2024

World Breastfeeding Trends Initiative (WBTi)

Assessment Report

IBFAN
defending breastfeeding

bpni
putting child nutrition
at the forefront
of social change

World Breastfeeding Trends Initiative (WBT*i*)

Assessment Report

CROATIA

2024

WBT*i* Global Secretariat
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We hope this report will be useful to both governmental and non-governmental organisations in Croatia when planning, implementing and evaluating interventions and nutrition improvement programmes, ultimately contributing to the health of infants and young children in Croatia.

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Acronyms

BFHI	Baby-Friendly Hospital Initiative
IBCLC	International Board-Certified Lactation Consultant
IBFAN	International Baby Food Action Network
IFE	Infant and Young Child Feeding in Emergencies
IYCF	Infant and Young Child Feeding
MOH	Ministry of Health
UN	United Nations
UNICEF	United Nations Children's Fund
WBT*i*	World Breastfeeding Trends Initiative
WHO	World Health Organisation

About IBFAN

IBFAN (**International Baby Food Action Network, http://ibfan.org/about-ibfan**) was founded in 1979 and has been awarded the Right Livelihood Award, the 'Alternative Nobel Prize', ″for its committed and effective campaigning in support of breastfeeding″. This network consists of 273 civil society organisations hailing from 168 countries that collaborate with the goal of saving the lives of infants and children throughout the world by sparking lasting changes in childhood nutrition at all levels. In Croatia, IBFAN members include the NGO RODA – Parents in Action (since 2003) and the Croatian Association of Lactation Consultants (since 2011).

IBFAN members share common goals and seven working principles:

1. Infants and young children, everywhere, have the right to the highest attainable standard of health.
2. Families, and in particular women and children, have the right to access adequate and nutritious food and sufficient and affordable water.
3. Women have the right to breastfeed and to make informed decisions about infant and young child feeding.
4. Women have the right to full support to breastfeed for two years or more and to exclusively breastfeed for the first six months.
5. All people have the right to access quality health care services and information free of commercial influence.
6. Health workers and consumers have the right to be protected from commercial influence which may distort their judgement and decisions.
7. People have the right to advocate for change which protects, promotes and supports basic health, in international solidarity.

IBFAN is organised in eight regional offices that create an international network of collaborators, most of whom are volunteers. IBFAN works to ensure the full implementation of the International Code on the Marketing of Breastmilk Substitutes (abbreviated as **the Code**) and all later relevant resolutions by the World Health Assembly. As a result, one of IBFAN's main activities is to monitor Code violations, warning violators and increasing public awareness about Code violations. In 1981, the Code was adopted by the member states of the World Health Organisation with the goal of protecting, promoting and supporting breastfeeding. The Republic of Croatia adopted the Code on 14th May 1992 at the General Assembly of the World Health Organisation by voting in favour of the Resolution on Infant Nutrition. The Code's main goal is to ensure compliance by companies that manufacture and distribute food products for infants and children as well as towards healthcare workers, underpinned by the philosophy that sensitive products intended for the youngest members of our society must not be at the mercy of the free market and aggressive marketing campaigns.

Low breastfeeding rates are often the consequence of inadequate breastfeeding support, incorrect information about breastfeeding as well as intense Code violations. For these reasons, healthcare workers, especially those who work with mothers and infants, have a very important role in protecting and promoting breastfeeding.

The World Breastfeeding Trends Initiative (WBT*i*)

About WBT*i*

The WBT*i* assists countries to assess the status and benchmark the progress in implementation of the *Global Strategy for Infant and Young Child Feeding* in a standard way. It is based on the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". The WBT*i* programme calls on countries to conduct their assessment to measure strengths and weaknesses on the ten parameters of policy and programmes that protect, promote and support optimal infant and young child feeding (IYCF) practices. It maintains a Global Data Repository of these policies and programmes in the form of scores, color codes, report and report card for each country The WBT*i* assessment process brings people together and encourages collaboration, networking and local action.

Organisations such as government departments, UN, health professionals, academics and other civil society partners (without Conflicts of Interest) participate in the assessment process by forming a core group with an objective to build consensus. With every assessment, countries identify gaps and provide recommendations to their policy makers for affirmative action and change. The WBT*i* Global Secretariat encourages countries to conduct a re-assessment every 3-5 years for tracking trends in IYCF policies and programme.

Vision & Mission

The WBT*i* envisages that all countries create an enabling environment for women to be successful in breastfeeding their babies optimally at home, health facilities or at work places. The WBT*i* aspires to be a trusted leader to motivate policy makers and programme managers in countries, to use the global data repository of information on breastfeeding and IYCF policies and programmes. WBT*i* envisions serving as a knowledge platform for programme managers, researchers, policy makers and breastfeeding advocates across the globe.

WBT*i*'s mission is to reach all countries to facilitate assessment and tracking of IYCF policies and programmes through mobilising local partnerships without conflicts of interest and building a data repository for advocacy.

Ethical Policy

The WBT*i* works on seven principles of IBFAN and does not seek or accept funds donation, grants or sponsorship from manufacturers or distributors and the front organisations of breast milk substitutes, complementary foods, infant and young child feeding related products like breast pumps, or any such organization that has conflicts of interest.

The WBT*i* has identified 15 indicators in two parts, each indicator having specific significance.

Part-I deals with policy and programmes (indicator 1-10)	**Part –II deals with infant feeding practices (indicator 11-15)**
1. National Policy, Governance and Funding 2. Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding 3. Implementation of the International Code of Marketing of Breastmilk Substitutes 4. Maternity Protection 5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF) 6. Counselling services for the pregnant and breastfeeding mothers 7. Accurate and Unbiased Information Support 8. Infant Feeding and HIV 9. Infant and Young Child Feeding during Emergencies 10. Monitoring and Evaluation	1. Timely Initiation of Breastfeeding within one hour of birth 2. Exclusive Breastfeeding for the first six months 3. Median duration of Breastfeeding 4. Bottle-Feeding 5. Complementary Feeding-Introduction of solid, semi-solid or soft foods

Each indicator used for assessment has the following components:

- The key question that needs to be investigated.
- Background on why the practice, policy or programme component is important.
- A list of key criteria for assessment as subset of questions to be considered in identifying strengths and weaknesses to document gaps.
- Annexes for related information

Part I: Policies and Programme

The criteria of assessment has been developed for each of the ten indicators, based on the *Global Strategy for Infant and Young Child Feeding* (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005) as well as updated with most recent developments in this field. For each indicator, there is a subset of questions. Answers to these can lead to identification of the gaps in policies and programmes required to implement the *Global Strategy.* Assessment can reveal how a country is performing in a particular area of action on Breastfeeding /Infant and Young Child Feeding. Additional information is also sought in these indicators, which is mostly qualitative. Such information is used in the elaborate report, however, is not taken into account for scoring or colour coding.

Part II: Infant and Young Child Feeding Practices

In Part II ask for specific numerical data on each practice based on data from random national household surveys. These five indicators are based on the WHO's tool for keeping it uniform. However, additional information on some other practice indicators such as 'continued breastfeeding' and 'adequacy of complementary feeding' is also sought.

Scoring and Colour-Coding

Part 1. Policy and Programmes: Indicator 1-10

Once the information on the 'WBT*i* Questionnaire 'is gathered and analysed, it is then entered into the web-tool. The tool provides *scoring* of each individual sub set of questions as per their weightage in the indicators 1-10 (policies and programmes). Each indicator has a maximum score of 10. Total score of ten indicators has a maximum score of 100. The web tool also assigns *Colour- Coding* (Red/Yellow/Blue/Green) of each indicator as per *the WBTi Guidelines for Colour- Coding* based on the scores achieved.

Part 2. Infant and young child feeding practices

Indicators of part II are expressed as percentages or absolute number. Once the data is entered, the tool assigns *Colour coding* as per the *Guidelines.* The WBT*i* Tool provides details of each indicator in sub-set of questions, and weightage of each.

Global acceptance of the WBT*i*

The WBT*i* met with success in South Asia during 2004-2008 and based on this, the WBT*i* was introduced to other regions. By now more than 100 countries have been trained in the use of WBT*i* tools and 99 have completed and reported. Many of them repeated assessments during these years. WBT*i* has been published as BMJ published a news in the year 2011, when 33 country WBT*i* report was launched[1]. Three peer reviewed publications in international journals add value to the impact of WBT*i*: in *Health Policy and Planning* in 2012 when 40 countries had completed their assessments[2], in the *Journal of Public Health Policy* in 2019 when 84 countries completed it[3], and in the *International Breastfeeding Journal*, in 2020, when 18 European countries completed their WBT*i* report[4].

The WBT*i* has been accepted globally as a credible source of information on IYCF policies and programmes and has been cited in global guidelines and other policy documents e.g WHO National Implementation of BFHI 2017[5] and IFE Core group's Operational Guidance on Infant Feeding in Emergencies, 2017[6]. Accomplishment of the WBT*i* assessment is one of the seven policy asks in the Global Breastfeeding Collective (GBC), a joint initiative by UNICEF & WHO to accelerate progress towards achieving the WHA target of exclusive breastfeeding to 70% by 2030. The Global Breastfeeding Scorecard for tracking progress for breastfeeding policies and programmes, developed by the Collective, has identified a target that at least three-quarters of the countries of the world should be able to conduct a WBT*i* assessment every five years by 2030. [7] The report on implementation of the International Code of Marketing for Breastmilk Substitutes also used WBT*i* as a source. The Global database on the Implementation of Nutrition Action has used WBT*i* as a source.[8] Global researchers have used WBT*i* findings to predict possible increase in exclusive breastfeeding with increasing scores[9] and found it valid for measuring inputs into global strategy. [10]

1 BMJ 2011;342:d18doi: https://doi.org/10.1136/bmj.d18 (Published on January 4, 2011)

2 https://academic.oup.com/heapol/article/28/3/279/553219

3 https://link.springer.com/article/10.1057/s41271-018-0153-9

4 https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-020-00282-z

5 https://www.who.int/nutrition/publications/infantfeeding/bfhi-national-implementation2017/en/

6 https://www.ennonline.net/attachments/3028/Ops-Guidance-on-IFE_v3-2018_English.pdf

7 https://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2017.pdf?ua=1

8 https://extranet.who.int/nutrition/gina/

9 https://academic.oup.com/advances/article/4/2/213/4591629

10 https://onlinelibrary.wiley.com/doi/10.1111/mcn.13425

The WBT*i* Guidelines for Colour-Coding (Part I and II)

Table 1: WBT*i* Guidelines for Colour-Coding for Individual indicators 1-10

Scores	Colour-coding
0 – 3.5	Red
4 – 6.5	Yellow
7 – 9	Blue
> 9	Green

Table 2: WBT*i* Guidelines for Colour-Coding 1-10 indicators (policy and programmes)

Scores	Colour-coding
0 – 45.5	Red
46 – 90.5	Yellow
91 – 135.5	Blue
136 – 150	Green

Table 3: WBT*i* Guidelines for Colour-Coding Individual indicators 11-15 (Practices)

WBTi Guidelines for Indicator 11 (Initiation of breastfeeding {within 1 hour})

Percentage (WHO's key)	Colour-coding
0.1-29%	Red
29.1-49%	Yellow
49.1%-89%	Blue
89.1-100%	Green

WBTi Guidelines for Indicator 12 (Exclusive Breastfeeding {for first 6 months})

Percentage (WHO's key)	Colour-coding
0.1-11%	Red
11.1-49%	Yellow
49.1-89%	Blue
89.1-100%	Green

WBTi Guidelines for Indicator 13 (Median Duration of Breastfeeding)

Months (WHO's key)	Colour-coding
0.1-18 months	Red
18.1-20 months	Yellow
20.1-22 months	Blue
22.1-24 months	Green

WBTi Guidelines for Indicator 14 (Bottle-feeding {0-12 months})

Percentage (WHO's key)	Colour-coding
29.1-100%	Red
4.1-29%	Yellow
2.1-4%	Blue
0.1-2%	Green

WBTi Guidelines for Indicator 15 (Complementary Feeding {6-8 months})

Percentage (WHO's key)	Colour-coding
0.1-59%	Red
59.1-79%	Yellow
79.1%-94%	Blue
94.1-100%	Green

Background

1. Republic of Croatia – Vital statistics

According to the population census in 2021[11], there were 3,871,833 inhabitants in Croatia, which is a further decline in the population compared to previous data. The number of live births also continues to decline, with 33,883 live births in 2022 (there were 37,503 live births in 2015), according to the Central Bureau of Statistics, which refers to permanent residents in Croatia. Low birth rates of 9-10/1,000 inhabitants are directly linked to a fall in the overall fertility rate, which was 1.58 in 2021. The infant mortality rate in Croatia[12] (3.8 deaths per 1,000 live births in 2021; 4.0 in 2020) is higher than the EU-27 average (3.3 in 2020). The majority of infant mortalities are linked to pathology during pregnancy or birth, which account for around 50% of infant deaths, followed by congenital malformations, with 34% of infant deaths. These health issues, especially those linked to premature birth, require regionalised and well-organised medical services and encouragement of breastfeeding. In order to reduce infant mortality, preventive activities must be implemented during the preconception and antenatal period, including various forms of education aimed at optimising maternal/infant health and preparing women for breastfeeding.

The Croatian Institute of Public Health monitors breastfeeding rates through reports from health services in primary care. In 2022 data was sourced from children´s electronic health records provided by 80% of paediatric practices in primary health care in Croatia. According to those data, 55.2% of infants at one month of age were fed exclusively with breast milk, 44.9% at the age of three months and 9.9% at the age of six months of life.

According to research data from the 'European Childhood Obesity Monitoring Initiative, Croatia'[13] in a nationally representative sample of eight-year-old children, the proportion of children who were exclusively breastfed for at least six months, according to WHO recommendations, is 27.1%, for both girls and boys. The results on the duration of breastfeeding show that 93% of children were breastfed at some point in their lives, of which 12.8% of them for less than one month. The average duration of breastfeeding for the children included in the study was 11.7 months, for both girls and boys. The differences in the data result from the different methodologies used, i.e. how the data was collected, but also from the time lag from the era to which it relates. The data collected in primary health care practices refers to the child's diet at that point in time, whereas the data in the aforementioned study was collected from the parents of eight-year-olds; hence, referred to practices that occurred several years earlier.

One of the biggest problems in collecting, analysing and comparing results regarding infant nutrition in Croatia is the use of different methodologies. Since we need to monitor breastfeeding rates as part of the National Program for the Protection and Promotion of Breastfeeding, work is currently being done to make the collection of data on infant and young child nutrition a part of routine data set collection from childcare facilities at the primary health care level. In that case, such data would be comprehensive, timely and would be collected on an individual level, which would enable more accurate and detailed analyses.

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11 https://dzs.gov.hr/

12 https://www.hzjz.hr/wp-content/uploads/2022/12/Dojenacke_smrti_-_2021.pdf

13 https://www.hzjz.hr/wp-content/uploads/2021/03/CroCOSI-2021-publikacija-web-pages.pdf

2. National breastfeeding policies and activities in Croatia

Even before the War for Independence (1991-1995), breastfeeding rates in Croatia were very low, and healthcare workers had already recognized the problem of an increasing number of infants who were not being breastfed. It is important to note that the war further de-stimulated breastfeeding, especially in light of the uncontrolled amounts of donations of breast milk substitutes at the time. During the war itself, the Office for UNICEF in Croatia introduced the Baby Friendly Hospital Initiative (BFHI). In 1993, thanks to UNICEF and the Ministry of Health, all Croatian maternity hospitals officially joined the BFHI, but the degree of quality involvement varied. Three years later the first Croatian hospitals became designated as Baby-Friendly. At the same time, a number of other hospitals were well on their way to achieving the same standard of care.

The protection, promotion and support of breastfeeding became one of the health priorities in the "National health strategy: 2012-2020"[14]. In that document, the importance of implementing a National breastfeeding programme was emphasized. In 2015, the Government of the Republic of Croatia adopted the first national "Program for the protection and promotion of breastfeeding"[15]. It was aimed at completing BFHI implementation. By 2016, all public maternity hospitals in Croatia were designated as 'Baby-friendly'. In 2017, prior to revision of the BFHI in 2018, neo-BFHI was introduced in 13 (6 level 2 and 5 level 3, 11 within maternity hospitals, and 2 outside maternity hospitals) Croatian neonatal intensive care units.

In the 2018, the Croatian Government adopted a new biennial National Program for the Protection and Promotion of Breastfeeding[16] prepared by the members of the National Breastfeeding Committee. The aim was to maintain the Baby Friendly Hospital Initiative (BFHI) and expand the Initiative beyond the maternity hospitals - into the community (Breastfeeding Friendly Community, Breastfeeding Friendly Clinic, Breastfeeding Support Groups).

The National human milk bank was opened in 2019, in Zagreb. The idea of extending BFHI toward maternal care resulted in a pilot programme of implementation of the Mother-Friendly Hospital Initiative (MFHI) in four Croatian maternity hospitals, in 2017. This resulted in the writing of a "Manual for the Implementation of the Mother and Baby-Friendly Hospital Initiative"[17] in Croatian, which has been available since 2021 on Agora – the UNICEF platform for education.

The Third National Program for the Protection and Promotion of Breastfeeding, from 2024 to 2027, is a comprehensive programme for breastfeeding protection and promotion in Croatia. It is oriented

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14 https://vlada.gov.hr/UserDocsImages/ZPPI/Strategije%20-%20OGP/zdravlje/Nacionalna%20strategija%20zdravstva%20-%20za%20web.pdf

15 https://zdravlje.gov.hr/UserDocsImages//Programi%20i%20projekti%20-%20Ostali%20programi//Program%20za%20za%C5%A1titu%20i%20promicanje%20dojenja%202015-2016..pdf

16 https://zdravlje.gov.hr/UserDocsImages//2018%20Programi%20i%20projekti//Nacionalni%20program%20za%20za%C5%A1titu%20i%20promicanje%20dojenja%20za%20razdoblje%20od%202018.%20do%202020.%20godine-%20usvojen%2023.08.2018..pdf

17 https://www.unicef.org/croatia/media/5701/file/Rodili%C5%A1te%20-%20prijatelj%20majki%20i%20djece%20.pdf

towards the sustainability of existing programmes, the expansion of small scope programmes, the definition and implementation of new programmes or programmes that have not yet been fully implemented (Breastfeeding Friendly Women Counselling Centres, Breastfeeding Friendly Pharmacies, Baby Friendly Neonatology Departments - implemented but not officially evaluated).

In addition to the measures mentioned above, the promotion of breastfeeding is carried out through the national health promotion program "Live Healthy" (NP Live Healthy)[18]. The main focus of the NP 'Live Healthy' is to create an environment that promotes the implementation of a healthy lifestyle, including breastfeeding. As part of the project, 24 breastfeeding benches were installed in playgrounds and along hiking trails throughout Croatia in 2021, and National Breastfeeding Week was celebrated in the first week of October.

3. The Importance of Breastfeeding

Exclusive breastfeeding (feeding an infant only breast milk, without any other liquids or foods) during the first six months of life, and continuing breastfeeding with appropriate complementary foods to two years of age and beyond, are the World Health Organisation (WHO) and UNICEF's official recommendations for optimal infant and young child feeding. Not breastfeeding and early cessation of breastfeeding have important adverse health, social and economic effects on women, children, the community and environment which result in higher costs for healthcare and increased socio-economic differences between various social groups.

According to WHO[19], over 820,000 children's lives could be saved every year among children under 5 years, if all children 0–23 months were breastfed. Breastfeeding and exclusive breastfeeding provide numerous benefits for the health of children and mothers. For children, exclusive breastfeeding decreases the risk of non-specific infections of the digestive tract, middle-ear and lower respiratory tract infections, SIDS, type I diabetes, asthma and atopic dermatitis, obesity, celiac disease, diseases marked by chronic intestinal inflammation and some children's cancers (acute leukaemia, lymphoma). Breastfeeding also has a positive effect on children's cognitive development. On the other hand, for mothers, breastfeeding lowers the risk of breast and ovarian cancer as well as rheumatoid arthritis. Exclusive breastfeeding is an effective way to prevent some of the greatest health risks facing the world's population today, including obesity in children and adults, type II diabetes and cardiovascular disease in breastfeeding mothers. It is especially important to note the importance of breastfeeding in preventing childhood obesity. Obesity represents a threat to health and longevity on a global scale and is one of the leading public health challenges, both globally and in Croatia. Since the prevention of obesity through proper nutrition and exercise is a WHO priority, and obesity is a global threat that is also steadily encroaching upon Croatia, we must strive to make breastfeeding and healthy nutrition a priority from the earliest age. This would allow for effective action on creating healthy feeding habits and contribute to obesity prevention. Breastfeeding can help

[18] https://zivjetizdravo.eu/

[19] https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding

achieve many of the 17 Sustainable Development Goals (Agenda 2030[20]) including goals on poverty, hunger, health, education, gender equality and sustainable consumption.

[20] https://sdgs.un.org/goals

Assessment process followed by the country

The World Breastfeeding Trends Initiative (WBT*i*) is a tool designed to assess the status and benchmark the progress of the implementation of the Global Strategy for Infant and Young Child Feeding - a fundamental document approved by the World Health Organization members worldwide. It consists of 10 indicators linked to recommended policies and programmes and five indicators linked to infant feeding practices. Monitoring trends in infant and young child feeding policies, programmes, and practices enables governments and other decision makers to assess the effect of different programmes, direct resources to areas of greatest need and plan future activities to develop infant and young child feeding strategies.

To gain real insight, and enable monitoring of IYCF activities, reassessments of Global Strategy implementation should be carried out regularly, ideally every five years. This requires significant resources, given the amount of information that needs to be collected, the expertise required to conduct the assessment and the costs involved in producing and disseminating the Report's findings.

The first Croatian WBT*i* Report was published in December 2015, with the financial support of the WBT*i* Global Secretariat and the Ministry of Health of the Republic of Croatia. Unfortunately, funding from the WBT*i* secretariat is no longer available, which, along with reallocated funds from the Ministry of Health due to the COVID-19 pandemic, resulted in a delay in the preparation of the second Croatian WBT*i* Report. The second factor that led to delay in publishing the Report is the slow process of adopting the new National programme for the Protection and Promotion of Breastfeeding 2024 - '27, upon which the Report is based.

Similar to the initial assessment, a multidisciplinary core group was formed, led by the WBT*i* national coordinator, assoc. prof. Irena Zakarija-Grković. The group had six members: Dinka Barić, community nurse and IBCLC, Željka Draušnik, public health specialist, prof. Josip Grgurić, paediatrician and UNICEF representative, assoc. prof. Anita Pavičić Bošnjak, neonatologist and IBCLC, Ivana Zanze, parent representative, and assoc. prof. Irena Zakarija-Grković, MD, PhD, academic and IBCLC. The crucial requirement for all members was that they were not involved in any way in the promotion or work for companies who distribute breast milk substitutes, i.e. that they had no conflict of interest.

To fully ensure the validity of the evaluation process, the members of the core group worked in pairs, i.e. each person individually evaluated preselected indicators and compared the results and discussed the differences with their partner until a consensus was reached. If this was not possible, other team members were involved in resolving possible disagreements regarding the conclusions.

The core team met once a month, online, starting in January 2022, with individual pairs meeting more frequently, as needed. Reports on individual indicators were read and commented by all team members, and in this way the final Report for the Republic of Croatia was prepared. The report was then forwarded to all relevant partners, who represent organisations with an interest or role in infant

and young child feeding. Partners were asked to provide feedback, after which the report was revised, finalised and translated into English for publication on the WBT*i* website.

List of partners

	Name of the representative	Organisation
1.	Danica Kramarić, MD, Director	Ministry of Health Administration for primary health care, health tourism, medicines and medical products, public health and public health protection
2.	Regina M. Castillo, UNICEF Representative in Croatia	UNICEF Office for Croatia
3.	Iva Pejnović Franelić, MD, PhD	Office of the World Health Organization in the Republic of Croatia
4.	Prim. Assis. Prof. Ivana Pavić Šimetin, MD, PhD, School Medicine specialist, Deputy director	Croatian Public Health Institute
5.	Assis. Prof. Josip Juras, MD, PhD	Croatian Society for Perinatal Medicine
6.	Prim. Mirjana Kolarek Karakaš, MD	Croatian Society for Preventive and Social Paediatrics
7.	Professor Aida Mujkić, MD, PhD, pediatrician	Croatian Paediatric Society
8.	Kristina Kužnik, mag.med. techn.	Croatian Paediatric Nurses' Society
9.	Zorica Kovač, mag.med.techn., IBCLC	Community Nurses' Society Croatian Association of Lactation Consultants
10.	Dinka Barić, mag.med.techn., IBCLC	Croatian Association of Breastfeeding Support Groups
11.	Ivana Zanze	Roditelji u Akciji – Roda
12.	Maja Rečić, bacc.obs.	Croatian association for promotion of midwifery

Assessment Findings

Part I: IYCF Policies and Programmes

In Part I, each question has possible score of 0-3 and each indicator has a maximum score of 10. Once information about the indicators is entered, the achievement on the particular target indicator is then rated i.e. Red, Yellow, Blue and Green based on the guidelines.

Indicator 1: National Policy, Governance and Funding

Key question/s: *Is there a national breastfeeding/ infant and young child feeding policy that protects, promotes and supports optimal breastfeeding and infant and young child feeding (IYCF) practices? Is the policy supported by a government programme? Is there a plan to implement this policy? Is sufficient funding provided? Is there a mechanism to coordinate like e.g National breastfeeding committee and a coordinator for the committee?*

Criteria for Assessment – Policy and Funding	✓ Check all that apply	
1.1) A national breastfeeding/infant and young child feeding policy/guideline (stand alone or integrated) has been officially approved by the government	X❑ Yes = 1	❑ No=0
1.2) The policy recommends initiation of breastfeeding within one hour of birth and exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	X❑ Yes = 1	❑ No=0
1.3) A national plan of action is approved with goals, objectives, indicators and timelines	X❑ Yes = 2	❑ No = 0
1.4) The country (government and others) is spending a minimum of per child born on breastfeeding and IYCF interventions[21] a. no funding b. < $1 per birth c. $1-2 in funding per birth d. $2-5 in funding per birth e. at least $5 in donor funding per birth	√ Check one which is applicable ❑ 0 ❑ 0.5 X❑ 1 ❑ 1.5 ❑ 2.0	
Governance		
1.5) There is a National Breastfeeding/IYCF Committee	X❑ Yes = 1	❑ No = 0
1.6) The committee meets, monitors and reviews the plans and progress made on a regular basis	X❑ Yes = 2	❑ No = 0
1.7) The committee links effectively with all other sectors like finance, health, nutrition, information, labor, disaster management, agriculture, social services etc.	X❑ Yes = 0.5	❑ No = 0
1.8) The committee is headed by a coordinator with clear terms of reference, regularly coordinating action at national and sub national level and communicating the policy and plans.	X❑ Yes = 0.5	❑ No = 0
Total Score	**9/10**	

[21] Enabling Women To Breastfeed Through Better Policies And Programmes – Global Breastfeeding Scorecard, 2018 https://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2018-methology.pdf?ua=1

Additional useful information

1. What is the amount of money currently being spent annually on the breastfeeding and IYCF interventions?

- This is extremely difficult to calculate considering that different institutions (national, regional and local) fund different organizations (associations, educational institutions, etc.) at different times and for different reasons. Therefore, the above funding is a rough estimate.

2. How many babies are born each year?

- 33,883 live births in 2022, according to the Croatian Bureau of Statistics.

3. Is the food industry/representative a part of the breastfeeding/IYCF committee?

- No, we do not have a representative of the food industry in our National Breastfeeding Committee because we believe that would be a conflict of interest, considering that all members of the Comittee are obliged to comply with the International Code.

Information Sources Used:

1. National Programme for the Protection and Promotion of Breastfeeding 2024-2027 (link)
2. Croatian Bureau of Statistics (link)
3. National development strategy of the Republic of Croatia until 2030 (link)

Gaps

1. The process of adopting each new National Programme for the Protection and Promotion of Breastfeeding is very slow, which means that periods between programmes (sometimes years) are not covered. This makes it difficult to fund and implement Programme activities.
2. No information is collected on public funds invested in activities related to breastfeeding.

Recommendations

1. The third program for the Protection and Promotion of Breastfeeding is defined for the period from 2024 to 2027. We recommend that the next Program be adopted for a longer period.
2. It is necessary to keep records of the funds invested in implementation of the activities from the National Breastfeeding Program, as well as of other activities dedicated to the protection and promotion of breastfeeding in the Republic of Croatia.

Conclusions

National policy in Croatia regarding the management and financing of infant and young child feeding activities is relatively well established, with the National Breastfeeding Committee established in 2007 and the First National Program for the Promotion of Breastfeeding approved by the government in 2015.

A faster and more efficient process of adopting new National Programmes for the protection and promotion of breastfeeding is needed, and a more adequate method of documenting funds invested in the implementation of IYCF activities is needed.

It would be beneficial to establish a mechanism to ensure that during periods not covered by the National Breastfeeding Program, there is a way to ensure the sustainability of activities planned within the Program, by integrating a sustainability component into the planned activities. For example, they can become an integral part of the regular activities of relevant institutions, such as the Ministry of Health, the Croatian Institute of Public Health, the Croatian Health Insurance Fund, primary health care practices, hospitals, universities, and similar entities. The role of the NBP would therefore be to strengthen existing efforts.

Indicator 2: Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding

Key questions

- *What percentage of hospitals/maternity facilities are designated/ accredited/awarded for implementing the ten steps within the past five years?*
- *What is the quality of implementation of BFHI?*

Quantitative Criteria for assessment

2.1) 19 out of 32 *total hospitals (both public &private) offering maternity services that have been designated/accredited/awarded for implementing10 steps within the past 5 years 61%*

Criteria for assessment	✓ Check one which is applicable
0	❑ 0
0.1 – 20%	❑ 1
20.1 – 49%	❑ 2
49.1 – 69%	X❑ 3
69.1-89 %	❑ 4
89.1 – 100%	❑ 5
Total score 2.1	**3/5**

Qualitative Criteria for assessment

Criteria for assessment	✓ Check all that apply	
2.2) There is a national coordination body/mechanism for BFHI / to implement Ten Steps with a clearly identified focal person.	X❑ Yes = 1	❑ No=0
2.3) The Ten Steps have been integrated into national/ regional/hospital policy and standards for all involved health professionals.	X❑ Yes = 0.5	❑ No=0

2.4) An assessment mechanism is used to designate/award the health facility.	X❑ Yes = 0.5	❑ No=0
2.5) Provision for the reassessment[22] have been incorporated in national plans to implement BFHI/ Ten Steps including a standard monitoring system.	X❑ Yes = 0.5	❑ No=0
2.6) The accreditation/designation/awarding process for BFHI/implementing the Ten Steps includes assessment of knowledge and competence of the nursing and medical staff.	❑ Yes = 1	X❑ No=0
2.7) The assessment process relies on interviews of mothers.	X❑ Yes = 0.5	❑ No=0
2.8) The International Code of Marketing of Breastmilk Substitutes is integrated to BFHI / hospital designation programme	X❑ Yes = 0.5	❑ No=0
2.9) Training on the Ten Steps and standard of care are included in the pre-service curriculum for nurses, midwives and doctors and other involved health care professionals.	❑ Yes = 0.5	X❑ No=0
Total Score (2.2 to 2.9)	**3.5/5**	

Total Score (2.1 to 2.9)	**6.5/10**

Additional information

Implementation of the Ten Steps relies on international criteria.

Information Sources Used:

1. National programme for the Protection and Promotion of Breastfeeding 2024-2027 (link)
2. Implementation guidance: protecting, promoting, and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-friendly Hospital Initiative 2018 License: CC BY-NC-SA 3.0 IGO.

Gaps

1. At the end of 2022, the National Team for the Baby Friendly Hospital Initiative, which was organized by the UNICEF Office for Croatia, stopped working, as did the National Coordinator for

[22] ***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 baby friendly 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.

the BFHI. Activities are carried out now by the National Assessment Team for the BFHI, established in 2018 by the Ministry of Health.

2. The assessment of the knowledge and expertise of medical staff in maternity hospitals according to the revised (2018) criteria is not currently being carried out; instead, staff are interviewed by members of the National Assessment Team as part of the reassessment of maternity hospitals.

3. Education about the Ten Steps is not routinely included in the curriculum for nurses, midwives and doctors. There are only a few exceptions, e.g. in the 6th year of medical studies at the Faculty of Medicine in Zagreb, as part of the subject 'Organisation of Health Care and Health Economics', and at the University of Split School of Medicine, where it is taught to 6th year medical students as part of the subject 'Family Medicine'.

4. Lack of a standardized system for monitoring and reporting according to the 2018 revised BFHI.

5. Lack of involvement of the only private maternity hospital in Croatia in the BFHI A relatively high proportion of mothers who attend this facility have Caesarean births and bottle feed.

6. There is no dedicated page on the MoH website with information on the BFHI. 7. There is no regularly held BFHI conference/symposium in Croatia, where experience and knowledge on the implementation of this initiative can be exchanged.

Recommendations

1. Reestablish the National Team for the BFHI and organise training for team members who will assess the competencies of healthcare workers.

2. Restart the systematic education of maternity hospital staff according to the 2018 revision of the BFHI, where necessary.

3. Include compulsory education on the Ten steps in the curriculum for nurses, midwives and doctors.

4. Establish a monitoring system for maternity hospitals according to the revised 2018 BFHI.

5. Include the only private Croatian maternity hospital in the BFHI.

6. Dedicate part of the Ministry of Health's website to the BFHI.

7. Organize a biennial symposium on the BFHI in Croatia.

Conclusions

The BFHI has been successfully implemented in Croatia. Given that only one private maternity hospital (where less than 1% of children in Croatia are born annually) is not included in the Initiative, Croatia is one of the few countries where all public maternity hospitals are designated 'Baby Friendly'. However, many challenges remain, especially in maintaining motivation and interest in the Initiative among maternity hospital staff, as well as securing long-term funding for regular reassessments, monitoring implementation and staff training.

Reassessments of maternity hospitals are carried out by the National Assessment Team every four years. There is no systematic monitoring of the "Ten Steps" after obtaining BFHI designation, i.e. between two assessments. It is necessary to establish regular monitoring of two key indicators

(initiating breastfeeding in the first hour and the rate of exclusive breastfeeding during the hospital stay) as well as the monitoring of other practices (steps 3 to 10) according to the requirements of the 2018 Baby Friendly Hospital Initiative. Monitoring of maternity practices should be conducted once every 6 months or at least annually. The results should be available to the National Assessment Team of the Ministry of Health, as well as to the National Coordinating Body for the implementation of BFHI. The management and staff of the maternity hospitals should use the monitoring findings to identify areas where improvements are needed, together with the results of the assessments of the clinical competences of the staff providing breastfeeding support, which should be evaluated every two years. Based on the joint results of monitoring and assessment, the institution should develop an action plan to introduce the necessary changes in cooperation with the National Coordinating Body for BFHI.

Indicator 3: Implementation of the International Code of Marketing of Breastmilk Substitutes

Key questions: *Are the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions in effect and implemented in the country? Has any action been taken to monitor and enforce the above?*

Criteria for Assessment (Legal Measures that are in Place in the Country**)**	
	Score
3a: Status of the International Code of Marketing √ Check all that applies up to the questions 3.9. If it is more than one, tick the higher one.	
3.1 No action taken	❑ 0
3.2 The best approach is being considered	❑ 0.5
3.3 Draft measure 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	X❑ 4
3.8 All articles of the Code as law	❑ 5
3.9 Relevant provisions of World Health Assembly (WHA) resolutions subsequent to the Code are included in the national legislation[23] a. Provisions based on 1 to3 of the WHA resolutions as listed below are included b. Provisions based on more than 3 of the WHA resolutions as listed below are included	❑ 5.5 ❑ 6
Total score 3a	**4**

[23] 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 breast milk 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)
5. Ending inappropriate promotion of foods for infants and young children (WHA 69.9)

3b: Implementation of the Code/National legislation Check all that applies. It adds up to the 3a scores.	
3.10 The measure/law provides for a monitoring system independent from the industry	X❑ 1
3.11 The measure provides for penalties and fines to be imposed to violators	X❑ 1
3.12The 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 3b	2

Total Score (3a + 3b)	**6/10**

Additional Information

1. How often do you see violations of the Code or national law?

- Violations of the Code are observed in all places where pregnant women/mothers come for information, from health institutions (posters, leaflets, antenatal course gift bags), to magazines, and especially on social networks of companies that distribute or produce substitutes. There are also various types of memberships deals in retail stores and, bonus programmes intended for parents of newborn children, through which they are offered discounts.

2. Has your country taken any steps that strengthen Code implementation?

- As a part of the European Union legal regulations, some directives have already been adopted with the aim of regulating advertising, but no protective mechanisms have been adopted, nor is there a practice of reporting violations of the Code to inspection offices.

3. How is information about the Code disseminated among health workers?

- Information about the Code and the importance of complying with its provisions is mainly communicated to healthcare workers through associations: professional associations or breastfeeding associations . Education within the health system, such as, for example, education for maternity hospitals that implement the BFHI, has not been held recently.

Information Sources Used:

1. Law on Food for Special Dietary Needs (NN 39/13, link)
2. Regulation on initial and transitional food for infants (NN 122/13, 29/14, link)
3. Regulation on processed cereal-based foods and baby foods for infants and young children (NN 126/13, link)
4. Law on the Implementation of Regulation (EU) No 609/2013 of the European Parliament and of the Council of 12 June 2013 on food intended for infants and young children, food for special medical purposes, and total diet replacement for weight control (NN 69/17, 114/18. link)
5. Regulation (EU) No 609/2013 of the European Parliament and of the Council of 12 June 2013 on food intended for infants and young children, food for special medical purposes, and total diet replacement for weight control (link)

6. Commission Delegated Regulation (EU) 2016/127 of 25 September 2015 supplementing Regulation (EU) No 609/2013 of the European Parliament and of the Council as regards the specific compositional and information requirements for infant formula and follow-on formula and as regards requirements on information relating to infant and young child feeding (link)
7. Concluding remarks and comments of the Committee for the Rights of the Child on the combined fifth and sixth periodic report of the Republic of Croatia (link)

Gaps

1. Although the Code has been partially implemented into Croatian laws and regulations, authorities (Ministry of Health) do not monitor or punish violations.
2. Awareness of the importance of breastfeeding protection is insufficiently developed among all key stakeholders, especially among health workers, and the Code is violated precisely in health institutions (health centres - paediatric and gynaecological practices) and pharmacies.
3. Companies that produce breast milk substitutes advertise to health professionals (paediatricians, nurses, midwives) at health conferences.
4. Companies that produce breast milk substitutes use the Internet, social networks, and new media as well as events that bring parents together (e.g. fairs) to advertise directly to young parents in ways that circumvent the Code.

Recommendations

1. The National Breastfeeding Committee needs to draft a document for the protection of breastfeeding in such a way as to recognize and limit all harmful practices of manufacturers and distributors of breast milk substitutes, and other products that fall within the scope of the Code. For this purpose, and for the protection of children's health, it is recommended that the National Breastfeeding Committee collaborates with the Working Group for Advertising Food and Beverages to Children, which is coordinated by the Croatian Institute of Public Health.
2.
3.
4. The relevant ministries, as well as civil society organizations, need to work on raising awareness of the importance of breastfeeding protection among all key stakeholders, especially health professionals who care for pregnant women and their families. Compliance with the Code should be mandatory in all healthcare institutions and pharmacies, as well as at health professional conferences and other educational events.
5. The competent ministry should take all necessary legislative and structural measures, including supervision, to control the marketing of breast milk substitutes and other products from the scope of the Code.
6. The competent ministry should create mechanisms for monitoring and sanctioning violations of the Code, so that all advertising for breast milk substitutes is in accordance with the existing Code.
7. Civil society organisations that are members of IBFAN should become more agile in monitoring violations of the Code, and inform the public and all relevant institutions about it.

Conclusions

As part of the process of accession to the European Union, national legislation had to comply with several European directives, including Commission Directive 2006/141/EC on infant formula and follow-on formula, Directive 2006/125/EC on processed cereal-based foods and baby foods for infants and young children and Council Directive 92/52/EEC on infant formulae and follow-on formula intended for export to third countries.
Although the mentioned directives do not include all provisions of the Code, it was the first time that some measures of the Code were included in national regulations as binding, which was an important step in efforts to protect breastfeeding.
Unfortunately, the enforcement of these measures through laws and ordinances: Law on Food for Special Dietary Needs (NN 39/13), Ordinance on Initial and Transitional Food for Infants (NN 122/13, 29/14), Ordinance on Processed Food Based on cereals and baby food for infants and small children (NN 126/13) did not prove to be sufficient because adequate supervision and sanctioning of violations was not established.

In addition to the above, the largest problem is violation of the Code in healthcare institutions (health centers, pharmacies) and at conferences intended for healthcare workers. Manufacturers also use social media as new advertising channels for reaching parents. Despite numerous warnings from associations and experts about these problems, there is an obvious lack of political will to do something about them.
Due to the impact of the pandemic, the standard means by which offenders promoted themselves - jumbo posters in the waiting rooms of health institutions, distribution of printed materials to health workers (for mothers) have decreased, but at the same time online advertising has significantly expanded its influence.
During the pandemic, all efforts were invested in implementing measures to reduce its spread and to relieve the burden on the health system. Consequently, breastfeeding was further neglected.
Therefore, Croatia cannot claim any progress compared to the first assessment, since not many changes have taken place in terms of strengthening the implementation of the Code.

From time to time, trainings are organized for all healthcare professionals who are directly involved in providing breastfeeding support. Everyone is invited to such educational events, but unfortunately, interest is not what we would like it to be. Due to all of the above, in 2022, the UN Committee on the Rights of the Child sent (again) recommendations to the Republic of Croatia to protect breastfeeding in its Concluding remarks and comments on the combined fifth and sixth periodic report of the Republic of Croatia.

Indicator 4: Maternity Protection

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

Criteria for Assessment	Scores
4.1) Women covered by the national legislation are protected with the following weeks of paid maternity leave: a. Any leave less than 14 weeks b. 14 to 17 weeks c. 18 to 25 weeks d. 26 weeks or more	Tick one which is applicable ❑ a=0.5 ❑ b=1 ❑ c=1.5 X❑ d= 2
4.2) Does the national legislation provide at least one breastfeeding break or reduction of work hours? a. Unpaid break b. Paid break	Tick one which is applicable ❑ a=0.5 X❑ b=1
4.3) The national legislation obliges private sector employers to a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	Tick one or both X❑ a=0.5 X❑ b=0.5
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. a. Space for Breastfeeding/ Breastmilk expression b. Crèche	Tick one or both X❑ a=1 ❑ b=0.5
4.5) Women in informal/unorganized and agriculture sector are: a. accorded some protective measures b. accorded the same protection as women working in the formal sector	Tick one which is applicable X❑ a=0.5 ❑ b=1

4.6) a. Accurate and complete information about maternity protection laws, regulations, or policies is made available to workers by their employers on commencement. b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	Tick one or both X❑ a=0.5 X❑ b=0.5
4.7) Paternity leave is granted in public sector for at least 3 days.	Tick one which is applicable X❑0.5 YES ❑ NO
4.8) Paternity leave is granted in the private sector for at least 3 days.	Tick one which is applicable X❑0.5 YES ❑ NO
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.	Tick one which is applicable X❑0.5 YES ❑ NO
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	Tick one which is applicable X❑ 1 YES ❑ NO
Total Score	**9/10**

Any additional information

Please provide information on the current situation regarding paternity leave and its relation to maternity leave.

As of August 1, 2022, every employed father of a newborn in the Republic of Croatia is able to take paternity leave for ten working days, or 15 days in the case of twins, triplets, and multiple children. Fathers can use this right immediately after the birth of the child or, at the latest, by the sixth month. This paternal right does not reduce the mother's right to maternity and parental leave, neither financially nor in terms of time. Fathers are entitled to full salary compensation for that period. This encourages them to use it, and enables them bond with their baby and to support the mother in the first days of establishing breastfeeding.

Information Sources Used:

1. Maternity and Parental Support Act, NN 152/22 (link)
2. Labour Act, NN 93/2014 (link)
3. Anti-Discrimination Act, NN 85/08, 112/12. (link to the refined text)
4. Income Tax Act, NN 177/04, 73/08, 80/10, 114/11, 22/12, 144/12, 43/13, 120/13, 125/13, 148/13, 83 /14, 143/14. (link to the refined text)
5. Ordinance on the conditions and procedure for exercising the right to a break for breastfeeding, the right to leave of a pregnant worker, the right to leave of a worker who has given birth and the right to leave of a worker who is breastfeeding, NN 112/11(link)

Gaps

1. Fathers have the right to four months of parental leave (after the child has turned 6 months). They can also use maternity leave, instead of the mother, for 70 days after the birth of a child, if the mother does not use it. From August 1, 2022, Croatia introduced paternity leave. Employed fathers can use this leave immediately after the birth of a child, lasting 10 days (or 15 days for parents of multiples), with full compensation, which enables them to connect with the child and support the mother during the first days after childbirth. The Republic of Croatia was one of the last EU countries to introduce this right. The authorities do not invest sufficient effort in promoting this right among parents, which is why the percentage of fathers who use parental leave remains low (<5%).
2. Compensation for parental leave after 6 months of the child's life is usually lower than the parent's income. Although the amount has increased from August 1, 2022, the use of parental leave impoverishes the family and does not encourage parents to use this right. Mothers with wages significantly above the limit decide to return to work earlier.
3. Mothers of young children are often discriminated against in the labour market, but they rarely decide to report violations of their rights by employers. The mechanism exists, but women are not sufficiently familiar with it; they do not believe that the reports are effective, and they are afraid that they will not be able to find a job later because they will in fact be punished, not the employer.
4. In many areas in Croatia, kindergartens have insufficient capacity, and they are not equally available everywhere. Kindergartens for children younger than one year of age (creches) are almost non-existent; a negligible number of children are enrolled in them. This possibility exists in only two Croatian cities - Zagreb and Rijeka. Also, there is no flexibility regarding the working hours of creches, and they are not aligned with specific working hours of mothers/parents – shift work, especially night shifts. There is also a significant regional difference in the availability of these services.

Recommendations

1. Remove the limit on parental benefits so that all mothers (parents) are motivated to use it fully.
2. Conduct awareness campaigns directed to fathers about the benefits of using paternity and parental leave. Motivate employers to encourage the use of these measures.

3. Introduce an effective mechanism for reporting and penalising employers who discriminate against pregnant women and mothers of small children.
4. Enable mothers to use a breastfeeding break even after the child's first year.
5. Encourage employers to provide an appropriate on-site space for breastfeeding/pumping for breastfeeding employees.

Conclusions

Croatia has well-regulated rights related to maternity and parental leave, maternity protection and the possibility of flexible use of various measures. The problem is the insufficient number of fathers who use parental leave (the non-transferable part to which they are entitled), and it is expected that they will not use the paternity leave that was introduced on August 1, 2022 to a large extent, if awareness campaigns are not launched.
Women who use breastfeeding breaks can only use them while the child is younger than one year of age , not longer, and employers discourage them from using it by not allowing them to use it when they like, but usually at the beginning or the end of the working day..
Although it is regulated by law that the employer is obliged to provide a place for pumping/breastfeeding, this is often not the practice and women who use breastfeeding breaks for pumping at work have to manage on their own.

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

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

Criteria for assessment	✓ Check all that apply		
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country[24] indicates that IYCF curricula or session plans are adequate/inadequate	(> 20 out of 25 content/skills are included) ❑[2]	(5-20 out of 25 content/ skills are included) X❑ 1	Fewer than 5 content/skills are included) ❑ 0
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been disseminated to all facilities and personnel providing maternity care.	(Disseminate to > 50% facilities) X❑ 2	(Disseminate to 20-50% facilities) ❑ 1	No guideline, or disseminated to < 20% facilities ❑ 0
5.3) There are in-service training programmes available providing knowledge and skills related to IYCF for relevant health/nutrition care providers.[25]	Available for all relevant workers ❑ 2	Limited Availability X❑ 1	Not available ❑ 0
5.4) Health workers are trained on their responsibilities under the Code and national regulations, throughout the country.	Throughout the country ❑ 1	Partial Coverage X❑ 0.5	Not trained ❑ 0

[24] Types of schools and education programmes 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.

[25] The types of health providers that should receive training may vary from country to country, but should include providers who care for mothers and children in fields such as pediatrics, OB-Gynae, nursing, midwifery, nutrition and public health.

5.5) Infant and young child feeding information and skills are integrated, as appropriate, into training programmes not covered in 5.1 but where the care providers may have some contact with families with infants and young children (training programmes such as diarrhoea control, HIV, NCDs, Women's Health etc.)	Integrated in > 2 training programmes ❑ 1	1-2 training programmes X❑ 0.5	Not integrated ❑ 0
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country.[26]	Throughout the country ❑ 1	Partial Coverage X❑ 0.5	Not provided ❑ 0
5.7) Health policies provide for mothers and babies to stay together when one of them is hospitalised.	Provision for staying together for both ❑ 1	Provision for only to one of them: mothers or babies X❑ 0.5	No provision ❑ 0
Total Score	**6/10**		

Information Sources Used:

1. Ćuže Gugić A, Zakarija-Grković I. Assessment of Infant and Young Child Feeding Content in Physicians' Postgraduate Textbooks in Croatia. Central Eur J Paed 2020;16(1):60-68 DOI 10.5457/p2005-114.257
2. Vidović Roguljić A, Zakarija-Grković I. Infant and Young Child Feeding in Croatian Nursing Programmes: A Cross Sectional Analysis. Croat Nurs J. 2020;4(1):127-133
3. Katušin M, Zakarija-Grković I. Breastfeeding Education in Midwifery Studies: Curriculum and Textbook Content Analysis. Thesis. Faculty of Health Studies, Undergraduate Professional Study of Midwifery, University of Rijeka, Rijeka, July 2017. p. 1-39.
4. National programme for the Protection and Promotion of Breastfeeding 2024-2027 (link)
5. A Modern Approach to Breastfeeding and Lactation' – 90-h course for health professionals: https://mefst.unist.hr/novosti/suvremena-saznanja-o-laktaciji-i-dojenju-tecaj-i-kategorije-12101/12101
6. National Strategy on the Rights of Children as adopted by the Government of Croatia. Available at link.
7. Mother-baby friendly maternity wards.

[26] 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. Partial could mean more than 1 provinces covered.

Gaps

1. Pre-service education programmes on IYCF for future health professionals, social and community workers in the country are inadequate, and include only some content/skills. Most textbooks used in the pre-service training of midwives, nurses and doctors contain incomplete, incorrect and outdated data.
2. In-service training programmes for relevant health/nutrition care providers are sporadically available, like BFHI training for maternity staff or individual participation in IYCF symposia/conferences/courses.
3. Health workers are partially trained in their responsibilities under the Code; only those who undergo BFHI training or attend other courses on IYCF.
4. Infant and young child feeding information and skills are rarely integrated into training programmes for non-healthcare providers who have some contact with families with infants and young children.
5. Health policies provide for mothers to stay with babies when hospitalized, but rarely the other way around. Even then, mothers often sleep in a separate room from their sick babies.

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Recommendations

1. Pre-service education programmes on IYCF for health professionals, social and community workers should be standard practice and based on the World Health Organisation Model Chapter.
2. In-service training programmes on IYCF should be regularly offered to relevant health professionals.
3. All health workers should be trained on their responsibilities under the Code and national regulations.
4. IYCF information and skills should ideally be integrated into training programmes for other care providers who may have some contact with families with infants and young children. This can be achieved through collaboration with other professional societies. In-service training programmes should be provided for these professions throughout the country.
5. Health policies should enable mothers and babies to stay together when one of them is hospitalised, ideally in the same bed/room.

Conclusions

Pre-service education programs for future health workers, as well as social and community workers, should contain basic, evidence-based knowledge on infant and young child feeding, including information about the Code. All health workers in Croatia who provide care for mothers and children should receive ongoing, more specialised in-service training in IYCF. Special attention should be paid to ensuring that mothers and their breastfed infants stay together when one of them is hospitalised, emphasizing the importance of protecting, supporting and promoting breastfeeding.

Indicator 6: Counselling Services for the Pregnant and Breastfeeding Mothers

Key question: *Are there counselling services in place to protect, promote and support breastfeeding and optimal infant and young child feeding practices both at facility and community level*

Criteria of assessment	√ **Check that apply**		
6.1) Pregnant women receive counselling services f**or** breastfeeding during ANC.	>90% ❑ 2	50-89% X❑ 1	<50% ❑ 0
6.2) Women receive counselling and support for initiation breastfeeding and skin to contact within an hour birth.	>90% ❑ 2	50-89% X❑ 1	<50% ❑ 0
6.3) Women receive post-natal counselling for exclusive breastfeeding at hospital or home.	>90% ❑ 2	50-89% X❑ 1	<50% ❑ 0
6.4) Women/families receive breastfeeding and infant and young child feeding counselling at community level.	>90% X❑ 2	50-89% ❑ 1	50% ❑ 0
6.5) Community-based health workers are trained in counselling skills for infant and young child feeding.	>50% X❑ 2	<50% ❑ 1	No Training ❑ 0
Total Score:	**7/10**		

Additional Information

Pre-lacteal feeding applies to feeds given before the first breastfeed but also to feeds given in the first three days after birth, until more copious milk production begins. Unfortunately, in many Croatian maternity hospitals, pre-lacteal feeding of newborns with modified cow's milk is routine practice. In 2020, researchers found that 81% of 392 healthy, term infants received modified cow's milk in a large maternity hospital in Southern Croatia. In 61% of cases it was requested by mothers. In the same study, 76% of mothers reported that hospital staff offered formula supplementation without their request, usually every three hours; however only 14% stated that they were informed of the risks of formula supplementation. There is an urgent need to educate hospital staff and mothers about the risks of giving modified cow’s milk to healthy, term newborns.

Counselling and providing breastfeeding support in the community could have greater success and impact if all health professionals who care for breastfeeding families (community nurses, paediatricians, gynaecologists) received the same evidence-based training in IYCF. Then all health professionals would give the same advice, which would improve the quality of breastfeeding support and probably impact breastfeeding rates. It often happens that the community nurse tries to support a

mother to exclusively breastfeed, and then the paediatrician destroys the mother's self-confidence by advising formula supplementation.

In addition to the above, community support is also reflected in creating environments where breastfeeding is facilitated in public spaces, as well as through the implementation of public awareness campaigns focusing on the importance of breastfeeding aimed at the public, local and regional authorities, professional communities, as well as potential violators of the International Code. Therefore, it is essential to encourage a greater awareness of, and investment in, breastfeeding-promoting infrastructure and activities, such as the celebration of National Breastfeeding Week.

Information Sources Used:

1. Croatian Health Statistics Yearbook for 2020 - tabular data, Health visitors service data. Available at link
2. Vidović Roguljić A, Matas J, Zakarija-Grković I. In-hospital formula supplementation of older children associated with 11-fold increased risk of Croatian newborns receiving formula in hospital. Acta Paed. 2020; 00:1–11. (link)
3. The Ombudsperson for Gender Equality and Roda's research available on link

Gaps

1. There are significant discrepancies in the availability of support for pregnant women within Croatia. These discrepancies arise from an insufficiently defined system for registering and monitoring pregnant women, a non-existent support system for high-risk pregnant women (both at home and in hospital care) and late education of pregnant women about the importance of breastfeeding for the development and health of the child.
2. There are relatively few lactation experts/consultants in the community that mothers can turn to, such as IBCLCs (currently 26 in Croatia).
3. There is inadequate distribution and an insufficient number of paediatricians at the primary healthcare level in Croatia. It has been calculated that there is a shortage of over 50 paediatricians to fully meet the needs of the population[27]. In addition, the quality of breastfeeding support is also questionable.
4. Social status and nationality of the population in Croatia varies from region to region. Socially disadvantaged members of society (families with lower incomes, single mothers, underage mothers and Roma families) tend to use preventative health and social programmes less often.
5. Equal access to antenatal courses (which are free in Croatia,) and their standardisation, is not present in all geographical areas of Croatia.
6. Breastfeeding support groups are not equally distributed, and hence accessible, in all areas of Croatia.
7. In Croatia, there are unequal conditions for breastfeeding in public spaces.

[27] https://hzzo.hr/zdravstvena-zastita/zdravstvena-zastita-pokrivena-obveznim-zdravstvenim-osiguranjem/ugovoreni

The Thematic Report of the Roda Association and the Ombudsperson for Gender Equality on the Availability of Care for Women's Reproductive Health during COVID-19 Pandemic, which was based on research conducted by the Roda Association in cooperation with the Ombudsperson for gender equality during 2020[28], showed that discrepancies in the availability of services impact the establishment of exclusive breastfeeding. According to this research, children of mothers who live in Zagreb have a 20% higher chance of being exclusively breastfed than children born in the countryside or in smaller towns. Based on answers from 426 mothers who gave birth during the so-called lockdown, large differences between counties are visible, especially in the availability of outpatient care. While in some counties community nurses did not provide care to the mother after childbirth, in others this practice appeared sporadically, while in some it was regularly available. There were also visible differences in the availability of care during the pandemic within counties.

Unfortunately, with the development of the COVID-19 pandemic, support for pregnant and lactating women in the community decreased in such a way that all forms of in-person support were ceased. Then, over a period and time, it was necessary for the support to be adjusted to online models. Once adjusted to online communication, it was restarted under new conditions. As much as working in an online environment is positive, there are probably as many challenges that have been and still need to be overcome.

Paediatric services, as well as other services that provided support for mothers with newborns and small children, also adapted their work in pandemic conditions.
Breastfeeding support groups, led by community nurses, were temporarily shut down, given that they were usually held indoors. Communication with mothers is still maintained through social networks and possibly outdoors, weather permitting.

Recommendations

1. The need for educated breastfeeding consultants should be pointed out and their education should be stimulated. Volunteers who support breastfeeding in the community and advise mothers, usually do so on the basis of personal experience (mothers who lead breastfeeding support groups), but they should also be included in education, which would further enrich their knowledge.
2. The capacity of healthcare workers to support exclusive breastfeeding should be increased so that as many children as possible are exclusively breastfed in the maternity hospital and mothers receive breastfeeding support after leaving the hospital.
3. Practises in health facilities that have collapsed due to the COVID-19 pandemic should be recognised (e.g. increased separation of children and mothers, introduction of formula supplementation without indication, etc.) and mechanisms for improvement should be developed so that mothers with children leave the maternity ward strengthened and educated about breastfeeding.
4. Ensure availability of pregnancy courses, breastfeeding support groups and informational materials on breastfeeding to all pregnant women, regardless of place of residence.
5. Provide public funding for breastfeeding support and promotion in the community.

[28]https://www.roda.hr/media/attachments/udruga/udruga_roda/dostupnost_skrbi_za_reproduktivno_zdravlje_zena_za_vrijeme_COVIDa-compressed.pdf

Conclusions

As a result of the COVID-19 pandemic, previously established good practices in community breastfeeding support have collapsed. This is reflected in the low rates of exclusively breastfed children once they leave the maternity ward, in the lack of motivation and interest of health professionals in providing breastfeeding support, improving practices, and improving their breastfeeding knowledge of. Due to COVID-19, antenatal courses have either switched to an online format or they are no longer available, and breastfeeding support groups, which were previously widely distributed and an efficient way for community nurses to reach mothers, have largely ceased to operate. Young, newly employed community nurses lack information and knowledge on how to start new groups. A big problem is also the termination of funding from the UNICEF Office in Croatia for these activities. At the same time public funding tenders for breastfeeding activities are very limited in Croatia, almost non-existent. All this leads to decreased support for mothers and their motivation for exclusive breastfeeding.

Indicator 7: Accurate and Unbiased 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?*

Criteria for assessment	✓ Check all that apply	
7.1) There is a national IEC strategy for improving infant and young child feeding.	YES X❑ 2	NO ❑ 0
7.2) Messages are communicated to people through different channels and in local context.	YES X❑ 1	No ❑ 0
7.3) IEC strategy, programmes and campaigns like WBW and are free from commercial influence.	YES X❑ 1	No ❑ 0
7.4) Breastfeeding/IYCF IEC materials and messages are objective, consistent and in line with national and/or international recommendations.	YES X❑ 2	No ❑ 0
7.5) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being implemented at national and local level.	YES X❑ 2	No ❑ 0
7.6) IEC materials/messages include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF).[29]	YES ❑ 2	No X❑ 0
Total Score:	**8/10**	

Information Sources Used:

3. National programme for the Protection and Promotion of Breastfeeding 2024-2027 (link)
1. BFHI Handbook for the 20-hour course (link)
2. Handbook for group leaders and leaflets for parents prepared by HUGPD with the support of the UNICEF Office for Croatia (link)
3. Children's fairs funded by Code violators (link)
4. Bundles for pregnant and new mothers with content that does not comply with the Code or provide breastfeeding support (link)

[29] 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. This is to minimize health hazards. Parents 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.

Gaps

1. Insufficient number of publications with information on infant and young child feeding based on reliable evidence and free from commercial influence, especially the influence of companies that violate the Code.
2. Impossibility of inspecting and reviewing all materials containing information on infant and young child feeding.
3. Unclear and insufficient highlighting of the risks of using commercial milk formula in information materials.
4. More prominently highlighting the significance of breastfeeding in the media, as well as developing web platforms aimed at informing, educating, and communicating with parents to provide them with useful advice regarding infant and young child feeding.

Recommendations

1. Prepare materials that will be distributed to parents in maternity hospitals, which are in accordance with WHO recommendations and free from commercial influences, especially the influence of companies that violate the Code, and which will highlight the risks of using commercial milk formula.
2. Ensure appropriate and necessary review of materials by the National Breastfeeding Committee, which are issued and prepared as a source of information on infant and young child feeding for parents. Prevent publishing of the materials without prior expert review of the content.
3. Enable distribution of information about the risks of formula feeding and all other issues of interest to mothers through the creation of a web application with educational materials about breastfeeding.
4. Educate leading people on how to communicate with the media and also create opportunities to promote breastfeeding through the media.

Conclusions:

Given the current situation, it is necessary to develop evidence-based, educational materials, with expert review of the content, for parents who care for infants and young child. This would prevent the possibility of commercial influence and ensure they are written in accordance with WHO recommendations. This requires funding. It is also important to think of new ways of communicating with younger generations of parents. Developing web applications providing information about breastfeeding may be one way of achieving this goal. It would certainly be important to have people/influencers who can e promote breastfeeding activities via social media. This should not be left out because the power of social media is extremely important in today's society.

Indicator 8: Infant Feeding and HIV

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

Criteria for Assessment[30]	√ **Check that apply**	
8.1) The country has an updated policy on Infant feeding and HIV, which is in line with the international guidelines on infant and young child feeding and HIV[31].	YES ❑ 2	No policy X❑ 0
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation.	YES ❑ 1	No X❑ 0
8.3) Health staff and community workers of HIV programme have received training on HIV and infant feeding counselling in past 5 years.	YES ❑ 1	No X❑ 0
8.4) HIV Testing and Counselling (HTC)/ Provider-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.	YES ❑ 1	No X❑ 0
8.5) The breastfeeding mothers living with HIV are provided ARVs in line with the national recommendations.	YES X❑ 1	No ❑ 0
8.6) Infant feeding counselling is provided to all mothers living with HIV appropriate to national circumstances.	YES X❑ 1	No ❑ 0
8.7) Mothers are supported and followed up in carrying out the recommended national infant feeding	YES X❑ 1	No ❑ 0
8.8) Country is making efforts 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.	YES ❑ 1	No X❑ 0
8.9) Research on Infant feeding and HIV is carried out 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.	YES ❑ 1	No X❑ 0
Total Score:	**3/10**	

[30] Some of the questions may need discussion among the core group, and based on information sources the Core group may decide about the strengths.

[31] Updated guidance on this issue is available from WHO as of 2016. Countries who may be using the earlier guidance and are on way to use the new guidance if not completely may be included here.

Information sources used:

https://zdravlje.gov.hr/programi-i-projekti/nacionalni-programi-projekti-i-strategije/ostali-programi/hrvatski-nacionalni-program-za-prevenciju-hiv-a-aids-a/2199 (National program for the prevention of HIV/AIDS 2017-'21)

Gaps

1. The infant feeding and HIV policy does not give effect to the International Code/ National Legislation.
2. Health staff and community workers of HIV programmes have not received training on HIV and infant feeding counselling in the past 5 years.
3. HIV Testing and Counselling (HTC)/ Provider-Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is not offered routinely to couples who are considering pregnancy and to pregnant women and their partners, despite this practice being recommended in the latest Croatian national program for the prevention of HIV/AIDS 2017-2021. Emphasis appears to be on women at increased risk, based on epidemiological or clinical data, rather than the whole population.
4. Research on Infant feeding and HIV is not carried out 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. This is because there have not been any HIV positive mothers in Croatia, so far, who have chosen to breastfeed.
5. In the latest Croatian national program for the prevention of HIV AIDS 2017-2021, optimal antiretroviral therapy in HIV+ women who want to breastfeed, plus possible antiretroviral prophylaxis in the breastfed child are recommended, but there is no mention of exclusive breastfeeding for six months as a proven intervention for minimizing the risk of transmission. HIV+ mothers who are considering to breastfeed need to be made aware of the increased risk of transmission of HIV in the event of mixed milk feeding (mothers' own milk and artificial milk), and hence should be encouraged to exclusively breastfeed (no other food or liquids, apart from medicines). In addition, they need to be informed of the increased risk of transmission in the event of cracked nipples and mastitis; hence, the importance of optimal breastfeeding support and close monitoring. Generally speaking Croatia is not making enough effort 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.

Recommendations

1. The infant feeding and HIV policy should mention the importance of adhering to the International Code.
2. Health staff and community workers of HIV programmes should receive training on HIV and infant feeding counselling.

3. HIV Testing and Counselling (HTC)/ Provider-Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) should be available and offered routinely to **all** couples who are considering pregnancy and to pregnant women and their partners.
4. Given the increasing evidence and awareness of the importance of breastfeeding, for both the health of the mother and child, it is likely that HIV+ mothers may wish to breastfeed. In this event, research should be carried out 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.
5. Future Croatian national guidelines on the prevention of HIV/AIDS should state the importance of exclusive breastfeeding for the prevention of transmission during breastfeeding. In general, Croatia should make more effort 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.

Conclusions

Croatia is a country with a low incidence of HIV. In the last five years, an average of 90 people with HIV/AIDS have been registered in Croatia, an estimated 21 per million inhabitants. In recent years, number of newly discovered cases of HIV infection has shown a slight upward trend. According to data from the HIV registry of the Croatian Institute of Public Health, from the first registered case of HIV infection in 1985 to November 2016, a total of 1,431 infected persons were registered, of which 480 developed AIDS. Of the total number of infected people, 1.2% of them are children (n=17) infected by their mothers. In order to prevent this, it is important to offer all pregnant women, as well as couples who are planning a pregnancy, the possibility of confidential counselling and HIV testing. This enables, in the case of a positive test, early treatment of the (pregnant) woman with antiretroviral drugs, delivery by caesarean section, and consideration of the possibility of breastfeeding, as well as antiretroviral prophylaxis in the breastfed child.

Indicator 9: Infant and Young Child Feeding during Emergencies

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

Criteria for assessment	√ **Check that apply**	
9.1) The country has a comprehensive Policy/Strategy/ Guidance on infant and young child feeding during emergencies as per the global recommendations with measurable indicators.	YES X❑ 2	NO ❑ 0
9.2) Person(s) tasked to coordinate and implement the above policy/strategy/guidance have been appointed at the national and regional levels	YES ❑ 2	NO X❑ 0
9.3) The health and nutrition emergency preparedness and response plan based on the global recommendation includes:		
1. basic and technical interventions to create an enabling environment for breastfeeding, including counselling by appropriately skill trained counsellors, and support for relactation and wet-nursing.	YES X❑ 0.5	NO ❑ 0
2. measures to protect, promote and support appropriate and safe complementary feeding practices	YES X❑ 0.5	NO ❑ 0
3. measures to protect and support the non-breast-fed infants	YES X❑ 0.5	NO ❑ 0
4. Safe spaces for IYCF counselling support services.	YES X❑ 0.5	NO ❑ 0
5. measures to minimize the risks of artificial feeding, including an endorsed Joint statement on avoidance of donations of breast milk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and minimize the risk of formula feeding, procurement management and use of any infant formula and BMS, in accordance with the global recommendations on emergencies	YES ❑ 0.5	NO X❑ 0
6. Indicators, and recording and reporting tools exist to closely monitor and evaluate the emergency response in the context of feeding of infants and young children.	YES ❑ 0.5	NO X❑ 0
9.4) Adequate financial and human resources have been allocated for implementation of the emergency preparedness and response plan on IYCF	YES ❑ 2	NO X❑ 0
9.5) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and	YES	NO

in-service training for emergency management and relevant health care personnel.	❑ 0.5	X❑ 0
9.6) Orientation and training is taking place as per the national plan on emergency preparedness and response is aligned with the global recommendations (at the national and regional levels)	Yes ❑ 0.5	NO X❑ 0
Total Score:	**4/10**	

Additional Information

Roda - Support for breastfeeding and young child feeding in emergencies (link)

Information Sources Used:

1. National guidelines for the protection of infant and young child feeding during emergencies (link)
2. National programme for the Protection and Promotion of Breastfeeding 2024-2027 (link)
3. Croatian Red Cross (link)
4. Roda - Support for breastfeeding and young child feeding in emergencies (link)

Gaps

1. No person(s) have been tasked to coordinate and implement the above policy/strategy/guidance at the national and regional level.
2. No financial and human resources have been allocated for implementation of the guidance for IYCF in emergencies.
3. Orientation and training in IYCF in emergencies have not been integrated into pre-service and in-service training for emergency management and relevant health care personnel.
4. Orientation and training have not taken place yet as per the national plan on emergency preparedness and response, aligned with the global recommendations, at the national and regional levels.

Recommendations

1. An action plan for the implementation of the National guidelines on IYCF-E needs to be developed.
2. A multidisciplinary working group, led by a coordinator, and preferably funded, should be created to produce the action plan.
3. Training materials on IYCF-E need to be produced.
4. All those involved in IYCF-E, including all front- line workers and NGOs, need to undergo appropriate orientation and training.
5. Adequate financial and human resources will be needed for implementation of the action plan.

6. Throughout the process outlined above, a mechanism for monitoring donations in crisis situations needs to be established in order to prevent violations of the International Code of Marketing of Breastmilk Substitutes.

Conclusions

Based on the experiences of the crises that have affected Croatia from 2015 to the present day, as well as on the basis of the first WBT*i* report for the Republic of Croatia published at the end of 2015, in which IYCF in emergencies was rated the worst, the Ministry of Health began to develop guidelines for the infant and young child feeding in emergencies. The guidelines were written by a working group of the National Breastfeeding Committee, on the basis of the Operational Guidance for Infant Feeding in Emergencies), and were completed in 2022., They were adopted by the Government of the Republic of Croatia in 2023. Dissemination of the guidelines, creation of educational materials and an action plan for the implementation of the guidelines are the next step.

Indicator 10: Monitoring and Evaluation

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

Criteria for assessment	**√ Check that apply**	
10.1) Monitoring and evaluation of the IYCF programmes or activities (national and sub national levels) include IYCF indicators (early breastfeeding within an hour, exclusive breastfeeding 0-6 months, continued breastfeeding, complementary feeding and adequacy of complementary feeding)	YES ❑ 2	NO X❑ 0
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investment decisions.	YES X❑ 1	NO ❑ 0
10.3) Data on progress made in implementing IYCF programme and activities are routinely or periodically collected at the sub national and national levels.	YES X❑ 3	NO ❑ 0
10.4) Data/information related to IYCF programme progress are reported to key decision-makers.	YES X❑ 1	NO ❑ 0
10.5) Infant and young child feeding practices data is generated at least annually by the national health and nutrition surveillance system, and/or health information system.	YES X❑ 3	NO ❑ 0
Total Score	**8/10**	

Additional Information

Please share challenges being faced at national level, and solutions offered for monitoring the infant and young child feeding practices.

Given that the previous method of collecting data on the type of infant and young child feeding in Croatia was not suitable for monitoring, according to the recommendations of the World Health Organization, changes are currently being made. The method of collecting data from primary health care offices that have infants and small children in their care will be changed in a way that the data on the type of feeding/diet will be included in the set of data that is regularly submitted to the Croatian Institute of Public Health. During the transitional period, until data is collected in the specified manner, data from approximately 80% of primary paediatric offices will be analysed. Methodology for calculating the proposed WHO indicators is also being simultaneously worked on.

Information Sources Used:

1. Croatian Institute for Public Health, Yearbook Reports (link)
2. National programme for the Protection and Promotion of Breastfeeding 2024-2027 (link)

Gaps

1. Monitoring and evaluation of programmes and feeding patterns of infants and young children are provided for in the National Program for the Protection and Promotion of Breastfeeding, but only for some indicators (e.g. complementary feeding is not monitored).
2. Monitoring of some of the IYCF programmes related to maternity hospitals and the BFHI, as well as the monitoring of other programmes derived from the BFHI, is not systematically set up. Collection and reporting of certain data exist, but the data is not collected according to programme standards/criteria.
3. Reliable national data on infant and young child feeding are not available and cannot be used for assessments and planning.
4. Different segments of the health care system use different methods, definitions and computer programmes to collect data on infant and young child feeding, which means that the data is inconsistent.
5. Assessments of the impact of IYCF programmes on changes in feeding practices are not conducted regularly.

Recommendations

1. In the National Program for the Protection and Promotion of Breastfeeding include more indicators which monitor feeding patterns of infants and young children.
2. Establish a standardized system for monitoring IYCF programmes, based on WHO's definitions of infant nutrition, which will be mandatory at different levels of health care (according to the programme being implemented) and in the local community.
3. Include data on infant and young child feeding in routine public health statistics.
4. Standardise methods and definitions to collect data on infant and young child feeding.
5. Provide funding for routine monitoring and evaluation of IYCF programmes and its components.

Conclusions

The National Breastfeeding Committee is continuously monitoring IYCF programmes in Croatia, such as BFHI, Neo-BFHI, breastfeeding support group, breastfeeding friendly counseling centers, etc. This information is regularly communicated to key decision makers. However, monitoring and evaluation of the impact of these programs on dietary patterns is only sporadic. The method of monitoring feeding indicators is not standardized neither in the definitions used nor in the monitoring period or the method of data collection, so the data are incomplete and unreliable. It is necessary for the Croatian Institute for Public Health, the Croatian Institute for Health Insurance, the Croatian Ministry of Health and the National Breastfeeding Committee to cooperate in establishing indicators for assessing IYCF practices, using WHO definitions, and introduce them into the national data collection system. Without this, it is impossible to assess the effectiveness of the various IYCF programmes that are currently being implemented in Croatia.

Part II – IYCF Practices

In Part II ask for specific numerical data on each infant and young child feeding practice. Those involved in this assessment are advised to use data from a random household survey that is national in scope[32]. The data thus collected is entered into the web- based printed toolkit. The achievement on the particular target indicator is then rated i.e. **Red, Yellow, Blue and Green.** The cut off points for each of these levels of achievement were selected systematically, based on an analysis of past achievements on these indicators in developing countries. These are incorporated from the WHO's tool.
Definition of various quantitative indicators have been taken from "WHO's Indicators for assessing infant and young child feeding practices - 2008" Available at:
http://www.who.int/nutrition/publications/infantfeeding/9789241596664/en/

Preferably, data should have been collected in past five years. Most recent data should be used, which is national in scope.

[32] One source of data that is usually high in quality is the Demographic and Health Survey (DHS)(4) conducted in collaboration with Macro International and national research organizations, with support from USAID. If this source of data is used the data are likely to be comparable across countries. Other sources of data include UNICEF's Multiple Indicator Cluster Surveys (MICS) (5) and the WHO Global Data Bank on Breastfeeding (6). In some countries recent national surveys may have been conducted. It is important to assess the scope and quality of any data sources being considered for use.

Indicator 11: Initiation of Breastfeeding (within 1 hour)

Key question: *What is the percentage of newborn babies breastfed within one hour of birth?* ***88.4%***

Assessment

Indicator 11: **Initiation of Breastfeeding (within 1 hour)**	**Key to rating adapted from WHO tool**	Percentage	Colour-rating
	0.1-29%		Red
	29.1-49%		Yellow
	49.1-89%	88.4	Blue
	89.1-100%		Green

Data Source (including year):

Medical Birth Registry, Croatian Institute of Public Health, data for the year 2022 (available upon request).

Summary Comments

Data on breastfeeding initiation are collected directly from maternity hospitals in such a way that the time elapsed from birth to the first feed is recorded. The denominator used was the number of live births for whom the type of nutrition in the maternity hospital was known.

Additional Information

In the last few years, there has been a change in the reporting form, and the new form contains data on the time that passed from birth to the first breastfeed

Indicator 12: Exclusive Breastfeeding under 6 months

Key question: *What is the percentage of infants less than 6 months of age who were exclusively breastfed*[33] *in the last 24 hours?* ***24.1%***

Assessment

Indicator 12: **Exclusive Breastfeeding under 6 months**	**Key to rating adapted from WHO tool**	Percentage	Colour-rating
	0.1-11%		Red
	11.1-49%	24.1	Yellow
	49.1-89%		Blue
	89.1-100%		Green

Data Source (including year):

Croatian Institute of Public Health, data for the year 2022. Data from 80% of paediatric primary care practices (available upon request).

Additional Information

The Croatian Institute of Public Health monitors breastfeeding rates through reports received from primary health care offices. In 2022, the data source for this indicator was electronic records from 80% of primary health care paediatrics offices in Croatia. The data presented in this indicator refer to the way infants were fed just before reaching the sixth month of life.

Summary of Comments

Since the source of data for Croatia is not a survey, but electronic health records of children, it is difficult to calculate this indicator precisely. In fact, the indicator itself does not make much sense for Croatia because there is a big difference in the percentage of exclusively breastfed children at the age of one, three or five months, and for the vast majority of children complementary feeding is introduced just before the sixth month of life.

[33] Exclusive breastfeeding means the infant received only breast milk (from his/her mother or a wet nurse, or expressed breast milk) 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?* ***7months***

Assessment

	Key to rating adapted from WHO tool	Months	Colour-rating
Indicator 13: Median Duration of Breastfeeding	0.1-18 **Months**	7	Red
	18.1-20 ’’		Yellow
	20.1-22 ’’		Blue
	22.1- 24 or beyond ’’		Green

Data Source (including year):

Croatian Institute of Public Health, data for the year 2022. Data from 80% of paediatric primary health care offices (available upon request).

Additional Information

This indicator was calculated according to the definition from Median Duration of Breastfeeding: The Age in Months When 50% of Children are No Longer Breastfed. Infant and Young Child Feeding - A Tool for Assessing National Practices, Policies and Programmes, WHO, 2003, pg. 117.

Summary of comments

The source of data for Croatia is not a survey, but confidential electronic health records of children, so it is difficult to calculate this indicator precisely.

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?* ***56.1%***

Definition of the indicator: Proportion of children 0–12 months of age who are fed with a bottle

Assessment

	Key to rating adapted from WHO tool	Percentage	Colour-rating
Indicator 14: Bottle-feeding (0-12 months)	29.1-100%	56.1	Red
	4.1-29%		Yellow
	2.1-4%		Blue
	0.1-2%		Green

Data Source (including year):

Croatian Institute of Public Health, data for the year 2022. Data from 80% of paediatric primary health care offices (available upon request).

Additional Information

Croatia does not routinely collect data on the percentage of bottle-fed children, however, using the above data source, we can approximately calculate this indicator; assuming that every child fed with formula or cow's milk before 12 months of age was bottle-fed. This only applies to data immediately before the first birthday.

Summary Comments

The source of data for Croatia is not a survey, but electronic health records of children, so it is difficult to calculate this indicator precisely.

Indicator 15: Complementary Feeding (6-8 months)

Key question: *Percentage of breastfed babies receiving complementary foods at 6-8 months of age?*
_____94.1_%

Definition of the indicator: Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods

Assessment

	Key to rating adapted from WHO tool	Percentage	Colour-rating
Indicator 15: Complementary Feeding (6-8 months)	0.1-59%		Red
	59.1-79%		Yellow
	79.1-94%		Blue
	94.1-100%	94.1	Green

Data Source (including year):

Croatian Institute of Public Health, data for the year 2022. Data from 80% of paediatric primary health care offices (available upon request).

Additional Information

Please provide information on the adequacy and quality of complementary feeding e.g. minimum acceptable diet of children 6-23 months, dietary diversity or consumption of iron-rich foods? This will be useful addition to the report to advocate from improved feeding practices.

The stated percentage refers to infants aged between 6 and 8 months receiving complementary foods, however it is unknown when the complementary feeding was introduced.

Summary Comments

In reality, all Croatian infants receive complementary foods before the eighth month of life. The challenge is to ensure that complementary feeding is not introduced too soon.

Summary Part I: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Governance and Funding	9
2. Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding	6.5
3. Implementation of the International Code of Marketing of Breastmilk Substitutes	6
4. Maternity Protection	9
5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)	6
6. Counselling Services for the Pregnant and Breastfeeding Mothers	7
7. Accurate and Unbiased Information Support	8
8. Infant Feeding and HIV	3
9. Infant and Young Child Feeding during Emergencies	4
10. Monitoring and Evaluation	8
Total Country Score	**66.5**

Guidelines for WBT*i*

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

Scores	Total Country Score	Colour-coding
0 – 30.9		Red
31 – 60.9		Yellow
61 – 90.9	66.5	Blue
91 – 100		Green

Conclusions: Part I

Achievements

The Republic of Croatia has a long-standing, active National Committee for the Protection and Promotion of Breastfeeding, a comprehensive National Programme for the Protection and Support of Breastfeeding, an organised community nursing service that takes care of breastfeeding mothers in the community, and excellent legislation for the protection of motherhood.
In addition, monitoring mechanisms and systems to evaluate infant and young child feeding programmes and practices are improving. The BFHI initiative continues to be implemented, as well as related community-based initiatives. The hospital based "Mother and Child" and "Neo-BFHI" initiatives are gradually being expanded. In 2023, the first national 'Guidelines for the protection of infant and young child feeding in emergencies' were adopted.

Recommendations

Preventing unethical and aggressive advertising of breast milk substitutes is a constant challenge in the Republic of Croatia, especially in healthcare institutions and at professional conferences, so it is necessary to raise awareness of this type of conflict of interest and introduce sanctions. Now that the national 'Guidelines for the protection of infant and young child feeding in emergencies' have been adopted, is it necessary to raise awareness of these guidelines among relevant stakeholders, prepare training materials, organise training events, and prepare an action plan on how to implement the guidelines. Voluntary and confidential HIV counselling and testing should be routinely offered to all couples planning a pregnancy and to pregnant women and their partners if transmission of the virus is to be prevented. HIV-positive mothers should receive scientifically sound information about the nutritional options available to their children and be supported in their decisions. The healthcare staff caring for them must also receive additional training.

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

IYCF Practice	Result	Colour-coding
Indicator 11: Initiation of Breastfeeding (within 1 hour)	88.4 %	
Indicator 12: Exclusive Breastfeeding under 6 months	24.1 %	
Indicator 13: Median Duration of Breastfeeding	7 months	
Indicator 14: Bottle-feeding (0-12 months)	56.1%	
Indicator 15: Complementary Feeding (6-8 months)	94.1%	

Conclusions: Part II

Achievements

Recognizing the importance of monitoring data on the initiation of breastfeeding, following the first WBT*i* report, data on newborn feeding practices in Croatian maternity hospitals started to be collected through routine birth reports. These data reveal a high percentage of newborns who are breastfed within one hour of birth, and this percentage is increasing every year. This is a result of all the activities mentioned above, carried out to promote breastfeeding.

Conclusion

Despite numerous efforts and guidelines from the World Health Organization, the rate of exclusive breastfeeding in the first six months in Croatia is not satisfactory. Although the majority of newborns are breastfed in maternity hospitals and continue breastfeeding during the first months of life, a large number of infants are given other foods too early and unjustifiably. It is, therefore, necessary to continue to actively promote the importance of exclusive breastfeeding for the health of the child and the mother, and to continue to educate and adequately support mothers and medical staff.

Gaps

1.Differences in recording data at the level of primary health care.
2.Too early and unjustifiable introduction of complementary feeding.
3.Insufficient knowledge about the importance of (exclusive) breastfeeding for the health of mothers and children in the general population and among health professionals.

Recommendations

1.Standardise the way data on infant and young child feeding is recorded at the primary care level.

2. Educate pregnant women, mothers and health professionals about the importance of exclusive breastfeeding in the first six months of a child's life.

3.Educate the general population, and health professionals, about the importance of breastfeeding for the wellbeing of mothers, children and society.