

## (1.6)

## **GHANA BECOMING BREASTFEEDING FRIENDLY REPORT**

11/313/	T DECOMMENT DREASTILED AND TRACEIT DET REFORM	
	& dear description	ore out of 3.0
4	re is evidence-informed, community-driven advocacy present and active to tect, promote and support breastfeeding in the past 12 months	1.3
	There have been major events that have drawn media attention to breastfeeding Issues	2.0
	There are high-level advocates (i.e. 'champions') or influential individuals who have taken on breastfeeding as a cause that they are promoting	1.0
	There is a national advocacy strategy based on sound formative research	2.0
	A national cohesive network(s) of advocates exists to increase political and financial commitments to breastfeeding	0
	icy makers have expressed commitment to scale up in-country breastfeeding orts in the past 12 months	2.0
	High level political officials have publicly expressed their commitment to breastfeeding action	
	Government initiatives have been implemented to create an enabling environment that promotes breastfeeding	2.0
	An individual within the government has been especially influential in promoting, developing, or designing breastfeeding policy	3.0
	tional policies and legislation protect, promote and support breastfeeding for mothers uding working mothers, and are implemented effectively with adequate coverage	1.9
	A national policy on breastfeeding has been officially adopted/approved by the government.	3.0
	There is a national breastfeeding plan of action	2.0
	The national BFHI/Ten Steps criteria has been adopted and incorporated within the healthcare system strategies/policy	3.0
	The International Code of Marketing of Breast Milk Substitutes has been adopted in legislation.	2.0
	The National Code of Marketing of Breast Milk Substitutes has been enforced	1.0
	The International Labour Organization Maternity Protection Convention has been ratified	2.0
	There is paid maternity leave legislation for women	2.0
	There is legislation that protects and supports breastfeeding/expressing breaks for lactating women at work	2.0
	There is legislation providing employment protection and prohibiting employment discrimination against pregnant and breastfeeding women	0
	There is legislation for supporting worksite accommodations for breastfeeding women	2.0
<b>7</b> 1	equate funding and other resources can be accessed to scale up astfeeding programs	2.0
	There is a national budget line(s) for breastfeeding protection, promotion and support activities	2.0
	The budget is adequate for breastfeeding protection, promotion and support activities	1.0
	There is at least one fully funded government position to primarily work on breastfeeding protection, promotion and support at the national level	3.0

Ge		ore out of 3.0
	There is a formal mechanism through which maternity entitlements are funded using public sector funds	2.0
5	Skill-based training is provided to students (pre-service) and health care providers (in-service), and facility and community-based programs support optimal breastfeeding	1.9
	A review of health provider schools and pre-service education programs for health care professionals that will care for mothers, infants and young children indicates that there are curricula that cover essential topics of breastfeeding	2.0
	Facility-based health care professionals who care for mothers, infants and young children are trained on the essential breastfeeding topics as well as their responsibilities under the Code implementation.	2.0
	Facility-based health care professionals who care for mothers, infants and young children receive hands-on training in essential topics for counseling and support skills for breastfeeding	2.0
	Community-based health care professionals who care for mothers, infants and young children are trained on the essential breastfeeding topics as well as their responsibilities under the Cod implementation	
	Community-based health care professionals who care for mothers, infants and young children receive hands-on training in essential topics for counseling and support skills for breastfeeding	2.0
	Community health workers and volunteers that work with mothers, infants, and young children are trained on the essential breastfeeding topics as well as their responsibilities under the Code implementation.	1.0
	Community health workers and volunteers that work with mothers, infants, and young children receive hands-on training in essential topics for counseling and support skills for breastfeeding	1.0
	There exist national/subnational master trainers in breastfeeding (i.e. breastfeeding specialists or lactation consultants) who give support and training to facility-based and community-based health care professionals as well as community health workers	2.0
	Breastfeeding training programs that are delivered by different entities (e.g. face-to-face; on-li learning) through different modalities are coordinated	ne <b>2.0</b>
	Breastfeeding information and skills are integrated into related training programs (e.g. maternal and child health, IMCI)	2.0
	National standards and guidelines for breastfeeding promotion and support have been developed and disseminated to all facilities and personnel providing maternity and newborn c	are <b>2.0</b>
	Assessment systems are in place for designating BFHI/Ten Steps facilities	3.0
	Reassessment systems are in place to reevaluate designated Baby-Friendly/Ten Steps hospitals or maternity services to determine if they continue to adhere to the Baby Friendly/Ten Steps criteria	2.0
	More than 66.6% of deliveries take place in hospitals and clinics designated or reassessed as "Baby- Friendly" in the last 5 years	3.0
	Health facility-based community outreach and support activities related to breastfeeding are being implemented.	2.0
	Community-based breastfeeding outreach and support activities have national coverage	2.0
	There are trained and certified lactation management specialists available to provide supportive supervision for breastfeeding program delivery	1.0

Ge		ore out of 3.0
6	Effectively implemented promotional activities have occurred to support the scaling up o breastfeeding initiatives in the past 12 months	f 1.3
	There is a national breastfeeding promotion strategy that is grounded in the country's conte	ext. <b>1.0</b>
	The national breastfeeding promotion strategy is implemented	1.0
	Government or civic organizations have raised awareness about breastfeeding	2.0
7	There is a functional monitoring and evaluation system in place to assess and guide quality and impact of the national breastfeeding program	1.6
	Indicators of key breastfeeding practices are routinely included in periodic national surveys	3.0
	Key breastfeeding practices are monitored in routine health information systems	2.0
	Data on key breastfeeding practices are available at national and sub-national levels, including the local/municipal level	2.0
	Data on key breastfeeding practices are representative of vulnerable groups	1.0
	Indicators of key breastfeeding practices are placed in the public domain on a regular basis	2.0
	A monitoring system is in place to track implementation of the Code	2.0
	A monitoring system is in place to track enforcement of maternity protection legislation.	0
	A monitoring system is in place to track provision of lactation counseling/management and support.	0
	A monitoring system is in place to track implementation of BFHI/Ten Steps	2.0
	A monitoring system is in place to track behavior change communication activities	2.0
8	There is an operational, decentralized, and effecting decision-making government system responsible for coordinating the breastfeeding program at national/district level	0.7
	There is a National Breastfeeding Committee/ IYCF Committee	2.0
	National Breastfeeding Committee/IYCF committee work plan is reviewed and monitored reg	ularly 0
	Data/information related to breastfeeding program progress are used for decision-making and advocacy	0