to the implementation of the "10 steps", completed in the 1999-2000 period, 25 hospitals out of 27 in the Republic of Macedonia were certified as meeting the standards of the "Baby Friendly Hospitals" program.

The finding that 87.5% of the infants were breastfed exclusively immediately after discharge from the maternity hospital (in the first 10 days) points to the fact that mothers learnt successfully the technique of breastfeeding in the hospital as a result of the greater support from the medical personnel, and the implementation of the new policy with full enforcement of the 10 steps to successful breastfeeding as a standard for work of the BFH in the Republic of Macedonia.

⁸ **Monitoring** is a dynamic system for data collection and review that can provide information on implementation of the *Ten Steps* to assist with on-going management of the *Initiative*. It can be organized by the hospitals themselves or at a higher level in the system. Data should be collected either on an ongoing basis or periodically, for example on a semi-annual or yearly basis, to measure both breastfeeding support provided by the hospitals and mothers' feeding practices.

⁹ **Reassessment** can be described as a "re-evaluation" of already designated baby-friendly hospitals to determine if they continue to adhere to the *Ten Steps* and other babyfriendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for the purpose of evaluating on-going compliance with the *Global Criteria* and includes a reassessment visit by an outside team. Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.

In year 2003 all maternity hospitals went through the reassessment process done by 8 external assessors and some recommendation were given for improving maternity practices in order to keep BFH standards on satisfactory level and to designated them for recertification .At that time, most of the maternity word were not updated their certification as BFH's and they had been left to fulfilled all required standards. This reassessment was supported by UNICEF country office and was not established as national standard of maternity care monitoring system.

Although eighty percent of maternity hospitals were certified as Baby Friendly Hospitals according to joint WHO/UNICEF standards, a recent review of the certified maternities showed that some of them did not maintained the conditions and will not be recommended for re-certification if they remain in their present condition. Main concluding notes are as follows:

The BFHI is a comprehensive and multi - component program for implementing evidence-based practices to protect, promote, and support breastfeeding. This review identified different levels of barriers to the adoption 10 steps to successful breastfeeding, which can help inform more strategic planning of BFHI implementation activities in different health care settings.

In 1999 , the MoH in R.of Macedonia had launched BFH Program with extensive support by UNICEF Country Office and 80% of maternity hospitals had fully implemented all BFH Standards

In last 5 years no action is taken for revitalizing any BFH policies neither on individual hospital level nor on national health system level. Documenting reports for any single initiative are missing.

At present , maternity hospitals do not have a written policy that addresses promotion, protection and support for breastfeeding,

Reporting procedure for BF status of maternity hospitals in the country is missing

Privatization and extensive turnover of the medical staff in maternity hospitals accompanying by lack of resources for establishing regular monitoring system in line with BFHI policy as a main pillar of quality of perinatal and obstetric care are main obstacles for long-standing baby friendly policy in maternity hospitals.

In- service training for health professionals (medical doctors, pediatricians, neonatologists and obstetricians) is established as a standard relicense procedure , but BFHI training package is not included

Gaps :

- Strategies for enhancing BFHI program implementation and continuation and expansion of program evaluation activities are missing
- Assessment and reassessment of health care practices in maternity hospitals are not in place
- Lack of hospital budget line for self assessment of their own care practices in promoting protection and support breastfeeding practices
- New established Agency for Accreditation of Health Care Institutions, has not yet developed accreditation standards for maternity hospitals with line of BFH standards
- No existence of health system approach in providing sustainability in donor driven initiatives (UNICEF)

Recommendations :

- More research studies are now needed to move beyond barriers and identify the most effective strategies for wider implementation of the BFHI
- Reassessment of all designated BF hospitals and identification all weakness and strengths in providing supportive breastfeeding environments.
- Identification of 5 hospitals with strong breastfeeding supportive practices in mother and newborn health care
- Developing action plan for identified hospitals for fully implementation of 10 steps to successful breastfeeding

Indicator 3: Implementation of the International Code of Marketing of Breast milk Substitutes

Key question: Is the International Code of Marketing of Breast milk Substitutes and subsequent WHA resolution are in effect and implemented? Has any new action been taken to give effect to the provisions of the Code?

<i>Guidelines for scoring</i>		
Criteria (<i>Legal Measures that are in Place in the Country</i>)	Scoring	Results
3a: Status of the International Code of Marketing		
3.1 No action taken	0	
3.2 The best approach is being considered	0.5	
3.3 National Measures awaiting approval (for not more than three years)	1	
3.4 Few Code provisions as voluntary measure	1.5	
3.5 All Code provisions as a voluntary measure	2	
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	3	
3.7 Some articles of the Code as law	4	✓
3.8 All articles of the Code as law	5	
3.9 Relevant provisions of WHA resolutions subsequent to the Code are included in the national legislation ¹⁰ Provisions based on at least 2 of the WHA resolutions as listed below are included Provisions based on all 4 of the WHA resolutions as listed below are included	5.5 6	
3b: Implementation of the Code/National legislation		
3.10 The measure/law provides for a monitoring system	1	✓
3.11 The measure provides for penalties and fines to be imposed to violators	1	✓
3.12 The compliance with the measure is monitored and violations reported to concerned agencies	1	
3.13 Violators of the law have been sanctioned during the last three years	1	
Total Score (3a + 3b)	6/10	

Information Sources Used (please list):

1. www.iph.com.mk/ National Action Plan on Food and Nutrition 2016-2025,
2. Breastfeeding in the Republic of Macedonia: A two-year strategic action plan of the National Committee for promotion, support and protection of breastfeeding 2016-2017. Internal document
3. <http://zdravstvo.gov.mk/wp-content/uploads/2012/12/strategija-bezbedno-majcinstvo.pdf>
4. [www.sluzben vesnik na R.M no192/2016/PROGRAMA-MAJKI-I-DECA-2016.pdf](http://www.sluzben-vesnik-na-rm.no192/2016/PROGRAMA-MAJKI-I-DECA-2016.pdf)
5. <http://lkm.org.mk/VoxMedici/86.pdf>
6. www.who.int/nutrition/publications/code_english.pdf

¹⁰ Following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.

1. Donation of free or subsidized supplies of breastmilk substitutes are not allowed (WHA 47.5)
2. Labeling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
3. Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
4. Labels of covered products have warnings on the risks of intrinsic contamination and reflect the FAO/WHO recommendations for safe preparation of powder infant formula (WHA 58.32, 61.20)

7. <http://www.ibfanicdc.org/index.php/publications/publications-for-sale>
8. [www.sluzben-vesnik na R.M no24/2011/Consumer protection law,2015](http://www.sluzben-vesnik-na-rm.no24/2011/Consumer-protection-law,2015)
9. [www.pravdiko.mk /Food safety law.2015,](http://www.pravdiko.mk/Food-safety-law.2015)
10. WHO. UNICEF. IBFAN. Marketing of Breast-milk Substitutes: National Implementation of the International Code. Status Report 2016. Geneva: World Health Organization; 2016.

Conclusions:

In the country, CODE legislation is not fully integrated in national legislation, but has some Code-related provisions incorporated across different laws and other relevant documents. Some regulations are in place within "Food safety law" in the section related to labeling of the products in general without specific provision on labeling for infant formula. Food safety law is dealing with ban on nutrition and health claims which might mislead the consumers in general but not specific on breast milk substitutes. Monitoring of enforcement of the food safety law is undertaken by the Agency for veterinary and food together with the Ministry of health.

The National Breastfeeding Committee has strategy and action plan for the protection of breastfeeding in such a way that all practices used by distributors of breast milk substitutes, included in the Code, are recognized and not accepted.

The MOH through Institute for public health and Institute for mother and child health are developing and distributing parental materials on infant and child feeding.

The country has official Agency for accreditation of the hospitals but has not monitor yet whether maternity hospitals meet the Global Criteria and thus fully comply with the Ten Steps, and whether they continue to maintain the required standards.

There is no official data on Code and relevant resolutions violation in maternity hospitals. Company representatives are visiting health care professionals (pediatricians, nurses and midwives) and promote their products directly to healthcare workers in their offices. Promotion of breast milk substitutes are providing during professional conferences and other professional events. Promotion of breast milk substitutes is also evident through mass media targeting general public including families with infants and young children.

In the past (to year 2002) the country had made great effort to implement the Code provisions into national legislation. In that period the country had 25 out of 27 maternity hospitals, certified as BF that guarantees fully implementation of the CODE. Sanitary inspectors from the Ministry of health were trained to monitor the implementation of code provisions on point of sale. Additional, monitoring of Code violations was conducted by IBFAN group as well. The last data reporting CODE Status in the Country (ref.10) is related to data from 2002. No action is reported since 2002.

Gaps:

- Low level of awareness among officials about the International CODE and relevant resolutions and its importance in promoting and protection of breastfeeding
- Macedonia has no dedicated Code legislation, and Code-related provisions incorporated in other legal measures are not enough visible for appropriate surveillance and monitoring practices
- Macedonia has not monitor yet whether the hospitals which has been certificated as BFH continue to maintain the required standard related to the CODE
- Marketing practices used by baby food companies are not monitoring accordingly

Recommendations:

- Capacity building activities targeting governmental officials, health professional organizations, baby food companies and general public in creating CODE related legislative environment.
- Improving the legislative framework within the "Food safety law" and make some provisions more visible for appropriate surveillance and monitoring practices
- Raising awareness among health professionals working on mother and child health about the importance of CODE in promotion and protection of breastfeeding among infants and young children
- Establishing monitoring processes and reporting the CODE violations

Indicator 4: Maternity Protection

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

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results Check <input checked="" type="checkbox"/> that apply
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave a. Any leave less than 14 weeks 14 to 17 weeks 18 to 25 weeks <u>26 weeks or more</u>	0.5 1 1.5 <u>2</u>	<input checked="" type="checkbox"/>
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. a. Unpaid break b. Paid break	0.5 <u>1</u>	<input checked="" type="checkbox"/>
4.3) Legislation obliges private sector employers of women in the country to <i>(more than one may be applicable)</i> <u>Give at least 14 weeks</u> paid maternity leave Paid nursing breaks.	<u>0.5</u> <u>0.5</u>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector. <i>(more than one may be applicable)</i> Space for Breastfeeding/Breastmilk expression Crèche	1 0.5	
4.5) Women in informal/unorganized and agriculture sector are: accorded some protective measures accorded the same protection as women working in the formal sector	0.5 1	
4.6) . <i>(more than one may be applicable)</i> a. Information about maternity protection laws, regulations, or policies is made available to workers. b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	0.5 0.5	<input checked="" type="checkbox"/>
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	
4.9) There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	<input checked="" type="checkbox"/>

4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	✓
Total Score:	6/10	

Information Sources Used (please list):

- 1 Labour law of Republic of Macedonia. Official Gazette of Republic of Macedonia, No. 167, 28 September, 2015. Available at: http://www.mtsp.gov.mk/content/pdf/zakoni/30.9_ZRO%20precisten%20167%2015.pdf.
- 2 Law on prevention and protection from discrimination. Official Gazette of Republic of Macedonia, No. 50, 13 April, 2010. Available at: http://mtsp.gov.mk/WBStorage/Files/diskriminacija_zakon.pdf.
- 3 Health Insurance Law of Republic of Macedonia. Official Gazette of Republic of Macedonia, No. 91, 2013. Available at: [http://www.fzo.org.mk/WBStorage/Files/Zakon%20za%20zdravstveno%20oisguruvanje%20\(Interen%20precisten%20tekst\).pdf](http://www.fzo.org.mk/WBStorage/Files/Zakon%20za%20zdravstveno%20oisguruvanje%20(Interen%20precisten%20tekst).pdf)

Conclusions:

Employment issues and rights are mainly governed by the Labor law of Republic of Macedonia. According to Labor Law of Republic of Macedonia, the employer is prohibited from putting the applicant for a job or a worker in an unequal position because of racial or ethnic origin, color, sex, age, health condition or disability, religious, political or other beliefs, union membership, national or social origin, family status, economic status, sexual orientation or other personal circumstances. There is a special article in the Law (Article 9), which protect from discrimination "women that are pregnant, during delivery and parenting".

The employer is obliged to provide the pregnant and lactating women with safe working environment; when the employer is informed that a employee is pregnant, he is obliged to assess the health risk and introduce measures that will protect her from harm (Article 41).

Regarding the job security, the employer is not allowed to dismiss an employee "during the pregnancy, delivery and parenting" (Article 101).

In accordance to the law, if the employee performs work during her pregnancy and one year after delivery that may adversely affect her health or the health of the child, the employer is obliged to provide her with another job and salary, if it is more favorable for her (Article 161).

Regarding duration of maternity leave, workers during pregnancy, birth and parenting are entitled to paid leave from work for a period of nine consecutive months. If the worker gives birth to more than one child (i.e. twins, triplets or more), the maternity leave lasts for 15 months (Article 165).

Mothers who are using maternity leave for pregnancy, childbirth and parenting, or to take care of a child, is entitled to remuneration. The employee whose employment contract is terminated due to an expiry of the definite time and uses the right of remuneration, due to pregnancy, childbirth and parenting, continues to exercise this right until the expiry of the absence. The employer is banned from terminating the employment agreement of the worker who exercises the right of maternity leave.

At the end of maternity leave, the employee is entitled to return to the same job or, if that is not possible, an adequate position under the terms of the employment contract. If the worker returns to work before the end of the maternity leave, the worker is entitled to the right of salary by the employer, as well as 50% of the determined remuneration.

Following an absence due to pregnancy, childbirth and parenting, breastfeeding mother, even after she starts working full-time, will be entitled to a paid breastfeeding break during working hours that will last one and a half hours a day. The mother is entitled to the right of additional paid break time for the first year after the birth of her child (Article 171).

There is no evidence to what extent mothers are informed about this right and to what extent they use it, but it is estimated that, particularly in private sector, they are afraid to insist on this right. The father is entitled to the right to take paid paternity leave up to seven working days due to the birth of his child. Fathers are entitled to take paternity leave only if the right of the maternity leave is not used by the mother. Despite the permissive legislation, very small number of fathers uses paternity leave as a result of traditional norms.

However, despite the supportive legislation, current breastfeeding rates indicate that the lack of support in the workplace is a significant barrier to breastfeeding for many working mothers.

Gaps

- Mothers are not sufficiently informed about their legal rights regarding the breastfeeding breaks so they rarely report labor rights violations, and believe that reporting is not effective, particularly in private sector they are afraid to insist on their rights fearing of sanctions.
- Legislation does not clearly states that employers are required to provide space for breastfeeding/expressing milk. There is no adequate facilities for breastfeeding or milk expression at the workplace, this are the main reason why mothers do not continue with breastfeeding when they go back to work after maternity leave.
- Corporations/managers are not well informed about the importance of breastfeeding employee needs, as well about the benefits of breastfeeding supportive policies for the employees and the company.

Recommendations

- Developing information campaign related legal issues about maternity protection of working mothers and pregnant woman
- Improving maternity protection legislation ensuring mother-and-baby friendly work environment that and permits mothers to continue breastfeeding, as long as mother and baby desire. The provisions of Labor law should consider that all employers are obliged to provided adequate facilities for breastfeeding or expressing milk such as nursing room
- Raising awareness among employers about the importance of creating breastfeeding friendly workplace polices and creating a culture of supporting breastfeeding mothers as a part of corporate social responsibility.
- Allowing flexible scheduling to support milk expression during work;
- Providing on-site or near-site child care;

Indicator 5: Health and Nutrition Care Systems (in support of breastfeeding & IYCF)

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

<i>Guidelines for scoring</i>			
Criteria	Scoring <i>Check that apply</i>		
	Adequate	Inadequate	No Reference
5.1) A review of health provider schools and pre-service education programs for health professionals, social and community workers in the country ¹¹ indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
	✓		
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care. (See Annex 5b Example of criteria for mother-friendly care)	2	1	0
		✓	
5.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. ¹²	2	1	0
	✓		
5.4) Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country.	1	0.5	0
		✓	
5.5) Infant feeding and young feeding information and skills are integrated, as appropriate, into training programs focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women's health, NCDs etc.)	1	0.5	0
		✓	
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. ¹³	1	0.5	0
			✓
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick.	1	0.5	0
		✓	
Total Score:	6.5/10		

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

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

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

Information Sources Used:

- 1 General medicine undergraduate curricula. Medical faculty, University St. Cirilus and Methodius, Skopje, 2016. Available at: http://www.medf.ukim.edu.mk/upload/dok/1947_108750117.pdf.
- 2 Medical nurses - high medical school (3 yaers) undergraduate curricula. Medical faculty, University St. Cirilus and Methodius, Skopje, 2016. Available at: http://www.medf.ukim.edu.mk/upload/dok/1393_839851298.pdf
- 3 General Medicine Undergraduate Curricula: Content Overview of Subject Pediatrics. Medical faculty, University Goce Delcev, Stip. Available at: <https://www.ugd.edu.mk/index.php/mk/fmn/studiski-programi/opsta-medicina/predmeti/2068-pedijatrija-1>.
- 4 Educational Objectives For Primary Healthcare Specialization. Center for Family Medicine, Skopje, 2016. Available at: http://www.semejnamedicina.mednet.mk/upload/dok/57_692934069.pdf.
- 5 Undergraduate Curricula for Midwives: Content Overview of Subject: Pregnancy, delivery and puerperium. Medical faculty, University Goce Delcev, Stip, 2016. Available at: <https://www.ugd.edu.mk/index.php/mk/fmn/studiski-programi/strucni-studii/4569-bremenost-poroduvanje-i-puerperium>.
- 6 Undergraduate Curricula for Midwives, 2013/2014. University St. Kliment Ohridski, Bitola, 2016. Available at: <http://vmsb.uklo.edu.mk/component/k2/item/46.html>.
- 7 Annual Program for Active Health Protection of Mothers and Children 2016. Ministry of Health of Republic of Macedonia, 2016. Available at: <http://zdravstvo.gov.mk/wp-content/uploads/2015/03/PROGRAMA-MAJKI-I-DECA-2015.pdf>.
- 8 Guideline for breastfeeding counseling and managing of problems related to breastfeeding. Ministry of Health, 2015. Official Gazette of the Republic of Macedonia, 27 February, 2015. Available at: <http://zdravstvo.gov.mk/wp-content/uploads/2015/08/Doenje-sovetuvanje-i-poteskotii.pdf>.
- 9 Clinical Guideline for managing of lactational mastitis. Ministry of Health, 2015. Official Gazette of the Republic of Macedonia, 27 February, 2015 Available at: <http://zdravstvo.gov.mk/wp-content/uploads/2015/11/Laktatsiski-mastitis.pdf>.

Conclusions:

Analysis of the curricula content of educational institutions (pre-service training for health professionals) showed the following characteristics:

Breastfeeding/IYCF is part of both undergraduate (general medicine and higher medical schools) and postgraduate medical curricula (specialization in Pediatrics, Family medicine, Midwifery);

Not all cathedra have defined educational goals; the content is not available in details so the analysis according to topics given in Annex 5.1 is not fully possible; the topics related to breastfeeding are part of different subjects such Pediatrics, Obstetrics and Gynecology, Family medicine, Patronage health care. Most common topics that are part of curricula are: care and support during the antenatal period; breastfeeding counseling, UNICEF/WHO concept of Baby-friendly hospitals, managing of common problems during breastfeeding; lactation amenorrhea, contraception and breastfeeding.

Analysis of the in-service training curricula content:

The content of these curricula is more comprehensive and skill based oriented: benefits of breastfeeding, signs of successful breastfeeding, prevention and management of common breastfeeding problems, lactation amenorrhea, contraception and breastfeeding, International Code of Marketing of breast milk substitutes, health system and health worker's responsibility under the Code. This trainings are organized each year for different health providers (patronage nurses and health personal from maternity wards - neonatologists and medical nurses/midwives), and are funded by the Ministry of Health through annual program. These trainings are part of the continuous professional development of health professionals working with pregnant women ,

mothers and young children and have more clear objectives in expanding their knowledge and skills necessary to support breastfeeding and proper infant feeding .

Analysis of existing technical guidelines: In 2015 for the first time the clinical guideline was developed/adopted to serve as an evidence-based guideline for health professionals for breastfeeding counseling and managing of most common problems. It is fully adopted by the Working group delegated by the Minister of Health, which is responsible for development of evidence based clinical guidelines. The author of the guideline is Finish Medical Society and is developed in 2012. The guideline is approved by the Minister, published in Official Gazette and posted at the MOH web site as a first step to its implementation.

Second document that is prepared but it is not adopted yet by the Ministry of Health, is Standards for patronage nurses, where among others, responsibilities of the patronage nurses regarding to breastfeeding are described in details and could serve as a guideline for their practical work.

In conclusion, breastfeeding is part of the training curricula for all health providers that interact with mothers (nurses, family doctors, pediatricians, gynecologists) and is integrated at various levels of education (under-graduate, post-graduate, in-service) and in various technical documents. But, still the breastfeeding/IYCF is not incorporated in comprehensive manner in the teaching curricula, and do not allow to health providers to attain sufficient practical skills for breastfeeding counseling and lactation management, while the implementation of technical guidelines is still in an early stage.

Gaps :

- In most of the pre-service curricula there are no developed learning objectives; the contents are not comprehensive, and are mostly focused on description of lactation process and managing of problems.
- The breastfeeding policies such baby-friendly criteria and the Code, are rare or completely absent. The curricula provide future health professionals with theoretical knowledge, but not with sufficient attitudes and practical skills, including communication skills. Majority of health workers still had no opportunity to receive training about their responsibility under the Code implementation and other national regulation regarding IYCF/breastfeeding, as this topics are not available in all curricula.
- The in-service curricula is more comprehensive and include communication skills, it is provided for health professionals at country level, but the duration of teaching (one-day training) is not sufficient and according to the standards required (40 hours).
- Developed guidelines are not supporting with extensive trainings and workshops for potential users .
- There is no existing mechanisms that will facilitate it's implementation in practice, such development of algorithm, clinical audit mechanisms etc. Furthermore, the clinical guidelines was not adapted to the local circumstances (organizational characteristics, cultural beliefs etc).
- There is a lack of coordination between all parties included in health and nutrition care system (teaching institutions, Ministry of Health, Professional associations, health managers, UN organizations, NGO organizations, mothers associations etc.).

Recommendations:

- Providing in depth analysis of the curricula content in terms of whether it is in line with the latest evidence based recommendations, and whether the ratio between practical and theoretical part is optimal.
- Developing terms of reference and training curricula for lactation consultant, and incorporate this profession in the list of existing health professions.
- Providing greater coordination between professional associations, teaching institutions, Ministry of Health, health managers.
- Strengthening of the midwifery, as part of the efforts to strengthen the human resources for health.

Indicator 6: Mother Support and Community Outreach - Community-based support for the pregnant and breastfeeding mother

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

<i>Guidelines for scoring</i>			
Criteria	Scoring <i>Check that apply</i>		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based ante-natal and post -natal support systems with counseling services on infant and young child feeding.	2	1	0
		✓	
6.2) All women receive support for infant and young child feeding at birth for breastfeeding initiation.	2	1	0
		✓	
6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage.	2	1	0
		✓	
6.4) Community-based counseling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/Nutrition Policy.	2	1	0
		✓	
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	1	0
		✓	
Total Score:	5/10		

Information Sources Used :

- 1 Mother and child health care program for 2017 (www.slvesnik.com.mk no192)
- 2 www.fzo.org.mk/ community nurse
- 3 www.fzo.org.mk/preventive health care
- 4 [hera.org.mk /](http://hera.org.mk/) brochure: Women's rights for health protection during pregnancy
- 5 Hera.org.mk/ /Alphabet for comprehensive sexual education
- 6 Hera.org.mk/save motherhood during emergency-brochure
- 7 Mother and child institute/ Information for mother and child health 2016
- 8 studiorum.org.mk/.../Vtor%20Akcionen%20plan%20za%20hrana
- 9 https://www.researchgate.net/...Kendrovski2/...pravilna_ishrana...m.
- 10 https://www.unicef.org/.../Parent_Guide_MKD_FINAL.pdf
- 11 [www.iph.com.mk /](http://www.iph.com.mk/) Guide for proper feeding of infants and small children,
- 12 [www.moh.org.mk /](http://www.moh.org.mk/) Guide to the nutrition of the population in Macedonia
- 13 www.unicef.org.mk/2011_mics_v01_m

Conclusions

Republic of Macedonia has a well-developed network of public and private maternity hospitals and wards for gynecology and obstetrician care. Almost all deliveries are assisted by medical professionals in health care facilities (obstetricians and midwives) and transport is available to a referral facility for obstetric care in case of emergency. According to the latest Report (7) over 98% of women give birth in public and private maternity hospitals with medical assistance, and one in four children in Macedonia are delivered by C-section.

The Ministry of Health is responsible for preparing and distributing protocols and guidelines on proper antenatal care, delivery and postnatal care based on scientific evidence, so the mothers should be exposed to good health care and breastfeeding counseling.

The maternity hospitals are offering free antenatal classes for pregnant women in the last month of pregnancy, breastfeeding information is included, but attendance rate is not on the satisfactory level. Collecting and reporting official data about the number of provided such services are not available in health reports.

The health staff in the maternity hospital is well trained in delivery and breastfeeding counseling, but promotion protection and support of breastfeeding is not done appropriately due to the high turnover and lack of staff in public hospitals.

UNICEF research is recording only 21 percent of mothers initiated breastfeeding in the first hour at birth and 64% of them within the first day.

Well – women clinics are available on community primary health care level and they are free of charge for all insured women. They are running by gynecologist and are giving health services for pregnant women as well (counseling services are included in basic health package)

Community based nursing services provided by patronage nurses are available and they are also free of charge. They are providing preventive health care services for all family members including pregnant women and mother and babies after birth, which provide available, accessible and equal treatment for the women in the community. National preventive program for improving mother and child health (issued by the MOH) provide guideline for prenatal home based visits to all pregnant women as a main task of community nurses. Unfortunately, the coverage with these services is less than 50% due to the lack of means of communication between gynecology offices and patronage nurses. The patronage nurses are well educated for individual counselling about birthing practices and breastfeeding so a pregnant woman can get all the information she needs to prepare for birth and everything that comes after it. The number of community health nurses is unequally distributed throughout the country, leaving rural areas especially underserved. For most of the mothers, community nurses are the only health professional who have direct contact with families during first month after delivery and her role in breastfeeding protection, support and counselling is critical in the first few weeks after delivery, when lactation is being established. Some families with small children are living in remote areas where health services are difficult to provide and receive.

The third link in the chain of community based health care of mothers, infants and small children are preventive health care unites in community health centers and family doctors. The responsibility for breastfeeding support often rests on these health professionals and their role is to give consistent and evidence-based support to breastfeeding mothers in order to breastfeed effectively and continue breastfeeding. They are not equally distributed in the country, not adequately trained and experienced in providing breastfeeding support, so the community support to mothers to practice optimal IYCF is inadequate. It is tradition to bring the newborn to the health professionals 40 days after delivery and very often the patronage nurse is the first healthcare provider a woman sees after being discharged from hospital

Some NGO are providing educational classes for future parents, giving them information about the pregnancy, delivery and breastfeeding. The NGO are working voluntary and are not recognized by the state as official NGO working on promotion protection and support of breastfeeding.

The MOH has Breastfeeding committee working on promotion protection and support of breastfeeding. The committee is responsible for preparing breastfeeding leaflets, infant and child feeding information for parents, and celebrating Breastfeeding week each year.

Gaps:

- High turnover and lack of health professionals in public health hospitals have compromised all health counseling services including breastfeeding counseling and timely appropriate breastfeeding support for majority of women during pregnancy and after birth period
- Low level of professional communication among key players in breastfeeding promotion and protection and lack of functional integration among different level of services that are engaged in woman and infant health are key barriers in providing comprehensive health care including counseling services for pregnant women and breastfeeding mothers
- Health care professionals in community health centers and family doctors are not equally distributed in the whole country and sometimes not adequately trained and experienced in providing breastfeeding support on a proper way. Breastfeeding mothers are asking for their services when breastfeeding problems arise and their self-confidence is diminished. The support needed in the first days is left to the family, or to the patronage nurse.
- NGO's that are providing educational classes for future parents and giving them information about the pregnancy, delivery and breastfeeding are working voluntary and are not recognized by the state as official NGO working on promotion protection and support of breastfeeding.
- In the country are not operating any single certify breastfeeding professionals / consultants working in communities, like IBCLC lactation consultants whom mothers can refer if they need professional advice.

Recommendations

- Strengthening the capacity of patronage nursing system to improve the quality of their work and offer proper information on antenatal care, breastfeeding and skilled infant feeding counseling to all mothers.
- Developing breastfeeding guideline for patronage nurses (how , when and what to counsel mothers) in order to provide breastfeeding information to all pregnant women and mothers on a consistent way based on latest scientific knowledge related to breastfeeding
- Developing health promotional materials for pregnant women and breastfeeding mothers
- Capacity building of family doctors for providing supports to breastfeeding mothers as outreach services after discharge and train them about the most current breastfeeding information available so they can provide optimal care and guidance to breastfeeding mothers.
- Community recognition and support of NGO's who work as breastfeeding support groups in the community and defining their role in communication strategies for breastfeeding promotion throughout society. Integrate these groups as breastfeeding resources on community level.

Indicator 7: Information Support

Key question: Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?

<i>Guidelines for scoring</i>			
Criteria	Scoring Check that apply [√]		
	Yes	To some degree	No
7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts or interest are avoided.	2	0	0
			✓
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1	0.5	0
	✓		
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding	1	0.5	0
		✓	
7.3) IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding	2	1	0
	✓		
7.4. IEC program (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence	2	1	0
		✓	
7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF). ¹⁴	2	0	0
	✓		
Total Score:	6.5/10		

Information Sources Used:

- 1 Breastfeeding – the best choice: World Breastfeeding Week, 2016. Information brochure for parents. Ministry of Health and Health Home, Skopje, August, 2016.

¹⁴ to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;

- 2 World Breastfeeding Week: the benefit of breastfeeding and breastfeeding situation in Macedonia. TV Station '24 Hours', live interview with Dr. Brankica Mladenovik, 15 September, 2016. Available at: <http://24vesti.com.mk/24-od-se-srce-15-09-2016>.
- 3 The mothers need support to breastfeed their babies, written interview with Dr. Brankica Mladenovik, President of the National Committee for Promotion, Support and Protection of Breastfeeding. Weekly Newspaper Republika, 9 September, 2016. Available at: <http://republika.mk/650636>.
- 4 World Breastfeeding Week in Macedonia. Matrona celebrate the WBW with a number of educational workshops for parents. Available at: http://kanal5.com.mk/vesti_detail.asp?ID=75690.
- 5 Macedonian mothers need to breastfeed: at the start of WBW, 2016. Web portal '24 zdravstvo', 29 July, 2016. Available at: <http://zdravstvo24.mk/2016/07/29/makedonskite-majki-treba-da-gi-dojat-svoite-bebiwa-pocnuva-svetskata-nedela-na-doewe/>.
- 6 Breastfeeding is important for babies health. Vest, weekly newspaper, 29 July, 2016. Available at: <http://www.vest.mk/default.asp?ItemID=A83F3FB6F2DC614FB6FB58B1F59D26FF&arc=1>.
- 7 Breastfeeding is important for babies health and development. Idividi newspaper, 29 July, 2016, Skopje. Available at: <http://www.idividi.com.mk/vesti/makedonija/1085157/index.html>.
- 8 World Breastfeeding Week. TV Nova, Skopje, August, 2016. Available at: <https://www.youtube.com/watch?v=XXyQ3x9Zhw4>.

Conclusions

The main breastfeeding promotion activity in the country is celebration of World Breastfeeding Week (WBW) from 1-7 August. The National Committee for Promotion, Support and Protection of Breastfeeding held a special meeting one month prior to the WBW and make an Action plan of activities that will be held during and after the WBW. Some of activities are regular every year, and are part of annual Program for Health Protection of Mothers and Children, such:

- Preparation of informational brochure and posters which are distributed during the week through the health facilities (maternity wards and health centers, and patronage nurses during their outreach activities in the community). The brochure contains useful information about benefits of breastfeeding, harmful effects of artificial feeding, most common signs of successful breastfeeding, most common problems and how to overcome it.
- Training of health professionals that are involved in breastfeeding counseling (patronage nurses, midwives, neonatologists, preventive doctors) - each year different profile of health professionals participate at the training.
- Press conference with media is organized by the Ministry of Health, where a group of experts, members of the Committee, announce a WBW and have short brief about the breastfeeding situation in Macedonia. Journalists from different media further broadcast the main messages from the press conference to the public, through several national and local media.

In 2016, some additional activities were organized:

- Panel discussion - National Breastfeeding Committee and the Ministry of Health, beside activities mentioned above, organized panel discussion at the Ministry of Health, where all relevant stakeholders from different sectors and from the civil society, were invited to discuss about the challenges related to breastfeeding and what could be their contribution in overcoming them.
- The president of the Committee, had interview for the weekly newspaper Republika, and participated in a live TV show at the national TV Station '24 Hours'.
- Some NGOs dealing with breastfeeding promotion (NGO Lulka, Matrona) are developing various information and communication strategies targeting breastfeeding mothers on

community level (developing promotional materials , running workshops for breastfeeding mothers and raising company awareness about corporate breastfeeding friendly polices)

- Breastfeeding information is delivering through social networks (Facebook) and some private hospitals and policlinics offer educational workshops to pregnant women and parents.

Baby feeding industry is absolutely absent from the activities that are organized by the MOH/National Breastfeeding Committee and of the NGOs.

Gaps:

- Insufficient collaboration between governmental and non-governmental sector,
- Lack of involvement of sectors other than health and lack of activities at local level/community level.
- Insufficient allocation of public funds for IEC activities on national , regional and local level

Recommendations:

- Greater collaboration between governmental and non-governmental sector, and between different sectors (whole-of society and whole-of-government approach),
- Developing effective interpersonal strategies through direct contact with mothers, through home visits, group counseling focused on problem solving and inclusion of innovative models of communication strategies such drama, and action-oriented strategies,
- The promotion of breastfeeding should be continuous through the entire year, not to be concentrated during the WBW.
- Appropriate budget allocation for IEC activities focusing on breastfeeding and proper infant feeding issues

Indicator 8: Infant Feeding and HIV

Key question: *Are policies and programmes in place to ensure that HIV - positive mothers are supported to carry out the national recommended Infant feeding practice?*

Guidelines for scoring			
Criteria	Results		
	✓ Check that apply		
	Yes	To some degree	No
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV	2	1	0
			✓
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0
			✓
8.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5	0
			✓
8.4) HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5	0
		✓	
8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.	1	0.5	0
			✓
8.6) Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible.	1	0.5	0
		✓	
8.7) HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake.	1	0.5	0
			✓
8.8) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0
			✓
8.9) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5	0
			✓
Total Score:	1/10		

Information Sources Used (please list):

- 1 www.iph.mk (Izvestaj ZDRAVJE NASELENIE2013).
- 2 www.slvesnik.com.mk(No 192/2016 /Program for protection of population from HIV/AIDS
- 3 National strategy for HIV/AIDS 2017--2020
- 4 www.iph.mk /Report for national program 2014_

Conclusions

Based on the last available data from the Institute of Public Health's , in the period 1987 – 2014, a total of 236 registered people are living with HIV / AIDS. According to the method of transmission of HIV, the Institute stated that: Only 6 cases are registered as HIV transmission from mother to fetus; the small percent of vertical transmission explain lack of policy and programs for HIV positive mothers.

The country has national program for protection of population from HIV/AIDS without mentioning any specific measures for prevention of vertical transmission of HIV ensuring healthy outcomes for both mothers and their babies.

HIV testing is compulsory only for couples who are considering pregnancy through in vitro insemination .

The country has protocol on cesarean section .It is mention that cesarean section is offer as a choice to HIV positive mothers.

Health workers employed in mother and child care services are included in specific training on prevention of HIV transmission but are not trained on infant feeding counseling of HIV positive mothers.

At present , the is developing National strategy for HIV /AIDS 2017-2020. The HIV transmission from mother to child is going to be included. HIV positive mothers are going to be supported in their decisions on infant feeding.

Gaps

- The HIV transmission from mother to child is not considered as public health priority in the country
- The country has not any national policy on IYCF that includes infant feeding and HIV.
- Health workers are not trained in HIV and infant feeding.
- HIV positive mothers are not supported in their decisions on infant feeding,
- There is no ongoing monitoring is in place.
- Program for Infant feeding and HIV in antenatal clinic does not exist.
- Lack of HIV comprehensive knowledge among health care providers.

Recommendations

- The Government should implement international guidelines on HIV and infant feeding into existing HIV policies.
- The country need to prioritize action to support women with HIV to make informed choice about feeding their infants.
- The country has to make sure mothers and babies are protected and supported within a comprehensive continuum of services that include prevention, care, treatment, support and follow-up, to prevent vertical transmission of HIV and ensure healthy outcomes for both mothers and their babies, whilst protecting, promoting and supporting optimal breastfeeding practices for the general population.
- The government should ensure to train all relevant health staff and community workers on HIV and infant feeding policies

Indicator 9: Infant and Young Child Feeding during Emergencies

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

<i>Guidelines for scoring</i>			
Criteria	Scoring Check that apply		
	Yes	To some degree	No
9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance	2 ✓	1	0
9.2) Person(s) tasked with responsibility for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2 ✓	1	0
9.3) An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers:			
1. Basic and technical interventions to create an enabling environment for breastfeeding, including counseling by appropriately trained counselors, support for re lactation and wet-nursing, and protected spaces for breastfeeding	1 ✓	0.5	0
2. Measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breast milk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and procurement management and use of any infant formula and BMS, in accordance with strict criteria, the IFE Operational Guidance, and the International Code and subsequent relevant WHA resolutions	1 ✓	0.5	0
9.4) Resources have been allocated for implementation of the emergency preparedness and response plan	2	1	0 ✓
9.5)a) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	1	<u>0.5</u> ✓	0
b) Orientation and training is taking place as per the national emergency preparedness and response plan	<u>1</u> ✓	0.5	0
Total Score:	7.5/10		

Information Sources Used:

- 1 Standard Operational Procedures for Infant and Young Child Feeding –Emergency response in FYRO Macedonia. Working Group, Ministry of Health of Republic of Macedonia and UNICEF CO, Skopje, draft March, 2016.
- 2 Infant and Young Child Feeding of children up to 2 years of age: training package, training agenda and list of participants. Working Group, Ministry of Health of Republic of Macedonia and UNICEF CO, Skopje, May 2016.
- 3 Report from the visit of migrant transit center in Tabanovce (north border), 20 April, UNICEF CO and Ministry of Health, 2016.
- 4 Minutes from the meeting of the Working Group for developing of the Strategic Operational Procedures for Infant and Young Child Feeding in emergencies. Working Group, Ministry of Health (May 3, May 17, May 25, June 6th), Ministry of Health, Skopje.
- 5 Infant and Young Child Feeding in Emergencies. Operational Guidance for Emergency Relief Staff and Program Managers. IFE Core Group, 2007.
- 6 Guiding principles for feeding infants and young children during emergencies. WHO, Geneva, 2004.
- 7 Infant feeding in emergencies, Module 2, Version 1.1 Training package for health and nutrition workers in emergency situations. ENN, IBFAN-GIFA, Fondation Terre des hommes, Action Contre la Faim, CARE USA, Linkages, UNICEF, UNHCR, WHO and WFP, 2007.

Conclusions:

Republic of Macedonia was affected by the migrant crisis in 2015 and 2016 as a transition country from the migrant route to Europe. In March 2016, the migrant route was closed which created a situation when approximately 1600 refugees and migrants (40% of them children) were stranded in the two transit centers that previously served as a stopping point for people on the move (one at the southern border and one at the northern border).

The National Breastfeeding Committee in its "A two-year strategic action plan of the National Committee for promotion, support and protection of breastfeeding 2016-2017", included a section 'Breastfeeding and migrants crisis', defining and proposing several activities with the main goal to help refugee and migrant women and children on transit route and in migrant transit settings to have appropriate support from the health system and other sectors to maintain breastfeeding and age-appropriate infant and young child feeding.

This activity coincided with the UNICEF CO initiative for supporting refugee and migrant children and women in transit centers. Soon after, Ministry of Health in collaboration with the UNICEF Country Office nominated a Technical Working Group with mandate to develop a Standard Operational Procedures (SOP) for Infant and Young Child Feeding during emergencies in migrant transit centers. The members of the Working Group were: representatives from the Ministry of Health, representative from the Professional Association of Pediatrics, National Breastfeeding Committee, Association of medical nurses, UNICEF CO. Key information on infant and young child feeding needs in the transit centers were obtained through rapid assessment conducted prior to the preparation of SOP. The SOP was ready in June 2016. The main goal of the SOP is to define the operational principles, key steps and standards needed to create an enabling environment for breastfeeding and appropriate IYCF in transit centers. Based on international standards, it serves as preparedness and response plan that covers interventions and recommendations applicable for transit centers, but it is also applicable for migrants that are on move.

Upon the content of the SOP, the group developed a training package and organized 2 (one day) trainings for health professionals (patronage nurses) and for the front-line staff engaged in the transit centers in MBC (Mother and Baby Corners) (representatives of UNHCR, La Strada, Red Cross, SOS Kinderdorf/UNICEF). The aim was to train a selected number of patronage nurses (20) to upgrade their knowledge in the IYCF in emergencies, to be engaged as nutrition counselors in both transit centers.

The topics that were part of the training agenda were: the benefit from breastfeeding during emergencies, common barriers for breastfeeding during emergencies, recommendations for successful breastfeeding, rapid and full assessment of breastfeeding, cup feeding, re-lactation, care of non-breastfed infants, managing of most common problems during breastfeeding, complementary feeding, MBC and preconditions necessary for providing optimal conditions for breastfeeding and complementary feeding, preparation and storage of formula and semi-solid food, including hygiene of feeding equipment, monitoring of the International Code of Marketing of breast milk substitutes in emergencies, general signs of most common illnesses during emergencies and proper referral to higher levels of care.

The idea was to give the patronage nurses a double role; first they continued to act as lactation and nutrition consultants, working directly with mothers and children in the centers, but also help the MBC staff in managing the problems related to breast feeding and complementary feeding. They accompany the mothers with their babies and children when they seek help from the health center in the transit center or in the nearest health institution and thus serve as a link with the health system. The Terms of Reference of the patronage nurses for their work in transit centers was developed and 8 of them were engaged to work part-time in the centers, covering 2 shifts (7 a.m. – 2 p.m. and 2-10 p.m.).

The SOP has been upgraded continuously with additional annexes, all in line to improve the quality and safety of nutrition in the transit centers, including provision of culturally appropriate food for refugees and migrants. Monitoring of the centers is mostly focused on conditions for support of exclusive breastfeeding and appropriate complementary feeding, compliance with the Code, conditions in MBC and serve as a directions for improving.

The import of the donated supplies of breastmilk substitutes (infant formula), complementary food supplies and micronutrient supplements is under the control of National Food and Veterinary Agency and import licenses are issued following strict criteria. Red Cross Macedonia Office is involved in distribution of the donations, while the Food Inspectorate that is a part of National Food and Veterinary Agency has mandate to control the distribution and storage of the supplies.

There is a need to further assess the effect, the challenges and the most common problems that the trained staff face in the centers, and identify ways how to help them to improve their work and the satisfaction of the refugees and migrants as recipients of their services.

Gaps:

- The country was not prepared enough for the emergency/migrant crisis, lot of time was lost since starting of the migrant crisis and the preparation of the SOP, so infants and children did not received appropriate and timely support in the early stages of an emergency.
- The collaboration between different governmental and non-governmental parties that are involved in emergency response preparation (Ministry of Health, Ministry of Labor and Social policy, National Nutrition Agency, The Center for Crisis Management), was not sufficient and synchronized.
- System for registration of Code violation in the transit centers is not well developed.

Recommendations:

- Every agency involved in the migrants support should endorse policy on IYCF/breastfeeding. The policy should be widely disseminated to all staff, agency procedures adapted accordingly and policy implementation enforced.
- All agencies involved in management of the emergencies should ensure the training and orientation of their technical and non-technical staff in infant and young children feeding.
- Breastfeeding and infant and young child feeding support should be integrated into other services for mothers, infants and young children. All health professionals engaged in the work with migrants should receive training in IYCF counseling during emergencies, like pediatricians, gynecologists, GPs from the health institutions that are involved in providing services, mostly those which are geographically close to migrants (from Kumanovo and Gevgelija) in order to obtain continuum in IYCF counseling.

- IYCF/Breastfeeding in emergencies should be part of in-service training curricula of health professionals, as the phenomenon of emergencies due to natural disasters or due to manmade crisis, is important part of human living.
- The transit center staff should be trained more in criteria for storage of the supplies.

Indicator 10: Mechanisms of Monitoring and Evaluation System

Key question: Are monitoring and evaluation systems in place that routinely collect, analyze and use data to improve infant and young child feeding practices?

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	Check that apply		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding program activities.	2	1 ✓	0
10.2) Data/information on progress made in implementing the IYCF program are used by program managers to guide planning and investments decisions	2	1 ✓	0
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2	1 ✓	0
10.4) Data/Information related to infant and young child feeding program progress are reported to key decision-makers	2	1 ✓	0
10.5) Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2	1 ✓	0
Total Score:	5/10		

Information Sources Used (please list):

- 1 Multiple Indicator Cluster Survey (MICS) 2011
<https://www.unicef.org/tfyr-macedonia/NutritionSurveyENG.pdf>
- 2 Mother and child health care program for 2017 (www.slvesnik.com.mk no192/2016)
- 3 www.fzo.org.mk/ community nurse
- 4 [www.fzo.org.mk/preventive health care](http://www.fzo.org.mk/preventive-health-care)
- 5 National Action Plan on Food and Nutrition 2016-2025, Institute of Public Health of R. Macedonia, Ministry of Health, 2015 (draft version).
- 6 Breastfeeding in the Republic of Macedonia: A two-year strategic action plan of the National Committee for promotion, support and protection of breastfeeding 2016-2017. Ministry of Health of Republic of Macedonia, 2016.
- 7 Scientific paper :Dietary habits and nutritional status of children in preschool age
- 8 Gordana Panova^{1*}, Violeta Dzidrova¹, Lence Nikolovska¹, Gjorgji Shumanov¹, Svetlana Jovevska¹, Blagica Panova¹, Nenad Panov¹

Conclusions

Monitoring of infant and young child feeding practice is not part of regular health statistic system. Without this comparable data it is not possible to assess the effectiveness of the various IYCF programs

The only reliable data on IYCF practice are collected through MICS survey provided on regular basis - every four years with financial support of international donors (Unicef) . These are the only baseline and follow-up data collected to measure outcomes

Survey results are reported to key decision-makers but there is no information that they are used for planning or to improve infant and young child feeding practices

Gaps

- Monitoring of infant and young child feeding practice is not part of regular health statistic system
- Low level of awareness among decision makers about the importance of nutrition data in developing evidence based infant and young child feeding polices
- Survey results are reported to key decision-makers but there is no information that they are used for planning of further actions related to infant and young child feeding practices

Recommendations:

- The Institute for Public Health, the MOH, Mother and child institute and the National Breastfeeding Committee should identify key indicators for assessing IYCF practices could be incorporated into a national data collection system using WHO definitions.
- The standardised system of monitoring IYCF practices based on WHO infant feeding definitions should be established.
- Monitoring and evaluation data should be collected systematically.
- Data should be used by key decision-makers for planning of further actions related to infant and young child feeding practices
- Capacity building activities targeting key decision makers about the importance of data collection related to infant and child feeding in developing appropriate nutrition policies for improving general infant and young child health

Indicator 11: Early Initiation of Breastfeeding

Key question: What is the percentage of babies breastfed within one hour of birth? **21.%**

Guideline:

Indicator 11	<i>Key to rating adapted from WHO tool (see Annex 11.1)</i>	IBFAN Asia Guideline for WBTi	
Initiation of Breastfeeding (within 1 hour)		Scores	Colour-rating
	0.1-29%	3 ✓	Red
	29.1-49%	6	Yellow
	49.1-89%	9	Blue
	89.1-100%	10	Green

Data Source (including year):

Multiple Indicator Cluster Survey, UNICEF, 2011

Moore ER, Bergman N, Anderson GC, Medley N: Early skin-to-skin contact for mothers and their healthy newborn and infant's .Cochrane Database of Systematic Reviews2016, Issue 11. Art. No.: CD003519.DOI: 10.1002/14651858.CD003519.pub4.

Summary Comments:

Last data related to breastfeeding rates are derived from MICS survey (2011) as a representative and national wide research about the status of infant and young child health and nutrition.(1)

Current evidence (2) indicates that skin-to-skin contact between mother and infant shortly after birth helps to initiate early breastfeeding and increases the likelihood of exclusive breastfeeding for one to four months of life as well as the overall duration of breastfeeding. Infants placed in early skin-to-skin contact with their mother also appear to interact more with their mothers and cry less.

According to MIKS data, **only 21%** of babies are breastfed for the first time within one hour, while 64% of babies start breastfeeding within one day of birth. Mothers with higher education (22,6%) and mothers coming from households in the richest quartile (29%) are more likely to breastfeed their babies within 1 hour after delivery .

Early initiation of breastfeeding is crucial in preventing newborn deaths and influences childhood nutrition; however remains low in Macedonia and the identification of factors and barriers are essential for improved action in the future.

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: What is the percentage of babies 0<6 months of age exclusively breastfed¹⁵ in the last 24 hours?

23.9%

Guideline:

Indicator 12	<i>Key to rating adapted from WHO tool (see Annex 11.1)</i>	IBFAN Asia Guideline for WBT/	
		<i>Scores</i>	<i>Color-rating</i>
Exclusive Breastfeeding (for first 6 months)	0.1-11%	3	Red
	11.1-49%	6	Yellow
	49.1-89%	9	Blue
	89.1-100%	10	Green

Data Source (including year):

- 1 Multiple Indicator Cluster Survey, UNICEF, 2011
- 2 Butte NF, Lopez-Alarcon MG, Garza C: Nutrient adequacy of exclusive breastfeeding for the term infant during the first six months of life. 2002, Geneva, Switzerland: World Health Organization

Summary Comments:

Breastfeeding is an adequate way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. Review of evidence has shown that, on a population basis, exclusive breastfeeding for 6 months is the optimal way of feeding infants. For the first six months of life, breast milk alone is the ideal nourishment, providing all of the nutrients, including vitamins and minerals, an infant needs, meaning that no other liquid or food is needed(1)

National wide reliable breastfeeding data are extracted from latest UNICEF survey (1) , and accordingly 23% of children aged less than 6 months are exclusively breastfed in the country . Data from the same survey has shown gender differences (31,1% among boys and 16.1% among girls) and urban /rural differences .Continuous collecting of breastfeeding data including exclusive BF rate has not been yet established as a health monitoring system.

In spite of the well-recognized importance of exclusive breastfeeding, the support system and breastfeeding practice is not widespread and increase on the global level is still very modest with much room for improvement. National child nutrition programs are required investments and commitments to improve infant feeding practices in order to have maximum impact on children's lives.

¹⁵ Exclusive breastfeeding means the infant has received only breastmilk (from his/her mother or a wet nurse, or expressed breastmilk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (2)

Indicator 13: Median Duration of Breastfeeding

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

Guideline:

Indicator 13	<i>Key to rating adapted from WHO tool (see Annex 11.1)</i>	IBFAN Asia Guideline for WBTi	
Median Duration of Breastfeeding		<i>Scores</i>	<i>Colour-rating</i>
	0.1-18 Months	3	Red
	18.1-20 "	6	Yellow
	20.1-22 "	9	Blue
	22.1- 24 or beyond "	10	Green

Data Source (including year):

- Multiple Indicator Cluster Survey, UNICEF, 2011

Summary Comments:

Country data for this indicator are not collecting on continuous bases and only reliable data has been recorded in UNICEF survey (1). Survey data has shown that for children aged 0-35 months the median duration is 12.1 months for any breastfeeding. Median duration of exclusive breastfeeding (1.3 months) and predominate breastfeeding (2.8 months) are extremely short .

Indicator 14: Bottle feeding

Key question: What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breast milk) from bottles **?.79%**¹⁶

Guideline:

Indicator 14	<i>Key to rating adapted from WHO tool (see Annex 11.1)</i>	IBFAN Asia Guideline for WBTi	
		Scores	Color-rating
Bottle Feeding (0-12 months)	29.1-100%	3	Red
	4.1-29%	6	Yellow
	2.1-4%	9	Blue
	0.1-2%	10	Green

Data Source (including year):

- 1 Multiple Indicator Cluster Survey, UNICEF, 2011

Summary Comments:

Healthy infant feeding practices, including exclusive breastfeeding and delayed introduction of any bottle feeding among breastfeeding babies, are promoted by health clinicians as well as by numerous national and international organizations. However, mothers base their infant feeding decisions on an array of factors, including their experiences, family demands, socioeconomic circumstances, and cultural beliefs.

Data from UNICEF MICS in year 2011 has shown that bottle feeding is still highly prevalent. 79 % of children aged 0-23 months are fed using a bottle with nipple.

¹⁶ Data are referring to children aged 0-23 months according to MICS methodology

Indicator 15: Complementary feeding --- Introduction of solid, semi-solid or soft foods

Key question: Percentage of breastfed babies receiving complementary foods at 6-8 months of age?

28. %

Guideline

Indicator 15	WHO's	IBFAN Asia Guideline for WBTi	
Complementary Feeding (6-8 months)	<i>Key to rating</i>	<i>Scores</i>	<i>Colour-rating</i>
	0.1-59%	3	Red
	59.1-79%	6	Yellow
	79.1-94%	9	Blue
	94.1-100%	10	Green

Data Source (including year):

1. Multiple Indicator Cluster Survey, UNICEF, 2011

Summary Comments :

In Macedonia, 41% of all children aged 6-8 months received solid, semi solid or soft food the day before interview , and only 28% of breastfeeding babies are introduced timely appropriate complementary feeding . Another data that indicate infant feeding practices among breastfeeding children 6-23 months is percentage of them receiving solid, semi solid or soft food the minimum number of times (2-3 times) . 30.2% of children aged 6-23 months receive solid food apart from breastfeeding at least 2-3 times per day. This proportion was higher among males(38%) and in urban areas . Among non breastfeeding children, 86 % received solid, semi solid or soft food or milk four times or more per day .

VI. Summary Part I: IYCF Policies and Programs

Targets:	Score (Out of 10)
National Policy, Programme and Coordination	6
Baby Friendly Hospital Initiative	1
Implementation of the International Code	6
Maternity Protection	6
Health and Nutrition Care Systems	6.5
Mother Support and Community Outreach	5
Information Support	6.5
Infant Feeding and HIV	1
Infant Feeding during Emergencies	7.5
Monitoring and Evaluation	5
Score Part I (Total)	50.5

Total score of infant and young child feeding policies and programs (indicators 1-10) are calculated out of 100.

Scores	Colour- rating
0 – 30.9	Red
31 – 60.9	Yellow
61 – 90.9	Blue
91 – 100	Green



Conclusions ¹⁷ :

The biggest gaps in the implementation of the Global Strategy for infant and child feeding policy in R. of Macedonia are in the area of BFHI and infant feeding and HIV. Another great challenge for Macedonia is monitoring breastfeeding practices, which is currently conducted only with MICS on every 5 years. Full implementation of the International Code on the Marketing of Breast milk Substitutes is another area of concern. Pregnant women and breastfeeding mothers working in the informal sector are not protected by the law.

¹⁷ In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

VII. Summary Part II: Infant and young child feeding (IYCF) practices

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	21%	3
Indicator 12 Exclusive Breastfeeding for first 6 months	23 %	6
Indicator 13 Median duration of Breastfeeding	12.1 m	3
Indicator 14 Bottle-feeding	79 %	3
Indicator 15 Complementary Feeding	28 %	3
Score Part II (Total)		18

Total score of infant and young child feeding Practice (indicators 11-15) are calculated out of 50.

Scores	Colour-rating
0 – 15	Red
16 - 30	Yellow
31 - 45	Blue
46 – 50	Green



Conclusions ¹⁸ :

According to MICS 2011 only 21% of babies are breastfed for the first time within one hour, 23% of children aged less than 6 months are exclusively breastfed in the country, median duration is 12.1 months for any breastfeeding, and median duration of exclusive breastfeeding is extremely short (1.3 m). The same data has shown that bottle feeding is still highly prevalent. 79% of children aged 0-23 months are fed using a bottle with teat. 41% of all children aged 6-8 months received solid, semi solid or soft food and only 28% of breastfeeding babies are introduced timely appropriate complementary feeding.

¹⁸ In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

VIII.Total of Part I and Part II (indicator 1-15): IYCF Practices and Policies and Programs

Total score of infant and young child feeding **practices, policies and programs (indicators 1-15)** are calculated out of 150. Countries are then rated as:

Scores	Color- rating
0 – 45.5	Red
46 – 90.5 (68.5)	Yellow
91 – 135.5	Blue
136 – 150	Green



Key Gaps

- 1 Comprehensive written infant and young child feeding policy is not in place.
- 2 Strategies for enhancing BFHI program implementation and continuation and expansion of program evaluation activities are missing.
- 3 Macedonia has no Code dedicated legislation, and Code related provisions incorporated in other legal measures are not enough visible for appropriate surveillance and monitoring practices.
- 4 The mothers working in the informal sector are not covered by the legislative regarding paid maternity leave.
- 5 Developed guidelines on breastfeeding and infant feeding are not supporting with extensive trainings and workshops for all health professional.
- 6 Lack of functional integration among different level of services that are engaged in woman and infant health are key barriers in providing comprehensive counseling services for pregnant women and breastfeeding mothers.
- 7 There is no strategy that ensures all materials for infant and young child feeding practice are free from commercial pressure, and conflict of interest
- 8 The HIV transition from mother to child is not considered as public health priority in the country and HIV positive mothers are not supported in their decisions on infant feeding,
- 9 Infants and children are not receiving appropriate and timely support in the early stages of an emergency and system for registration of Code violation in the transit centers is not well developed.
- 10 Monitoring of infant and young child feeding practice is not part of regular health statistic system and only reliable data has been obtain from UNICEF survey.

Key Recommendations

- 1 Policies on infant and young child feeding should be integrated into one comprehensive policy according to WHO Infant and young child feeding policy and practice in order to improve the implementation.
- 2 Reassessment of all designated BF hospitals and identification all weakness and strengths in providing supportive breastfeeding environments
- 3 Improve the legislative framework within the "Food safety law" and make some provisions more visible for appropriate surveillance and monitoring practices of Code and subsequent WHO resolution violation.
- 4 Raising awareness among employers about the importance of creating breastfeeding friendly workplace polices.
- 5 Capacity building of the midwifery, as part of the efforts to strengthen the human resources for providing counseling, support and protect of breastfeeding and infant feeding

- 6 Community recognition and support of NGO's who work as breastfeeding support groups in the community and defining their role in communication strategies for breastfeeding promotion throughout society. Integrate these groups as breastfeeding resources on community level.
- 7 The promotion of breastfeeding should be continuous through the entire year, not to be concentrated during the WBW.
- 8 The Government should implement international guidelines on HIV and infant feeding into existing HIV policies.
- 9 IYCF/Breastfeeding in emergencies should be part of in-service training curricula of health professionals, as the phenomenon of emergencies due to natural disasters.
- 10 Infant and young child feeding practice indicators should be included into national health statistics system. The standardised system of monitoring IYCF practices based on WHO infant feeding definitions should be established.