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**Cross Sectoral Implementation Guidance:
ADS Chapter 212
Breastfeeding and Infant and Young Child
Nutrition Promotion,
Protection and Support**

An Additional Help for ADS 212

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INTRODUCTION

Implementing ADS 212: Breastfeeding and Infant and Young Child Nutrition Promotion, Protection and Support

This cross-sectoral field guidance is designed to assist in the implementation of the new **ADS 212**, a cross-sectoral approach to protection and promotion, and support of breastfeeding and infant and young child nutrition. Each page addresses one area of USAID programming, briefly reviews the importance of breastfeeding to the sector, suggests modifications for data gathering as well as breastfeeding and infant and young child nutrition promotion and protection, and supports policy implementation.

Why Do We Need New Strategy and Field Guidance?

Breastfeeding is a unique behavior and life-saving intervention that is cost-effective and doable. Breastfeeding provides low cost, high quality food for infants and young children, improves their health and increases infant survival six-fold, lowers family expenditures for food and health care, improves nutrient status thus increasing productivity, contributes to birth spacing, and is the safest form of young child feeding in emergency and disaster situations. Breastfeeding is also environmentally friendly by reducing pollution, packaging, and waste needed to manufacture and consume breastmilk substitutes. Both workplace efficiency and productivity benefit in that there is less absence due to family illness when children are breastfed, and breastfed children demonstrate more rapid cognitive development in the early months and years.

Breastfeeding and infant and young child nutrition promotion, protection, and support are now approved written policy for the entire Agency. Due to improvements in data collection, we can now say that these interventions have a proven track record and are within the Agency's interest. Today with increasing attention to emerging infectious diseases, food security, and economic growth, the need to maintain breastfeeding support is increasingly important. Nonetheless, many USAID technical staff remains poorly informed on the potential benefits of breastfeeding, and still fewer have the skills necessary to implement breastfeeding-supportive policy and programs.

Advances and Trends: Breastfeeding and Infant and Young Child Nutrition Promotion, Protection, and Support Achieve Results

USAID focuses on and supports high impact actions for achieving its nutrition goals under the Multi-Sectoral Nutrition Strategy 2014-2025. This includes optimal breastfeeding (immediate and exclusive for six months), and appropriate complementary feeding (e.g., dietary diversity in children 6-23 months, continued breastfeeding). USAID is committed to supporting countries achieve the World Health Assembly 2025 Nutrition Targets, including increase the rate of exclusive breastfeeding in the first six months up to at least 50 percent. While there remains much to be done to achieve optimal breastfeeding with appropriate complementary feeding for all, these

achievements are measurable and significant, and provide a good base for implementation of **ADS 212: Breastfeeding and Infant and Young Child Nutrition Promotion, Promotion, and Protection Policy**.

CHILD HEALTH AND INFECTIOUS DISEASES

Importance to sector:

Increased Child Survival

- Infant mortality remains a major reason for lowered life expectancy and human suffering worldwide; breastfeeding currently prevents about 5-6 million deaths per year, and could prevent an additional 1-2 million. Hence, breastfeeding may be considered the mortality preventive intervention with the greatest impact.
- Immediate breastfeeding at birth helps avoid hypothermia, a major threat to neonatal survival.

Decreased Morbidity

- Breastfeeding reduces the incidence of pneumonia, diarrhea, reported illness in general, ear infections, juvenile diabetes, colitis, and childhood cancers.
- Breastfeeding continues to confer antibodies from the mother's immune system to the child as long as breastfeeding continues for two years or longer.
- Recently, breastfeeding has been found to cause improved cognitive development.
- Breastfeeding is associated with reduced incidence of later infectious disease and chronic diseases such as diabetes and cancers.

Program Issues

- Cost-effective: Breastfeeding is rated one of the most cost-effective child survival interventions according to a World Bank report on child survival interventions.
- Nearly universally doable: Even maternal infectious illness is not a contraindication; the risk of passage generally is more than balanced by the protective effects of breastfeeding.
- HIV/AIDS is a special issue (see HIV sector).
- Implement program and demographic data collection for monitoring, evaluation and planning purposes.

Implementing ADS 212: Breastfeeding Promotion Policy

Promote Optimal Breastfeeding in All Programs

- Include breastfeeding skills support for optimal breastfeeding (exclusive for six months followed by slow weaning for two years or more) in all child survival programs.

- Include breastfeeding in the recovery protocol for all infant and young child illness.
- Support the Baby Friendly Hospital Initiative (BFHI), which includes early initiation and exclusive breastfeeding and linkage to community support for optimal breastfeeding.
- Support optimal breastfeeding for its contribution to child spacing.

Ensure compliance with the Code of Marketing of Breastmilk Substitutes (see appendix A).

Do not purchase or distribute breastmilk substitutes unless it has been determined that they are necessary to increase child survival, or for research, complying with the USAID policy on human subjects research (see Sample Format for Recording Exceptions, in **ADS 212**). Substitutes may only be used in a context of optimal breastfeeding support when steps are taken to ensure that they are used safely, and when use is in compliance with the Code of Marketing of Breastmilk Substitutes.

MATERNAL AND NEONATAL HEALTH

Importance to sector:

Increased Maternal Survival

- Breastfeeding is associated with improved postpartum uterine involution (contraction) and less blood loss.

Decreased risk of cancer and osteoporosis

- Women who breastfeed have lower risk of breast and ovarian cancer in later years. There is some evidence that breastfeeding may also help prevent osteoporosis and type II diabetes.

Delayed menses

- Breastfeeding delays the return of menses, which increases child spacing, allowing more time for the mother to recover between pregnancies. Amenorrhea also reduces the risk of anemia.

Increased Neonatal Survival

- Immediate postpartum skin to skin and breast attachment combats hypothermia (loss of body heat), and hypoglycemia (low blood sugar) which can result from the stress.
- Immediate breastfeeding can help avoid the use of dangerous traditional pre-lacteal feeds when full information is shared with the family and community.

Implementing ADS 212: Breastfeeding and Infant and Young Child Nutrition Promotion, Protection and Support Policy

Promote optimal breastfeeding in programs that “address health and nutrition,” “target infants and young children and/or women of reproductive age” or “influence maternal and child behaviors”.

- Train birth attendants and other appropriate health providers in the skills of immediate postpartum breastfeeding to avoid potentially deadly hypoglycemia and hypothermia.
- Provide all mothers with lactation management skills for optimal breastfeeding (exclusive for six months followed by adequate and appropriate introduction of complementary foods with continued breastfeeding for two years or more).
- Include nutrition counseling in all antenatal and post-natal care to help the mother maintain adequate stores for breastfeeding and ensure her own health.

- Implement program and demographic data collection to capture breastfeeding and infant and young child nutrition indicators for monitoring, evaluation and planning purposes.

Ensure compliance with the Code of Marketing of Breastmilk Substitutes (see appendix A).

Do not purchase or distribute breastmilk substitutes unless it has been determined that they are necessary to increase child survival or are used for research and comply with the USAID policy on human subjects research. See Sample Format for Recording Exceptions, in **ADS 212**. Substitutes may only be used in a context of optimal breastfeeding support, when steps outlined in **ADS 212.3.2** are taken to ensure that they are used safely, and when use is in compliance with the Code of Marketing of Breastmilk Substitutes (see [ADS 212maa, Guidelines for Documenting Exceptions to ADS 212.3.2](#)).

HIV/AIDS AND MATERNAL-TO-INFANT TRANSMISSION THROUGH BREASTFEEDING

Importance to Sector:

Each year, as many as 250,000 infants are infected with HIV, the virus causing AIDS, through mother-to-child transmission (MTCT). Without antiretroviral (ARV) prophylaxis or treatment, approximately one in three infants born to HIV-positive mothers will be infected in pregnancy, during delivery or through breastfeeding. However, the risk of MTCT with good adherence to the ARV regimen in pregnancy and extending for the duration of breastfeeding is less than 2%. While there remains some risk of MTCT through breastfeeding with ART, the risk of mortality for most infants if not breastfed is far greater. Consequently, WHO recommends that all women should be tested for HIV early in pregnancy and, if positive, should be initiated on lifelong ART (Option B+) without restrictions on breastfeeding. Exclusive breastfeeding should be practiced in the first six months, with complementary feeding introduced at six months, and weaning beyond one year only if and when an adequate replacement diet can be assured. Rapid weaning is associated with increased HIV transmission and should be discouraged. Once fully weaned, HIV-exposed infants should be retested for HIV infection and infant growth and health should be closely monitored in the period following weaning.

Implementing ADS 212: Breastfeeding and Infant and Young Child Nutrition Promotion, Protection and Support Policy

The critical gateway to PMTCT is assuring that all pregnant women attend antenatal care (ANC) as early as possible, are HIV-tested and, if positive, initiated on life-long ART. PMTCT programs have been most effective where HIV/AIDS services are fully integrated within ANC, OB/GYN and MNCH services. Mothers should be counseled on ART adherence and infant feeding beginning in pregnancy and throughout the postnatal period. HIV-exposed infants should be tested for HIV within 6-12 weeks postpartum and again following weaning. All infants, whether known to be HIV-exposed or not, should be HIV-tested if there is evidence of growth faltering or moderate-to-severe acute malnutrition (MAM/SAM), as these are often early clinical symptoms of HIV infection. Continued breastfeeding should be encouraged if an infant is determined to be HIV-positive. Mothers who test HIV-negative in pregnancy should be retested during the breastfeeding period, especially if they are known to be in a discordant couple (HIV-positive partner) or otherwise may be exposed to HIV infection.

Replacement feeding may occasionally be necessary when a mother has died or is unable to breastfeed for physical or other reasons. In all such cases, support should be provided so that infants are replacement fed under the following conditions, referred to as AFASS standards – affordable, feasible, acceptable, sustainable and safe – in the *2010 WHO HIV and Infant Feeding: Revised Principles and Recommendations*:

- Safe water, hygiene and sanitation are assured at the household level and in the community,
- The mother or other caregiver can reliably provide sufficient infant formula to support normal growth and development of the infant,
- The mother or caregiver can prepare it cleanly and frequently enough so that it is safe and carries a low risk of diarrhea and malnutrition,
- The mother or caregiver can, in the first six months, exclusively give infant formula,
- The family is supportive of this practice, and
- The mother or caregiver can access health care that offers comprehensive child health services.

HIV-infected mothers who stop breastfeeding before two years should be counseled on how to safely wean and provide an adequate replacement diet according to WHO guidance on feeding non-breastfed children 6-24 months (see **ADS 212.5**, reference g). If the diet with complementary feeding or complete replacement feeding is unlikely to meet the requirements for vitamins, minerals and essential fatty acids, a micronutrient supplement or small-quantity lipid-based nutrient supplement (SQ-LNS) should be provided.

Where the appropriate national health authority has adopted a strategy of replacement feeding from birth for HIV-exposed infants, the best option for the first six months is a fully fortified, quality infant formula, reconstituted with sterile water (boiled, chemically treated and/or filtered) and cup fed. WHO has also recommended hand-expressed, heat-treated breastmilk, including in the post-weaning period, for as long as it can be sustained.

While USAID funds are limited to the purchase and transport of breastmilk substitutes in exceptional circumstances, funds can be used to support the national infant feeding strategy. For example, USAID funds can be used to support infant feeding counseling, supply chain management, immunizations, oral rehydration therapy and zinc supplements.

POPULATION AND FAMILY PLANNING

Importance to sector:

Slowed Population Growth

- Breastfeeding is a major determinant of fertility.
- Delayed fertility return allows the woman and/or couple the time needed to consider all methods and save resources if necessary to use the method.

Increased Birth Intervals

- In many developing countries, breastfeeding has more impact on birth intervals than contraceptive use.
- If breastfeeding were to deteriorate, contraceptive use would have to double and triple in some countries just to keep fertility stable at the current high levels.

Natural Birth Control

- There is a method of child spacing that promotes optimal breastfeeding, appropriate and timely introduction of family planning during breastfeeding, and adequate child spacing; the Lactational Amenorrhea Method, or LAM.

Implementing ADS 212: Breastfeeding Promotion Policy

Promote optimal breastfeeding in programs that “address health and nutrition,” “target infants and young children and/or women of reproductive age” or “influence maternal and child behaviors”. Since the target population for family planning and breastfeeding support are nearly identical:

- Include breastfeeding skills support for optimal breastfeeding (exclusive for six months followed by slow weaning for two years or more).
- Include counseling on breastfeeding maintenance while using family planning in all family planning programs.
- Include LAM in counseling on family planning options in every FP and MCH/FP program. Support Baby Friendly Hospital Initiatives (BFHI) which includes support and early initiation of breastfeeding.
- Refine and evaluate program and demographic data collection for monitoring, evaluation and planning purposes.

Ensure compliance with the Code of Marketing of Breastmilk Substitutes (see appendix A).

NUTRITION, AGRICULTURE, AND FOOD SECURITY

Importance to Sector:

Micronutrients

- Breastmilk is the major source of micronutrients (and macronutrients) in early life, and is an essential part of any micronutrient (i.e., Vitamin A) intervention effort.

Other Nutrition and Food Security

- Breastmilk provides complete nutrition for infants up to six months of age and continues to be a critical source of essential nutrients for two years and beyond.
- Lactational amenorrhea caused by early and exclusive breastfeeding can help ensure household and community food security by increasing child spacing, slowing population growth and reducing pressures on the food supply.

Cost Effective

- Breastmilk is cheaper, safer, more nutritious, and less expensive to produce in terms of household food resources, and safer to store in its original container than other infant food.
- Breastfeeding reduces the burden on household food security and family food budget by ensuring that family resources and time are not used to purchase formula, bottles, extra firewood, and extra clean water.

Implementing ADS 212: Breastfeeding and Infant and Young Child Nutrition Promotion, Protection and Support Policy

Promote optimal breastfeeding in programs that “address health and nutrition,” “target infants and young children and/or women of reproductive age” or “influence maternal and child behaviors”.

- Support programs to provide breastfeeding skills for optimal breastfeeding (exclusive for six months followed by continued breastfeeding for two years or more) for all mothers.
- Include promotion of breastfeeding in food security plans. Review strategies and programs to create and strengthen linkages between agriculture, health, and nutrition programs.
- Promote improved infant feeding practices and maternal dietary practices as part of agricultural and agro-forestry extension services as well as at other

group meetings (e.g. marketing associations, dairy processing cooperatives, microfinance clubs, etc.).

- Develop labor-saving technology to allow women time to care for children (e.g. lower maintenance crops, faster preparation foods, etc.).
- Target mothers and children from birth up to three years of age in Title II Food programs for correct and locally appropriate breastfeeding messages.
- Implement program and demographic data collection for monitoring, evaluation and planning purposes.

Ensure compliance with the Code of Marketing of Breastmilk Substitutes (see appendix A).

Do not purchase or distribute breastmilk substitutes unless it has been determined that they are necessary to increase child survival, or are used for research and comply with the USAID policy on human subjects research (see Sample Format for Recording Exceptions, in **ADS 212**). Substitutes may only be used in a context of optimal breastfeeding support, when steps are taken to ensure that they are used safely, and when use is in compliance with the Code of Marketing of Breastmilk Substitutes.

GENDER AND WOMEN'S RIGHTS

Importance to Sector:

Empowerment

- Breastfeeding is a woman's right and an essential part of women's reproduction. Breastfeeding benefits women's health and empowers women to provide the best in infant nutrition and to exercise preventive health care for herself and her child.
- Breastfeeding helps women control their fertility and support the survival of their children.

Cost Effective

- The cost of making maternal milk (i.e., food for the mother, time off from work, etc.) is much less than the cost of formula in most developing country settings.

Work Productivity

- Breastfed infants are less often ill, demanding less maternal absence from work.
- Exclusive breastfeeding provides all necessary nutrition for cognitive growth and development in the early months.

Attention to Conducive Environments

- Breastfeeding focuses attention on the need for mother and baby friendly workplaces, childcare, and gender equality in distribution of food and other resources within the household and community. Engaging men, grandmothers and community influencers are important for responding to these needs.

Implementing ADS 212: Breastfeeding and Infant and Young Child Nutrition Promotion, Protection and Support Policy

Promote optimal breastfeeding in programs that "address health and nutrition," "target infants and young children and/or women of reproductive age" or "influence maternal and child behaviors".

- Support breastfeeding in all national and international workplace discussions.
- Support the recommendations from the recent International Labor Organization convention encouraging policies that allow women to work and breastfeed and provide spaces and time to do so.

- Incorporate family health and breastfeeding into agricultural and job programs.
- Advocate for women's access to correct information on feeding choices, family planning, and breastfeeding support.
- Advocate for partners/fathers access to correct information to support mothers in breastfeeding (child care, sharing domestic work, safe sex, etc.).
- Support Mother-to-Mother support groups and prenatal discussions, which help women establish good breastfeeding skills and support each other in an atmosphere of trust and respect.
- Enable women to make and act upon their own infant feeding decisions by providing them with correct information and counseling.
- Implement program and demographic data collection to capture breastfeeding and infant and young child nutrition indicators for monitoring, evaluation and planning purposes.

Ensure compliance with the Code of Marketing of Breastmilk Substitutes (see appendix A).

Do not purchase or provide breastmilk substitutes unless it has been determined that they are necessary to increase child survival or if used for research and complies with the USAID policy on human subjects research (see Sample Format for Recording Exceptions, in **ADS 212**).

EDUCATION AND HUMAN CAPACITY DEVELOPMENT

Importance to Sector:

Early Childhood Development

- Mother-infant interaction encourages child development.
- Breastfeeding and weaning behaviors are an essential part of building educational capacity and development.
- Breastfeeding provides frequent interaction between mother and infant, fostering bonding, a sense of security, and age-appropriate stimuli.

Cognitive Development

- Recent evidence shows that breastfeeding is associated with higher IQ performance, attained schooling, and adult economic productivity.
- Breastfeeding protects babies from illnesses that can cause malnutrition, hearing problems, and learning difficulties. Breastmilk is a rich source of vitamin A, which reduces the risk of eye problems, growth failure, and illness.

Implementing ADS 212: Breastfeeding and Infant and Young Child Nutrition Promotion, Protection and Support Policy

Promote optimal breastfeeding in programs that “address health and nutrition,” “target infants and young children and/or women of reproductive age” or “influence maternal and child behaviors”.

- Incorporate breastfeeding and care into formal and non-formal education curricula including higher education training.
- Incorporate breastfeeding into children’s programs, educational materials, toys and books.
- Ensure access to correct information on nutrition, family planning, reproductive health, and breastfeeding for women, men, youth, and school-aged children.
- Implement program and demographic data collection to capture breastfeeding and infant and young child nutrition indicators for monitoring, evaluation and planning purposes

Ensure compliance with the Code of Marketing of Breastmilk Substitutes (see appendix A).

ECONOMIC DEVELOPMENT, ENVIRONMENT, AND THE PRIVATE SECTOR

Importance to Sector:

Reduced Household Costs

- In many countries, the cost of purchasing formula diverts scarce financial resources from low-income households. Breastmilk is the cheapest and most efficient food for infants and young children.

National Savings with Breastfeeding

- Breastmilk production is a positive contributor to a nation's economy, not just by preventing the economic burden of costly illnesses and economic losses from lower intelligence, but also in saving of precious import dollars on formula and related products.

Slower Population Growth

- Breastfeeding increases birth spacing, slowing population growth, thus reducing less economic burden the social sector and other societal resources.

Decreased Health Care and Labor Costs

- Breastmilk prevents many illnesses in infants, young children, and mothers, decreasing the burden of disease and related health care costs.
- With healthier children, parents are less often absent from work due to care of a sick child.

Less Environmental Burden

- Breastfeeding reduces environmental pollution from plastics and dairy herds (methane).
- Preparation of breastmilk substitutes involves use of firewood, contributing to deforestation and indoor air pollution.
- Breastfeeding does not waste scarce natural resources and is the world's most energy-efficient food production system.

Implementing ADS 212: Infant and Young Child Nutrition Promotion, Protection and Support Policy

- Promote optimal breastfeeding and complementary feeding including continued breastfeeding through two years or beyond in programs that “address health and nutrition,” “target infants and young children and/or women of reproductive age” or “influence maternal and child behaviors”.
- USAID/W will provide all Missions and USAID/W units with guidance on the economic value of breastfeeding for use in strategic planning and policy and advocacy discussions.

- Support interventions that advocate for and/or allow women working outside the home in private and public sectors to breastfeed, including educating working mothers about management of breastfeeding with employment; enhancing employers' awareness about benefits of breastfeeding accommodation at the workplace; arranging physical facilities for lactating mothers (including privacy, childcare facilities, breast pumps, and breastmilk storage facilities); providing job-flexibility to working mothers; and initiating mother friendly policies at the workplace that support breastfeeding.
- When feasible, incorporate promotion of improved infant feeding and maternal dietary practices in microenterprise activities according to Agency Policies and Strategies.
- Ensure employers, mother, families and other beneficiaries as relevant and appropriate have access to accurate information on breastfeeding and breastfeeding choices (including accurate information on environmental toxins). USAID/W will provide all Missions with accurate information on breastfeeding and breastfeeding choices for use in relevant programs.
- In line with USAID's Program Cycle Operational Policy **ADS 201** (2017) and as stated in the MSNS, all projects contributing to the objective of this strategy will be designed and implemented with a clear monitoring and evaluation plan.
- Ensure compliance with the Code of Marketing of Breastmilk Substitutes (see appendix A) and the WHO Guidance on Ending Inappropriate Promotion of Foods to Infants and Young Children.

DISASTERS AND EMERGENCIES

Importance to Sector:

Ensures Infant Survival

- During humanitarian crisis, both sudden onset and slow onset, infants who are exclusively breastfed have higher chances of survival. Breastmilk offers increased protection against infections and improves a child's immune system.

Food Security

- Breastmilk is a safe, nutritionally complete food, and can therefore ensure food security of infants and young children even where reliable water, fuel, and sanitary facilities are scarce.
- Breastmilk is less susceptible to seasonality than other foods.

Cost Effective

- Breastfeeding saves millions of dollars in disaster relief annually.

Implementing ADS 212: Breastfeeding Promotion Policy

Protect and promote optimal infant and young child nutrition in programs that “address health and nutrition,” “target infants and young children and/or women of reproductive age” or “influence maternal and child behaviors”.

- Develop and implement appropriate interagency policies and guidelines on infant feeding in emergencies.
- Optimally feed their infants and young children during and in the aftermath of crises. Monitor infant feeding practices in emergencies.
- Incorporate infant and young child nutrition education in Title II programs.
- Target reproductive age females, pregnant, and lactating women with nutritious foods.
- Ensure that health care services in emergency or refugee situations are “baby-friendly”, encourage early initiation, and optimal breastfeeding (exclusive for six months, continued for two years and beyond).
- Implement program and demographic data collection for monitoring, evaluation and planning purposes.

Ensure compliance with the Code of Marketing of Breastmilk Substitutes (see appendix A).

Do not purchase or distribute breastmilk substitutes unless it has been determined that they are necessary to increase child survival or for research, complying with the USAID policy on human subjects research (see Sample Format for Recording Exceptions, in **ADS 212**). Substitutes may only be used in a context of optimal breastfeeding support when steps are taken to ensure that they are used safely, and when use is in compliance with the Code of Marketing of Breastmilk Substitutes.

APPENDIX A

International Code of Marketing of Breastmilk Substitutes

The Innocenti Declaration calls on all governments to implement the International Code of Marketing of Breast-Milk Substitutes adopted in 1981 by the 34th World Health Assembly. USAID supports the Code and all subsequent related guidance and resolutions from the World Health Assembly. Full text of the Code is available at: <http://www.who.int/nutrition/publications/infantfeeding/9241541601/en/>.

APPENDIX B

Suggested Breastfeeding Indicators and Related Definitions

INDICATORS:

World Health Organization IYCF Indicators

Indicators to assess infant and young child feeding practices were published by the WHO in 2008 and include:

Core indicators:

- Early initiation of breastfeeding
- Exclusive breastfeeding under six months
- Continued breastfeeding at one year
- Introduction of solid, semi-solid or soft foods
- Minimum dietary diversity
- Minimum meal frequency
- Minimum acceptable diet
- Consumption of iron-rich or iron-fortified foods

Optional indicators:

- Children ever breastfed
- Continued breastfeeding at two years
- Age-appropriate breastfeeding
- Predominant breastfeeding under six months
- Duration of breastfeeding
- Bottle feeding
- Milk feeding frequency of non-breastfed children

Definitions, instructions on measurements and country profiles are available at:

<http://www.who.int/nutrition/publications/infantfeeding/9789241599290/en/>

Demographic and Health Survey (DHS) indicators related to nutrition include:

- Initial breastfeeding
- Breastfeeding status
- Median duration and frequency of breastfeeding
- Percentage of children breastfed six or more times
- Percentage of children 6-23 months who are fed according to the infant and young child feeding (IYCF) practices
- Nutritional status by demographic and background characteristics
- Anthropometric indicators for women
- Anthropometric indicators of maternal nutritional status
- Iodization of household salt
- Micronutrient intake among children and mothers

- Prevalence of anemia in children and women
- Prevalence of anemia in children by anemia status of mother
- Iron supplementation of children and women

More information on DHS nutrition indicators can be accessed at:
<https://dhsprogram.com/topics/Nutrition/>.

DEFINITIONS:

The terms and definitions listed below have been incorporated into the ADS Glossary. See the [ADS Glossary](#) for all ADS terms and definitions.

Breastmilk substitutes (BMS)

Any food being marketed or otherwise represented as a partial or total replacement of breastmilk, whether or not suitable for that purpose, such as powdered or liquid milks, powdered infant formula (PIF), or ready-to-use infant formula (RUIF)-commonly referred to as baby formula.

Complementary feeding

The appropriate addition of other foods while continuing breastfeeding, starting at about six months based on the infant's developmental readiness. WHO and UNICEF recommend that all mothers should have access to skilled support to initiate and sustain exclusive breastfeeding for six months and ensure the timely introduction of adequate and safe complementary foods with continued breastfeeding up to two years or beyond.

Complex emergency

A humanitarian crisis in a country, region or society where there is total or considerable breakdown of authority resulting from internal or external conflict and which requires an international response that goes beyond the mandate or capacity of any single agency and/or the ongoing United Nations country program.

Exclusive breastfeeding

The infant receives only breastmilk from his/her mother, and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines.

Exclusive breastmilk feeding

May receive expressed breastmilk, in addition to breastfeeding. Expressed breastmilk may be from the mother, a suitable "wet nurse," or human milk bank.

Kangaroo mother care

Kangaroo mother care (KMC) when pre-term or low birth weight newborns are carried skin-to-skin with the mother. KMC provides early, continuous and prolonged skin-to-skin contact between the mother and the baby; prevents hypothermia; and it promotes exclusive breastfeeding. It can be initiated at the place of delivery and continued at home.

Lactational amenorrhea method

Lactational amenorrhea method is the use of breastfeeding as a contraceptive method based on the physiologic effect of frequent day and night suckling on suppression of ovulation. It is effective in preventing pregnancy in the first six months postpartum while the mother is exclusively or near exclusive (fully) breastfeeding and continues to not have menstrual periods.

Optimal breastfeeding

Exclusive breastfeeding for the first six months of life, with continued breastfeeding and appropriate complementary feeding for at least two years. Breastfeeding should be initiated with skin-to-skin contact immediately postpartum. (Support of adequate maternal nutrition is an important part of breastfeeding support.)

Replacement feeding

The use of a breastmilk substitute that provides the nutrients the child needs. During the first six months, replacement feeding should be with a suitable breastmilk substitute such as commercial standard infant formula if exclusive breastfeeding is not possible. After six months it should preferably be with a suitable breastmilk substitute until 12 months and complementary foods made from appropriately prepared and nutrient enriched family foods. Replacement feeding does not include breastmilk substitutes such as whole powdered milks or animal milks.

Re-lactating mother

The process of re-establishing breastfeeding after a woman has stopped breastfeeding her child, even without a further pregnancy.

Responsive feeding

Responsive feeding refers to a reciprocal relationship between an infant or child and his or her caregiver that is characterized by the child communicating feelings of hunger and satiety through verbal or nonverbal cues, followed by an immediate response from the caregiver.

“Wet nurse”

A woman who cares for and suckles children not her own.

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