



World Breastfeeding Trends Initiative (WBTi)

Moldova Assessment Report





Report



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The World Breastfeeding Trends Initiative (WB*Ti*)

**Republic of Moldova:
Year: 2018**



INTRODUCTION

This report presents the results of the assessment of policy and programs in the Republic of Moldova regarding Infant and Young Child Feeding. The assessment was completed according to the World Breastfeeding Trends Initiative (WBTi) Assessment Tool developed by the Breastfeeding Promotion Network of India (BPNI) / International Baby Food Action Network (IBFAN) Asia.

The report was prepared by a team of professionals from the key national institutions and NGOs in collaboration with the Ministry of Health, Labor and Social Protection (MoHLSP) and UNICEF Moldova.

ACKNOWLEDGEMENTS

Association for Women and Children “NOVA” would like to thank the following organizations: BPNI / IBFAN Asia, Ministry of Health, Labor and Social Protection (MoHLSP), UNICEF Moldova country office, all national institutions involved in data collection and analysis. Without them, this assessment would not have been possible.

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About WBTi

World Breastfeeding Trends Initiative (WBTi)

Background

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

Part-I deals with policy and programmes (indicator 1-10)	Part –II deals with infant feeding practices (indicator 11-15)
<ol style="list-style-type: none">1. National Policy, Programme and Coordination2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)3. Implementation of the International Code of Marketing of Breastmilk Substitutes4. Maternity Protection5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)6. Mother Support and Community Outreach7. Information Support8. Infant Feeding and HIV9. Infant Feeding during Emergencies10. Mechanisms of Monitoring and Evaluation System	<ol style="list-style-type: none">11. Early Initiation of Breastfeeding12. Exclusive breastfeeding13. Median duration of breastfeeding14. Bottle feeding15. Complementary feeding

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

Each indicator used for assessment has following components;

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

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

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

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

1. BACKGROUND

1.1 GENERAL BACKGROUND DATA ABOUT THE REPUBLIC OF Moldova

(please insert general information about the country regarding child nutrition, child survival, any initiation to improve IYCF practices etc.)



The Republic of Moldova lies in the central part of Europe in the north-eastern Balkans. Moldova occupies an area of 33,843.5km².

On the North, East and South Moldova is surrounded by Ukraine, and on the West is separated from Romania by the Prut River.

Moldova emerged as an independent republic following the collapse of the USSR in 1991.

Currently, Moldova has 32 districts, three municipalities (Chisinau, Balti, Bender), one autonomous territorial unit (Gagauzia) and one territorial unit (Transnistria). The capital of Moldova is Chisinau.

1.2 GENERAL INFORMATION ABOUT THE COUNTRY REGARDING CHILD NUTRITION & SURVIVAL, INITIATIONS TO IMPROVE IYCF PRACTICES

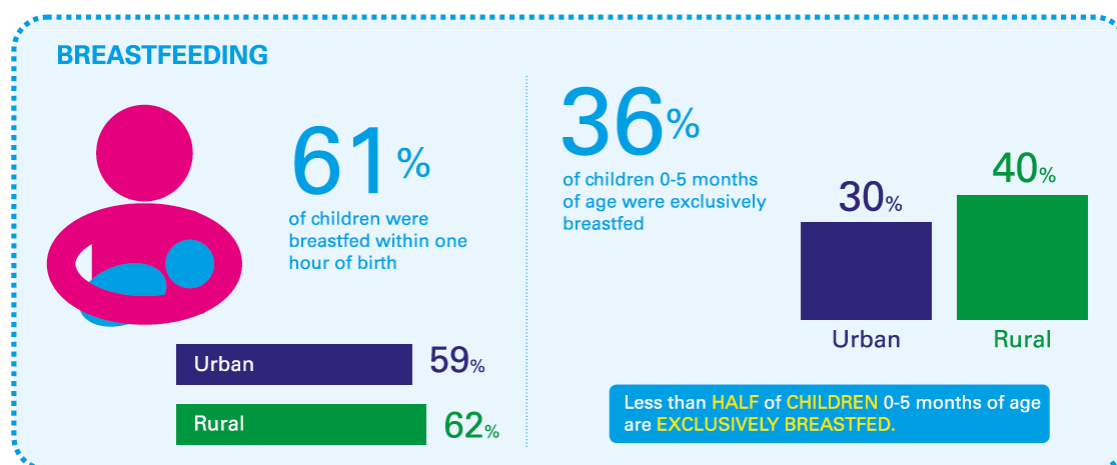
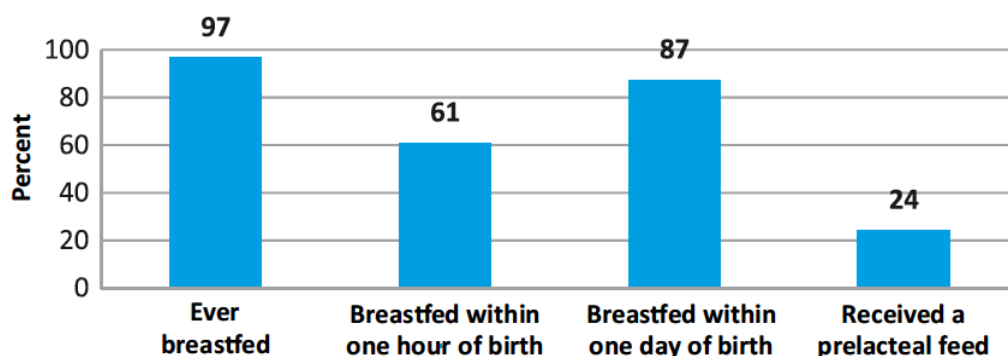
Statistics¹

Total population (July 2014 est.)	3,583,288
Gross national income per capita (PPP international \$, 2013)	5,190
Birth rate: (2014 est.)	12.21 births/1,000 population
Death rate: (2014 est.)	12.6 deaths/1,000 population
Life expectancy at birth (2014 est.)	Total population: 70.12 years
Male:	66.25 years
Female:	74.24 years
Maternal mortality rate: (2013 est.)	21 deaths/100,000 live births
Infant mortality rate: (2014 est.)	Total: 12.93 deaths/1,000 live births
Male:	14.82 deaths/1,000 live births
Female:	10.93 deaths/1,000 live births
Total fertility rate: (2014 est.)	1.56 children born/woman
HIV/AIDS adult prevalence rate: (2013 est.)	0.61%
HIV/AIDS people living with HIV/AIDS: (2013 est.)	14,800
HIV/AIDS deaths: (2013 est.)	900
Obesity adult prevalence rate: (2014)	15.7%
Children under the age of 5 years underweight:	2.2% (2012)
Physicians density: (2013)	2.98 physicians/1,000 population
Unemployment, youth ages 15-24: (2012 est.)	13.1%
Net migration rate: (2014 est.)	9.8 migrant(s)/1,000 population
Education expenditures: (2012)	8.3% of GDP
GDP Total expenditure on health per capita (Intl\$, 2013)	553
Total expenditure on health as % of GDP (2013)	11.8

¹ Source: CIA World Factbook: Moldova Demographics Profile 2015, (http://www.indexmundi.com/moldova/demographics_profile.html)

According to the 2012 Moldova MICS², 97 percent of children born during the last two years preceding the survey were ever breastfed, some 61 percent were breastfed within the first hour of birth and 87 percent within the first 24 hours of birth; 24 percent of children received prelacteal feed (Figure 1).

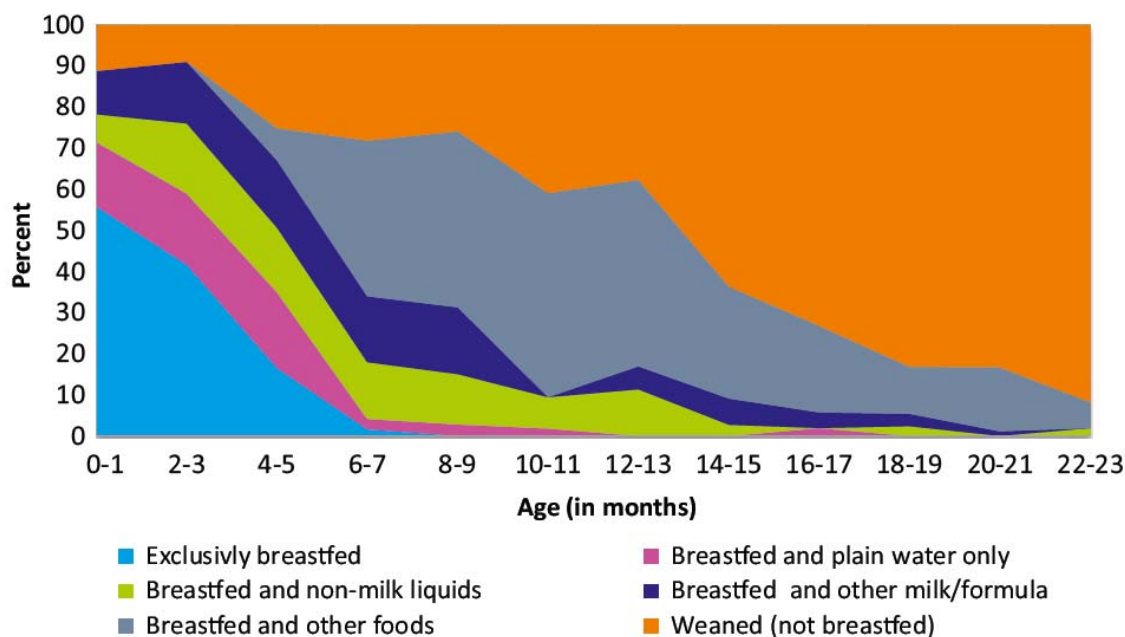
Figure 1. Initial breastfeeding. Percentage of last born children in the 2 years preceding the survey who were ever breastfed, who were breastfed within one hour of birth, and within one day of birth, and who received a prelacteal feed, Moldova, 2012



Thirty-six percent of children aged 0-5 months were exclusively breastfed, and 66 percent were predominantly breastfed; 48 percent of children were continuously breastfed up to 1 year of age and 12 percent were continuously breastfed up to the age of 2 years. The proportion of children aged 0-5 months that were exclusively breastfed is about 40 percent in rural areas, compared to 30 in urban areas. Sixty-two percent of children aged 6-8 months received complementary feeding (solids, semi solids and soft foods) on the day preceding the interview. Figure 2 shows the detailed pattern of breastfeeding by the child's age in months.

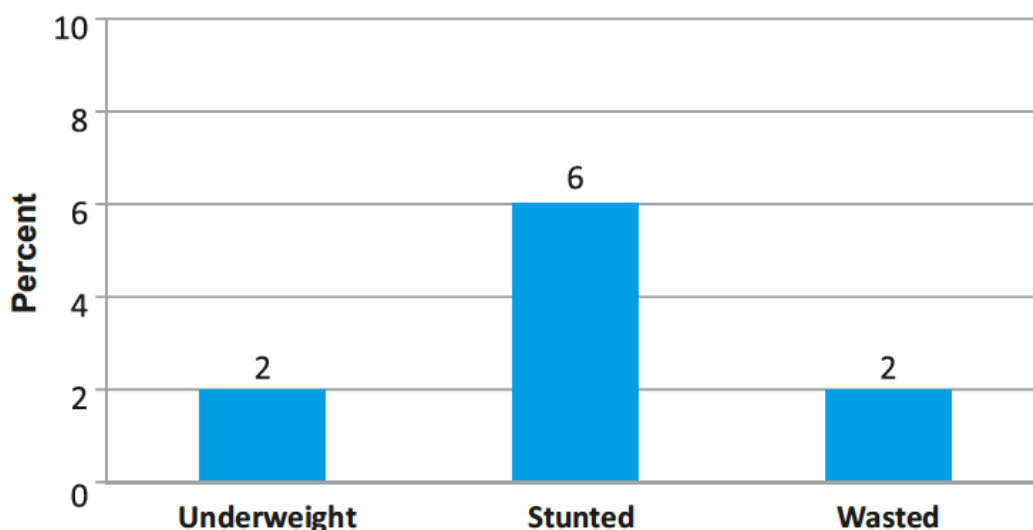
² The full report of the 2012 Moldova MICS will be available at: http://www.childinfo.org/mics4_surveys.html and www.unicef.md.

Figure 2. Percent distribution of children under the age of 2 years by feeding patterns, by age group, Moldova, 2012



The key indicators for monitoring the nutritional status of a child under the age of five are under weight (weight-for-age), stunting (height-for-age) and wasting (weight-for-height). In total about 6 percent of children under age five are stunted, 2 percent are underweight and 2 percent are wasted (Figure 3). At the same time, about 5 percent of children under the age of five are overweight for their height.

Figure 3. Percentage of children under the age of 5 who are underweight, stunted and wasted, Moldova, 2012



BABY FRIENDLY HOSPITAL INITIATIVE

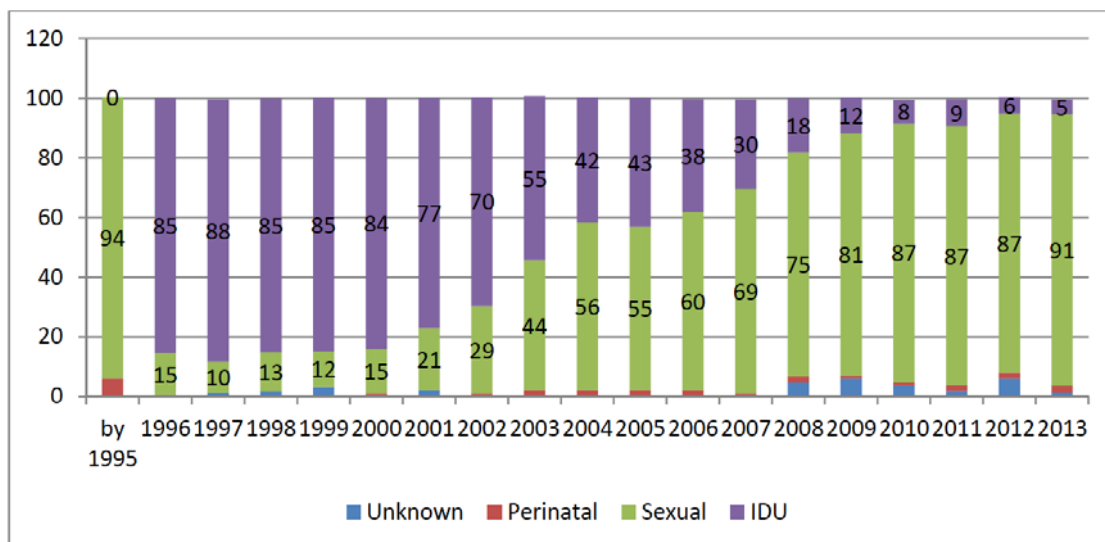
Delivery care in Moldova is provided by 38 obstetrical-gynecology units and maternities located in district and municipal hospitals, as well as specialized (tertiary) health care establishments, such as the Mother and Child Institute.

In early 2000 the “Baby Friendly” initiative was implemented in 27 hospitals with maternity facilities (out of 38 existing) in Moldova. However, those maternity facilities were never reassessed and currently the monitored maternity hospitals implement partially the Ten Steps of Successful Breastfeeding and the International Code of Marketing Breastmilk Substitutes (none of them have policy on infant feeding that promotes and protects breastfeeding, the staff is not appropriately trained, after Caesarean section mothers and babies are separated for a day or two, the hospitals give free formula to newborns not having medical indications for that, the companies promote their products in the hospitals, moreover the authorities didn’t know whether the irfacilities were baby friendly or not).

INFANT AND YOUNG FEEDING IN DIFFICULT CIRCUMSTANCE ⁵

The Republic of Moldova is classified as a concentrated/low prevalence country with a concentrated HIV epidemic in IDU (Injecting Drug User) population. However, there is evidence of spread of the infection in the general population and in the last 5 years, sexual transmission is the main probable route reported by newly registered HIV cases (out of 706 new HIV cases reported in 2013, 91,9% mentioned about the sexual route as the main probable route of HIV transmission). (Figure 4)

Figure 4. Distribution of new HIV cases by probable route of transmission in the Republic of Moldova, 1995-2013



³ Source UNAIDS(<http://www.unaids.org/en/regionscountries/countries/republicofmoldova>)

According to the estimations made in 2014 population infected with HIV was 14801, new estimated HIV cases 1392 and the need for ARV treatment 6591.

The change in the structure of newly reported HIV cases in terms of probable route of transmission increases the vulnerability of women, constituting 46.31% of new HIV cases registered in 2013. HIV/AIDS is mainly registered among young people of reproductive age (15_39– 71, 1% of new HIV cases registered in 2013).

According to the administrative statistics for 2013, out of the number of women that gave birth during 2013, 99.3% have been tested for HIV at least once. In 2013, 79 cases of HIV infection among pregnant women were identified and 90 HIV positive women became pregnant and decided to go on with their pregnancy.

The rate of mother-to-child transmission of HIV in 2012 was 3.3% (6 HIV infected infants at 182 HIV positive pregnant women). Cases of mother-to-child transmission have occurred among women that have not received ARV prophylaxis treatment during pregnancy and delivery.

The state policy in the area of HIV/AIDS in Moldova is implemented through the National Programme on Prevention and Control of HIV/AIDS and STI for 2011– 2015 (National AIDS Programme–NAP), approved by the Government of the Republic of Moldova on December 16, 2010. NAP stipulates maintenance of vertical HIV transmission rate under 2%.

In correspondence with the clinical protocol on ARV treatment, HIV infected pregnant women who do not need ARV treatment for own health according to clinical or immunological criteria are administered ARV prophylaxis treatment starting with the 24th week of pregnancy, while infants receive ARV prophylaxis treatment for 7 days.

1.3. ASSESSMENT PROCESS FOLLOWED BY THE COUNTRY

Following to the World Breastfeeding Trends Initiative (WBTi) and World Breastfeeding Costing Initiative (WBCi) training workshop on 19-21 October 2016 in Lisbon, attended by Dr. Ala Curteanu, Mother and Child Institute, the National Working Group was created and approved by the MoH to conduct assessment of policy and programs as per Global Strategy for Infant and Young Child Feeding. According to the MoH disposition no 77d from 14.02.2017 the National Working Group was composed by the following national key stakeholders:

- Dr. Iurie Dondiu, Director of the Hospital no 1, Chisinau municipality, President of the Specialized Commission on Obstetrics & Gynecology, MoHLSP
- Dr. Lilia Oleinic, Principal consultant, Department of Policy in Hospital Health Care, MoHLSP
- Dr. Ala Curteanu, Chief of the perinatology scientific department, Mother and Child Institute
- Dr. Tatiana Caraus, Researcher of the perinatology scientific department, Mother and Child Institute
- Dr. Stelian Hodorozea, Assoc. prof., Department of Obstetrics & Gynecology, State Medical and Pharmaceutical University “Nicolae Testemitanu”
- Dr. Angela Anisei, Chief of the Direction of Management of quality of health services, National Center of Health Management
- Dr. Galina Obreja, Lecturer, School for Public Health Management, State Medical and Pharmaceutical University “Nicolae Testemitanu”
- Dr. Svetlana Popovici, Dermatological and Communicable Diseases Hospital, Chisinau municipality
- Dr. Dumitru Siscanu, Chief of the Consultative Department for Women, Perinatal center of the Hospital no 1, Chisinau municipality, Director of NGO “Progress through Alternative”
- Dr. Angela Capcelea, Health Officer, UNICEF Moldova
- Dr. Cristina Gaberi, Consultant in Maternal and Child Health, UNICEF Moldova

The Director of the Hospital no 1, Chisinau municipality, Dr. Iurie Dondiu, was identified as National coordinator of the Working Group.

The WBTi was introduced to the members of the Working Group in order to seek collaboration and support for conduct assessment and develop the country report and action plan during the first meeting which took place 21.03.2017 at the MoHLSP premises. During this meeting the task on data collection were distributed among members of the Group.

Participants of the Working group reviewed the available country data, the policy and program documents, orders thoroughly, they held Interviews with official persons for collect necessary information. After that they listed gaps in the policy and breastfeeding promotion program using the 15 indicators of the WBTi and recommended solutions to overcome these gaps.

During two other meetings of the Group the results, gaps and recommendations of assessment were discussed, and consensus was reached on the ways of their presentation. The report was submitted to the Direction of the Policy of hospital medical care, MoHLSP.

3. LIST OF THE PARTNERS FOR THE ASSESSMENT PROCESS

- Ministry of Health, Labor and Social Protection
- Mother and Child Institute
- State Medical and Pharmaceutical University “Nicolae Testemitanu”
- Hospital no 1, Chisinau municipality
- National Center of Health Management
- Dermatological and Communicable Diseases Hospital, Chisinau municipality
- UNICEF Moldova

Assessment Findings

Indicator 1: National Policy, Programme and Coordination

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

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results ✓ <i>Check any one</i>
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	1	✓
1.2) The policy recommended exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	1	✓
1.3) A national plan of action developed based on the policy	2	✓
1.4) The plan is adequately funded	2	
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1	✓
1.6) The national breastfeeding (infant and young child feeding) committee meets, monitors and reviews on a regular basis	2	
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5	
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level.	0.5	
Total Score	_5_/10	

Information Sources Used(please list):

1. Government Decision No 730 of 8 September 2014 on the approval of the National Food and Nutrition Programme for 2014-2020 and of the Action Plan for 2014-2016 on the Programme implementation.

<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=354645>

2. Government Decision No 1171 of 18 December 1997 on the approval of the National Programme on strengthening perinatal care for 1997-2002
<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=297985>
3. Strategic Plan "Health and Development of children and adolescents" for 2008-2012.
4. Law on health protection No 411-XIII of 28 March 1995 (Monitorul Oficial al Republicii Moldova, 1995, nr.34, art.373), with subsequent amendments and completions.
<http://lex.justice.md/viewdoc.php?id=311654&>

Conclusions(*Summarize which aspects of IYCF policy, program and coordination are appropriate; which need improvement and why; and any further analysis needed*):

A complex of perinatal care reforms was initiated in 1998 with the aim of reducing perinatal mortality in Moldova. The Government National Program for the Improvement of Perinatal Health Care for the years 1997-2002 (Government Decision no. 1171 of 18.12.1997), has supported a range of activities, including the "Baby-Friendly Hospital" interventions implementation such as: early and exclusive breastfeeding of the newborn in maternity wards, etc. By the Order of the Ministry of Health no. 185 of 18.06.2003, the Program for Promoting Perinatal Quality Services (2003-2007) was approved to continuously support the process of implementation in practice of cost-effective and evidence based perinatal interventions, as well as BFH Initiative interventions. A significant support to strengthen perinatal service in the Republic of Moldova belonged to the Moldovan-Swiss project "Modernization of perinatal system in Moldova", with III phases (2006-2014), which was focused on implementing high technologies in specialized care of low birth weight and premature babies.

Starting with the year 1994, the Ministry of Health has been supporting the international "Baby-Friendly Hospital" initiative to create an appropriate environment for protecting, promoting and supporting breastfeeding. Later a new Concept – a Family-Friendly Hospital Concept – has been approved, being implemented through the Ministry of Health Order no. 327 of 04.10.2005 "On the implementation of opportune technologies in perinatal care and improvement of antiepidemic measures and control of nosocomial infections in family-friendly maternities".

The Ministry of Health included two separate chapters on the subject of child nutrition in the National Health Policy for the years 2007-2021, approved by the Government Decision no.886 of 06.08.2007, which stipulate the correct and harmless alimentation of children from the first days of life ensured, in compliance with the World Health Organization recommendations on early breastfeeding of newborns in maternities and promotion of exclusive breastfeeding up to 6 months for all babies.

The Strategy for the Development of the Health System for the years 2008-2017 (Government Decision no.1471 of 24.12.2007) was subsequently approved, which in fact designates the platform of future actions to strengthen a modern health system and align it with the European standards in medium terms.

In the Republic of Moldova there are a number of laws and regulations related to infant feeding and marketing of infant foods, including.

- The Law on health (No. 411 of 28.03.1995)
- The Law on advertising (No. 1227 of 27.06.1997)
- The Law on food safety (No. 113 of 18.05.2012 and establishing the general legal

principles and requirements on safety of food products)

- RESOLUTION No. 338 (11.03.2011 on the approval of Sanitary Regulations on infant formulae and follow-on formulae of nutrition for infants and youngchildren)
- Law on Foodstuffs (No.78 –XV of18.03.2004)

The legal framework on breastfeeding promotion and infant food marketing in Republic of Moldova is undoubtedly imperfect, but the Government of Moldova is committed to addressing nutrition issues, and inter alia the infant feeding related legislation in a comprehensive manner.

In this respect in February 2015 a comprehensive revision of national laws and policies of Republic of Moldova was conducted by the UNICEF's Legal Advisor on the Code and specific recommendations were given to inform public authorities on further actions at law, policy and implementation levels to in order to ensure full compliance of the national legislation with the provisions of the Code. As a tool to implement the World Health Organization recommendations, including the Vienna Declaration on Nutrition and Non-Communicable Diseases in the context of the Health 2020, adopted by the WHO European Region Countries Health Ministers at the Vienna conference on 4-5 July 2013, The Government approved the National Alimentation and Nutrition Program for the years 2014-2020 (Government Decision no. 730 of 08.09.2014) (*including the Action Plan for the years 2014-2016 on the National Program Implementation*), which includes a number of specific objectives, including: growth by 2020 of the proportion of exclusive breastfeeding in the first 6 months to 60% and of the median of breastfeeding duration to at least 4 months.

At the same time, the respective Government Decision approved the Nominal Composition of the Advisory Council for the Coordination of the National Alimentation and Nutrition Program for the years 2014-2020.

Gaps (*List gaps identified in the implementation of this indicator*):

1. There is no national breastfeeding (infant and young child feeding) committee that meets, monitors and reviews on a regular basis;
2. The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.
3. The provisions of Family-Friendly Hospital Concept and Baby Friendly Hospital Initiative is incorporated in the Ministerial Order no. 327 of 04.10.2005 "On the implementation of opportune technologies in perinatal care and improvement of anti-epidemic measures and control of nosocomial infections in family-friendly maternities", being too exhaustive and not targeting just to BFHI' provisions;
4. The promotion of breastfeeding as part of BFHIs remains a health facility commitment and is not included in the accreditation tool to ensure its proper implementation by all health institutions within the country.

Recommendations (*List actions recommended to bridge the gaps*):

1. Clear regulation, law enforcement and monitoring of International Code of Marketing and Breastmilk substitutes will minimize the risk and ban the promotion of breastmilk substitutes

within the health facilities that will encourage exclusive breastfeeding for 6 months and continued breastfeeding up to 2 years old.

2. Update pre-service and in-service curricula to deep and empower knowledge and practices of health professionals on how to support pregnant women and young mothers to breastfeed their children.
3. Update the content of antenatal classes and their proper use to advance women's knowledge on the importance of exclusive breastfeeding for 6 months and continuous breastfeeding up to 2 years old.
4. Create at national level the Breastfeeding Committee that will meet, monitor and revise on a regular basis all important aspects related to promotion and support of breastfeeding and with proper dissemination of relevant information to regional, district and community level. The Breastfeeding Committee should have clear description of duties with terms of reference for all members and representation as well from civil society (breastfeeding mothers).

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding¹)

Key questions:

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

Guidelines – Quantitative Criteria

2.1) 0 out of 40 total hospitals (both public & private) and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly” in the last 5 years 0 %

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

¹**The Ten Steps To Successful Breastfeeding:** The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The steps for the United States are:

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

Guidelines – Qualitative Criteria

Quality of BFHI programme implementation:

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results √ Check that apply
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme ²	1.0	
2.3) A standard monitoring ³ system is in place	0.5	✓
2.4) An assessment system includes interviews of health care personnel in maternity and post-natal facilities	0.5	✓
2.5) An assessment system relies on interviews of mothers	0.5	✓
2.6) Reassessment ⁴ systems have been incorporated in national plans with a time bound implementation	1.0	
2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5	✓
2.8) HIV is integrated to BFHI programme	0.5	✓
2.9) National criteria are fully implementing Global BFHI criteria (See Annex 2.1)	0.5	✓
Total Score	__3__/5	
Total Score	__3__/10	

² IYCF training programmes such as IBFAN Asia’s ‘4 in1’ IYCF counseling training programme, WHO’s Breastfeeding counseling course etc. may be used.

³ **Monitoring** is a dynamic system for data collection and review that can provide information on implementation of the *Ten Steps* to assist with on-going management of the *Initiative*. It can be organized by the hospitals themselves or at a higher level in the system. Data should be collected either on an ongoing basis or periodically, for example on a semi-annual or yearly basis, to measure both breastfeeding support provided by the hospitals and mothers’ feeding practices.

⁴ **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.

Information Sources Used (please list):

1. Order of the Ministry of Health no. 149 of August 2, 1994 "On creation of baby-friendly institutions, the natural nutrition of the child".
2. Order of the Ministry of Health no. 41d of 20.03.1998"On organization of the seminar "Functioning of the Lactation Centers in the Republic of Moldova; Implementation of the International Code of marketing of breast milk substitutes".
3. Order of the Ministry of Health no. 165d of 20.09.2000"On organization of the seminar "Nutrition in pregnancy and during lactation. Infant's nutrition" for the training of trainers from Balti, Ciadir-Lunga, Orhei, Hincesti and Chisinau.
4. Order of the Ministry of Health no. 181d of 16.10.2000" On organization of the seminar "Marketing Code for substitutes of breast milk" for specialists from the Ministry of Health, Ministry of Justice, Ministry of Agriculture, Ministry of Industry and Trade, coordinators on maternal and child health issues of Judets Health Departments and Chisinau Municipal Health Department.
5. P. Stratulat, L. Ciocarla, G. Scerbacova. "On the achievements and problems of the implementation of the "Baby-Friendly Hospital Initiative" in Moldova. Perinatology Bulletin no. 2-3, 2004, pp. 165-168.
6. Order of the Ministry of Health and Social Protection no. 327 "On the implementation of opportune technologies in perinatal care and improvement of antiepidemic measures and control of nosocomial infections in family-friendly maternities" of 04.10.2005.
7. Report on the Maternal and Neonatal Health Needs Assessment Study. Ch.: Tipografia Centrală, 2013. 356 p. ISBN 979-9975-120-08-1
8. Compliance with the International Code of marketing of breast milk substitutes & subsequent WHA resolutions in the Republic of Moldova Report. Chisinau, 2015. P. 51
9. Knowledge, attitudes and practices in maternal and child health care field (comparative data for 2012 and 2014), "Modernization of perinatal system in the Republic of Moldova" Project, "Community" component, Sociopolis, 2014, Chisinau, <http://sociopolis.md/cunostinteatitudini-si-practici-in-domeniul-sanatatii-mamei-si-copilului-date-comparative-pentru-anii-2012-si-2014>.
10. Formative-qualitative and participative evaluation of breastfeeding perceptions and barriers and identification of ways to prevent early transition to the substitutes of breast milk. Qualitative study. Center for Sociological Investigations and Marketing "CBS-AXA", Chisinau, 2015.
11. The National Programme for Prevention and Control of HIV/AIDS and STI Infection for 2016 – 2020 approved by the Government Decision No. 1164 of 22 October 2016 - <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=367272&lang=2>
12. The Government Decision no. 1164 of 22 October 2016, Implementation Plan approved by the Order of MoH No. 1002 of 15 December 2016 - <http://www.ms.gov.md/sites/default/files/legislatie/ordinhiv.pdf>

Conclusions (*Summarize how the country is doing in achieving Baby Friendly Hospital Initiative targets (implementing ten steps to successful breastfeeding) in quantity and quality both. List any aspects of the initiative needing improvement and why and any further analysis needed*):

The "Baby-Friendly Hospital" (BFH) global initiative was supported by the MoH of the Republic of Moldova through the Order no. 149 of August 2, 1994 "On creation of baby-friendly medical

institutions, the natural nutrition of the child" and "The program for the spread and protection of the breastfeeding in the Republic of Moldova" (1996-2000). During this period of time, all medical staff involved in the provision of services to mothers and children in maternity hospitals were trained in BFH principles.

Since 2003, a new initiative called "Family-Friendly Hospital"(FFH) has been launched, approved by the Ministry of Health and Social Protection by the Order no. 327 of 04.10.2005 "*On implementation of opportune technologies in perinatal care and improvement of antiepidemic and control measures of nosocomial infections in Family-Friendly Maternities*". The Order includes self-assessment criteria for maternities' activity directions for the „Family-Friendly Maternity” certification, created to monitor the implementation of WHO interventions for mothers and newborns, which are also proposed for the accreditation of maternities. Unfortunately, the criteria mentioned above have not been found in maternity accreditation standards.

The BFH initiative in the Republic of Moldova is part of a wider initiative – Family-Friendly Hospital, which also includes actual perinatal interventions based on evidence proposed for implementation in maternities. Order no. 327 is being currently revised.

Since 2003, to monitor some BFH steps, the official statistics collects such indicators as the “rate of the mother and the newborn stay together in maternity” and the "rate of early breastfed newborns (in the first 2 hours)".

Pre- and university programs have been unified and include BFH provisions, although the number of hours has been reduced over time.

There is a national policy and strategy on nutrition of babies from mothers with HIV/AIDS.

The national BFH criteria coincide with the global ones, including WHO recommendations from 2009.

If until 2004, 27 maternity hospitals were certified with the title "*Baby-Friendly Hospital*", then no maternity was designated or reassessed as the “*Baby-Friendly Hospital*” over the last 5 years.

Since 2014, in collaboration with UNICEF, Moldova has been working hard to bring the BFH issue into the national agenda for mother and child health. In the years 2014-2015, 200 of health specialists were trained in the subject of newborn and child nutrition, with emphasis being placed on the International Code of marketing of breast milk substitutes and its monitoring.

In order to establish the barriers for the successful natural nutrition, with UNICEF support the Qualitative Study "Formative-qualitative and participative assessment of breastfeeding perceptions and barriers and identification of ways to prevent the early transition to breast milk substitutes" was undertaken.

Gaps (*List gaps identified in the implementation of this indicator*):

1. The rating and certification process under BFH/FFH is not institutionalized.
2. The accreditation standards of medical institutions in the republic do not include criteria for BFH.

3. The number of hours for the BFH program in pre- and university programs has been reduced and is below the required level.
4. The practices of the maternity facilities since then have worsened. Only 61% of newborns initiate breastfeeding within one hour after birth, majority of maternity facilities practice artificial feeding without any medical indications, use bottles and teats and violate the Code.
5. The implementation of Baby friendly initiatives has been discontinued since 2007.
6. Since 2005 none of Baby friendly facilities has been reassessed.

Recommendations (*List action recommended to bridge the gaps*):

1. Provide time for the maternities to carry out self-assessment and to correct the practices.
2. Schedule the reassessments of facilities previously nominated as baby friendly.
3. Start trainings using 2009 BFHI materials in new facilities willing to become Baby friendly.
4. Conduct assessments of the facilities and nominate those who fully implement the Baby friendly, mother-friendly care criteria and comply with the International Code and national law.

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

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

<i>Guidelines for scoring</i>		
Criteria <i>(Legal Measures that are in Place in the Country)</i>	Scoring	Results
3a: Status of the International Code of Marketing		✓ <i>(Check that apply. If more than one is applicable, record the highest score.)</i>
3.1 No action taken	0	
3.2 The best approach is being considered	0.5	
3.3 National Measures awaiting approval (for not more than three years)	1	
3.4 Few Code provisions as voluntary measure	1.5	
3.5 All Code provisions as a voluntary measure	2	
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	3	
3.7 Some articles of the Code as law	4	✓
3.8 All articles of the Code as law	5	
3.9 Relevant provisions of WHA resolutions subsequent to the Code are included in the national legislation ⁵	5.5 6	
a) Provisions based on at least 2 of the WHA resolutions as listed below are included		
b) Provisions based on all 4 of the WHA resolutions as listed below are included		
3b: Implementation of the Code/National legislation		✓ <i>Check that apply</i>
3.10 The measure/law provides for a monitoring system	1	✓
3.11 The measure provides for penalties and fines to be imposed to violators	1	
3.12 The compliance with the measure is monitored and violations reported to concerned agencies	1	
3.13 Violators of the law have been sanctioned during the last three years	1	
Total Score (3a + 3b)	_5_/10	

Information Sources Used (please list):

⁵Following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.

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

1. Law No 78 of 18 March 2004 on Foodstuffs
<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=313238>
2. Law No 264 of 27 October 2005 on practicing of medical doctor profession
<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=313062>
3. Law No 10 of 3 February 2009 on State Supervision of Public Health
<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=331169>
4. Law No 113 of 18 May 2012 on establishing of principles and general requirements of the food safety legislation
<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=344007>
5. Government Decision No 996 of 20 August 2003 on the approval of Rules on Labelling of Foodstuffs <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=305926>
6. Government Decision No 338 of 11 May 2011 on the approval of Sanitary Regulation on Infant Formulae and Follow-on Formulae
<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=338552>
7. Government Decision No 730 of 8 September 2014 on the approval of National Food and Nutrition Programme for 2014-2020 and of Action Plan for 2014-2016 on Programme implementation <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=354645>
8. Government Decision No 192 of 24 March 2017 on approval of the Code of Deontology for medical and pharmaceutical professionals
<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=369644>
9. Assessment of compliance with International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions in the Republic of Moldova. Report, Chisinau, 2015.

Conclusions: *(Summarize which aspects of Code implementation have been achieved, and which aspects need improvement and why. Identify areas needing further analysis)*

Moldovan authorities have been made some efforts in the late 90s and early 2000s, implementing Baby Friendly Hospital Initiative in 24 out of 38 lying-in hospitals. These efforts have contributed to the increase in exclusive breastfeeding rate from 4% in 1998 to 46% in 2005. Thereafter, the exclusive breastfeeding rate has been reduced to 36% in 2012. The regression is largely due to the aggressive and unimpeded marketing of infant and small children food producing and distributing companies. Lying-in hospitals have been never evaluated, and in accordance with the Report on Code Implementation Assessment in the Republic of Moldova 2015, none has implemented the Ten Steps on Successful Breastfeeding, nor the International Code on Marketing of Breastmilk Substitutes.

However, the Government has adopted some regulations to protect and promote breastfeeding. By Law on Foodstuffs (article 14) it was forbidden to label foods for infant and small children by presenting the information that would impede or disfavor breastfeeding. The Law on State Supervision of Public Health stipulates in the article 38 that promotion of breastfeeding is one of the priorities in ensuring a healthy life start, and reducing the burden of disease. In 2011, the Regulation on Infant Formulae and Follow-up Formulae was approved (by transposing into national legislation of the EU legislation at that moment). This Government Decision regulates the composition, safety and labelling of infant formulae and follow-up formulae. Also, requirements on information and education materials have been established so that they do not discourage or adversely affect breastfeeding.

One of the objectives of the National Food and Nutrition Programme, approved by the Government in 2014, is dedicated to raising the exclusive breastfeeding rate to 60% by 2020. In this context, the Government has committed itself to implement Baby Friendly Hospital Initiative in all lying-in hospitals, to strengthen health care professionals' capacities, to promote breastfeeding, and fully harmonise the national legislation with Code requirements.

In 2015, the Association of Perinatal Medicine of the Republic of Moldova with the UNICEF support, carried out an assessment of compliance with Internal Code on Marketing of Breastmilk Substitutes and irrespective WHA resolutions, concluding that the actual legislation is by far not complying with Code requirements, and the enforcement of the adopted rules remains an unresolved issue.

Gaps: *(List gaps identified in the implementation of this indicator):*

1. The International Code of Marketing of Breastmilk Substitutes was transposed only partially into national legislation. No penalties for infringements and administrative measures were established
2. Lack of enforcement of the existing legislation, with an incomplete mechanism and responsible body for enforcement
3. Baby Friendly Hospital Initiative and Code requirements are not part of the standards for the accreditation of health care institutions
4. Lack of regular monitoring and periodic evaluation system on compliance with Code, and irrespectively, with national legislation
5. Lack of information on the International Code of Marketing of Breastmilk Substitutes in the curricula for medical education at all levels
6. Lack of promotion of the breastfeeding as an important public health issue.

Recommendations: *(List actions recommended to bridge the gaps):*

1. Amending the existing legislations by including all of the Code requirements and WHA resolutions into national legislation. The legal amendments should clearly specify the rules, penalties applied, and responsible enforcement body(is). Recently adopted tobacco control legislation can serve as an example
2. Ensuring adequate enforcement of the approved legislation and of public health policy with regular monitoring and periodic evaluation
3. Establishing an efficient and comprehensive monitoring system on compliance with Code, in particular for marketing and sponsorship practices
4. To introduce Baby Friendly Hospital Initiative and Code requirement as part of the standards for accreditation of lying-in hospitals
5. Amending the curricula for medical education at all levels with information regarding the International Code of Marketing of Breastmilk Substitutes
6. Raising awareness among health professionals and health/medical students, as well as general public, on the importance of Code implementation for children health and wellbeing.

Indicator 4: Maternity Protection

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

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results Check ✓ that apply
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave a. Any leave less than 14 weeks b. 14 to 17 weeks c. 18 to 25 weeks d. 26 weeks or more	0.5 1 1.5 2	✓
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. a. Unpaid break b. Paid break	0.5 1	✓
4.3) Legislation obliges private sector employers of women in the country to <i>(more than one may be applicable)</i> a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	0.5 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. <i>(more than one may be applicable)</i> a. Space for Breastfeeding/Breastmilk expression b. Crèche	1 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	0.5 1	✓
4.6). <i>(more than one may be applicable)</i> a. Information about maternity protection laws, regulations, or policies is made available to workers. b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	0.5 0.5	✓
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	✓
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	✓
4.9) There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	✓
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	✓
Total Score:	<u>7,5</u>/10	

Information Sources Used (please list):

1. ILO (2000) *Maternity Protection Convention (MPC) (2000)*. No.183. Available at http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C183
2. WABA (2015) *World Breastfeeding Week*. Available at: <http://worldbreastfeedingweek.org/2015/waba>
3. The Labor Code of the Republic of Moldova. CODno 154 of 28.03.2003. <http://lex.justice.md/md/326757/>
4. The Law on allowances for temporary work incapacity and other social insurance benefits. <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=313082>
5. <http://e-sanatate.md/News/3482/drepturile-gravidelor-la-locul-de-munca-in-republica-moldova-legi-vagi-care-nu-le-protejeaza#sthash.nn2JCKCr.dpuf>
6. Evolution of the minimum subsistence level in Moldova. National Bureau of Statistics: http://statbank.statistica.md/pxweb/pxweb/ro/30%20Statistica%20sociala/30%20Statistica%20sociala_04%20NIV_NIV050/NIV050100.px/table/tableViewLayout1/?rxid=6dd2589d-cbaa-45ec-9f46-20e1557fd361

Conclusions (Summarize which aspects of the legislation are appropriate, and which aspects need improvement and why. Identify areas needing further analysis):

Maternity leave, maternity and childcare allowance

The Republic of Moldova has a good legislation in force to guarantee the protection of maternal and paternal rights in relation to maternity leave, maternity allowance and shared parental leave.

Duration of maternity and childcare leave

Pursuant to Article 124 of the Labor Code of the Republic of Moldova, the employed women, as well as the wives under maintenance of employees, are granted a maternity leave of 126 days (18 weeks), which includes prenatal leave of 70 calendar days and postnatal leave with duration of 56 calendar days [3].

In the case of complicated births or the birth of two or more children, maternity leave is granted for a period of 140 calendar days (20 weeks) [4]. In the case of pregnancies with 3 and more fetuses, the maternity allowance is granted over a period of 42 calendar days for prenatal leave and 14 calendar days for postnatal leave [4].

There are no provisions in the existing legislation with regard to the duration of maternity leave granted to mothers, who have premature babies. A period of 70 days of postnatal leave is too short for this contingent of women, since the newborns with extreme prematurity require extra time for special care both in medical institutions and at home after the discharge.

After the expiration of the maternity leave, on the basis of a written request, employed women are granted a part-time paid leave for child care up to the age of 3 years, paying the allowance from the state social insurance budget. This leave is included in the work experience, including the experience in special service, and in the contribution period. Part-time paid leave for childcare can be used in full or in part at any time until the child reaches the age of 3 years (*the Labor Code of the Republic of Moldova, Article 124 (2), (3)*).

In addition to maternity leave and part-time paid leave for child care up to the age of 3 years, women are granted, based on the written request, an unpaid additional leave to care for a child aged 3 to 6,

with the maintenance of workplace (a position) or with an assignment to another place of work [equivalent, in the absence of previous workplace (*the Labor Code of the Republic of Moldova, Article 126 (1)*).

The amount of maternity and childcare allowance

The basis for calculating the maternity allowance for employed women is the average monthly insured income earned in the last 12 preceding calendar months. Insured women have the right for the maternity allowance irrespective of the duration of the contribution period (*the Law on allowances for temporary work incapacity and other social insurance benefits, Article 7 (1), Article 6 (6)*).

The basis for calculating the maternity allowance granted to spouses, who are under the maintenance of insured spouses, is the average monthly insured income of the spouse. Under the legislation in force, the spouse under the maintenance of the insured spouse is granted the maternity allowance only if the spouse has a total social insurance contribution of at least 3 years or, in cases when the spouse has a total length of service contribution up to 3 years, he can confirm a contribution period of at least 9 months during the last 24 months prior to the date of childbirth. If the above-mentioned conditions are not met, the amount of the maternity allowance is calculated on the basis of the tariff salary for the category I salary in the budgetary sector or, as the case may be, of the guaranteed minimum amount of the wage in the real sector in force on the date of the child's birth, at the basic job of the insured spouse (*the Law on allowances for temporary work incapacity and other social insurance benefits, Article 6 (7), Article 7 (1), (5), (12)*).

The monthly amount of the maternity allowance is 100% of the average monthly income or of the basis of calculation established by Article 7 of the Law. The monthly amount of the child-raising allowance constitutes 30% of the basis of calculation set out in art. 7 of the Law, but not less than 540 lei for each child of the insured person (*the Law on allowances for temporary work incapacity and other social insurance benefits, Article 16 (4), Article 18 (6)*).

After the expiration of 56-70 days of the postnatal period of maternity leave, women from low-income families have to choose between returning to work or staying home to take care of and breastfeeding their child, receiving a monthly allowance of only 30% of the salary or maximum 540 lei in the cases when those 30% make a lower amount, which is well below the subsistence minimum of 1799 lei in 2016 [6].

Paternity leave

The father of the newborn child, employed in the public or private sector, benefits from a 14-day paternity leave.

During paternity leave, the employee benefits from a paternal allowance, which cannot be less than the average wage established for that period and which is paid out of the social security fund. The employer is obliged to encourage employees to take paternity leave. Cases where the employer creates situations that disadvantage employees who take paternity leave are considered as discrimination by employers and are sanctioned by law.

Breaks for child breastfeeding and part-time work

According to the legislation in force, one of the parents who have children up to 3 years of age is granted besides the lunch break additional breaks to breastfeed the child. It is specified that additional breaks will have a frequency of at least once every 3 hours, each pause lasting at least 30 minutes. For one of the parents who have 2 or more children under the age of 3, the pause duration may not be less than one hour.

By agreement between the employee and the employer, a part-time working day or a part-time working week can be established both at the moment of employment and later on. At the request of the pregnant woman, of the employee who has children under the age of 14, the employer **is obliged** to set a day or a week of part-time work (*the Labor Code of the Republic of Moldova, Article 97 (4)*).

Ensuring health protection and non-discrimination of pregnant and breastfeeding women

There are a number of clear provisions in the current legislation in force on the protection of health of pregnant women and working women who are breastfeeding. Pregnant women and breastfeeding women are granted an easier work, which excludes the influence of unfavorable factors of production, while keeping their average salary from the previous workplace. Women who have children up to 3 years of age, if they are unable to fulfill their work obligations at their place of work, are transferred to another working place, keeping their average salary at the working place before the child reaches the age of 3 years.

The legislation of the Republic of Moldova prohibits the use of women's work in hard and harmful work, lifting or manual transport by women of weights exceeding the maximum norms set for them and sending pregnant and breastfeeding women in missions.

More ambiguous is the legislation of the Republic of Moldova on the prohibition of discrimination in the process of employment and ensuring the protection of the workplace for women working during breastfeeding. On the one hand, it is forbidden to dismiss pregnant women and women who have children under the age of 6, as well as the refusal to hire or reduce the amount of salary for reasons of pregnancy or the existence of children under the age of 6 years. At the same time, there is the following provision in the Labor Code: The refusal to employ a pregnant woman or a person with a child up to 6 years of age for other reasons must be motivated, the employer informing the person in writing within 5 calendar days from the date of the registration of the application for employment.

Using the vague and too general provisions of the Labor Code, employers often refuse to employ pregnant women under different pretexts, and it is very hard to prove that the refusal to hire was due to pregnancy [4].

According to the legislation, the refusal to employ pregnant women or employees who take care of children up to 6 years old can be sued in the court. The Labor Inspectorate may also be notified about the cases of pregnant women or breastfeeding women' rights infringement.

Women employed in the private, informal / non-organized sector and in agriculture sector benefit from the same rights on their maternity protection as the employees in the state sector – the provisions of the Labor Code apply to both private or public-sector employers, private or mixed employers, who use wage labor, as well as employees in the apparatus of public, religious associations, trade unions, employers' associations, foundations, parties and other non-commercial organizations.

Information on laws, regulations or policies on the protection of maternity is made available to workers.

Also, at the moment, there is no compliance monitoring system in the Republic of Moldova, as there is no way for workers to complain if their rights are not respected.

Specially designed areas for breastfeeding and/or for childcare at the workplace

There are no provisions in the national legislation which explicitly provide for the organization of specially arranged places for breastfeeding and/or childcare at the workplace. Thus, employers are not legally required to arrange at the workplace special areas for breastfeeding or squeezing and keeping milk.

The only provision concerning breastfeeding areas states that "*if the employer provides a special room in the unit for the feeding of children, those have to meet hygiene conditions according to the sanitary standards in force*". (*The Labor Code of the Republic of Moldova, Article 97 (4)*)

Gaps (*List gaps identified in the implementation of this indicator*):

1. The lack of provisions in the existing legislation on the duration of maternity leave granted to mothers who gave birth to premature babies or babies with other vulnerabilities.
2. The lack of explicit provisions on the organization of workplaces specially designed for breastfeeding and/or childcare.
3. The value of childcare allowance is often below the level of the minimum subsistence.
4. Ambiguous legislation on the prohibition of discrimination in the process of employment and on the protection of the workplace for working breastfeeding women.
5. There is no compliance monitoring system and a way for workers to complain if their rights are not respected.

Recommendations (*List action recommended to bridge the gaps*):

1. To revise existing legislation regarding the duration of the maternity leave in case of delivery of premature babies or babies with health troubles.
2. To include in the existing legislation the explicit provisions on the organization of workplaces specially designed for breastfeeding and/or childcare.
3. To put in practice the compliance monitoring system and the way for workers to complain if their rights are not respected.

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

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

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	Adequate	Inadequate	No Reference
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country ⁶ indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	√ 1	0
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care. (See Annex 5b Example of criteria for mother-friendly care)	√ 2	1	0
5.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. ⁷	√ 2	1	0
5.4) Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country.	1	0.5	√ 0
5.5) Infant feeding and young feeding information and skills are integrated, as appropriate, into training programmes focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women's health, NCDs etc.)	√ 1	0.5	0
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. ⁸	√ 1	0.5	0
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick.	√ 1	0.5	0
Total Score:	---8---/10		

⁶ 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.

⁷ The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

⁸ Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

Information Sources Used (Please list):

1. National protocol of vaginal delivery after caesarean approved by Ministerial Order no. 752 from 30.09.2016.
2. National Health Policy for 2007–2021, approved by Government Decision no. 887 from 6.08.2007.
3. Perinatal National Guideline B on Regionalization of perinatal system: levels and content, Chisinau 2006 approved by Ministerial Order no. 500 from 05.12.2006 (*Ghidul B National de perinatologie Serviciul perinatal regionalizat, niveluri si continut, Chisinau 2006*)
4. National Program on nutrition for 2014–2020 approved by Government Decision no. 730 from 8.09.2014.
5. Government Decision No 469 from 24 May 2005
<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=294885> Government
6. Decision No. 437 from 17 July 2015
<http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=359979>
7. Government Decision No. 104 from 3 March 2017 <http://lex.justice.md/md/369214/>
8. Joint Ministerial Order and National Health Insurance Company No. 596/404 from 21 July 2016 on approval of the Methodological Framework for application of the Unique Program of National Health Insurance Company
<http://lex.justice.md/viewdoc.php?action=view&view=doc&id=366901&lang=1>

Conclusions: (Summarize which aspects of health and nutrition care system are appropriate and which need improvement and why. Identify areas needing further analysis.)

5.1. A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country indicates that infant and young child feeding curricula or session plans are adequate/inadequate

No review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country has been done in terms of adjusting it to latest infant and young child feeding guidelines/compliance with International Code of Marketing and Breast-milk Substitutes to rate it as adequate or inadequate.

The revision of the pre-service curricula training: update of the curricula for Medical College has been done in March 2017, Pediatric Department for students (general medicine faculty) – in 2016; Curricula of Continued Education Training Centre for Medical and Pharmaceutical Staff with non-university degrees revised and approved each 5 years, the Program for Continued Professional Trainings within the Medical University for Doctors is reviewed approved on an annual basis by the Ministry of Health but in terms of the needs presented by medical public and private institutions, not in terms of curricula itself, these being the responsibility of each department engaged in continued medical education programs.

The training steps for pediatric specialist are the following:

1. University studies – 6 years
2. Pediatric residence – 4 years
3. Over-Specialization – 2 years
4. Continuing medical education (in-service trainings)

5.2. Acts in support of Mother-friendly childbirth:

- National protocol of vaginal delivery after caesarean approved by Ministerial Order no. 752 from 30 September 2016 with specifications on mother-friendly environment during childbirth
- National Health Policy for 2007 – 2021, approved by Government Decision no. 887 from 6 August 2007. The policy specify that “all pregnant women, regardless of ethnic origin, social and marital status, political and religious affiliation, as well as infants shall benefit from equal and free access to a certain amount of quality health services during the pregnancy, delivery and during the postnatal period. Maternity hospitals shall acquire the status of „A Family – Friendly Hospital”
- Perinatal National Guideline B on Regionalization of perinatal system: levels and content, Chisinau 2006 approved by Ministerial Order no. 500 from 05 December 2006 specifying the concept of mother-friendly environment during childbirth (*Ghidul B National de perinatologie Serviciul perinatal regionalizat, niveluriscinut, Chisinau 2006*)
- National Program on nutrition for 2014-2020 approved by Government Decision no. 730 from 8 September 2014. The Program rely on: strengthening the interventions for Baby-Friendly Hospital Initiative, full implementation of the Code of Marketing of Breast-milk Substitutes, increasing awareness of the importance of breastfeeding among health workers, communication campaigns to promote breastfeeding that should increase the rate of exclusively breastfeeding for 6 months along with the period of breastfeeding.

5.3. There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers.

- In-service trainings approved in 2016 for family doctors within the pediatric department refers to learning specific particularities of healthy children, growth and development, along with care and nutrition to ensure disease prevention during development period linked to family doctor practice. Infant and young child feeding cumulate 16,2 hours of theoretical and practical lessons and includes:

- a) Current vision on infant feeding during first year of life: breastfeeding, principals and methods on supplementary feeding, techniques to produce and prepare breast-milk substitutes, feeding principals for premature babies and low-birth weight infants.
- b) Young child feeding 1-6 years old: metabolic particularities, and development needs of children linked to their age.
- c) Nutrition of school-aged children linked to developmental particularities, physical and intellectual activities, daily needs.
- d) Assessment of child nutrition (nutrient calculation). Correction methods of nutritional deficiencies.
- e) Menu development of children of different ages.
- f) Nutritional diseases in children (malnutrition – causes and diagnosis, treatment and management in outpatient settings, prophylaxis according to IMCI program. Overweight: classification, dietary and social management).

- In-service trainings for pediatricians cumulate for infant and young child feeding 10 hours from total number of 100 hours, including following topics:

- a) Evidence-based recommendations on appropriate stimulation, maintenance of breastfeeding. Management of incidences and problems related to breastfeeding.

b) Clinical approach to complementary feeding in infants. Individual arguments to support complementary feeding according to available recommendations. Description of products/food for complementary feeding, their preparation and administration.

c) Weaning: terminology, recommended methods and prevention of pathological incidences.

d) Assessment of breastfeeding efficiency. Problems identification – indications for mixed nutrition or breastmilk substitutes for infant. Clinical management of hypogalactia. Characteristics of milk products available on national market, used in mixed nutrition or as breastmilk substitutes for infant and young child feeding.

e) Risk factors in nutrition of children older than one years old. Current recommendations and regulations related to child nutrition in kindergartens and schools.

- In-service trainings provided by the Continuing Educational Centre for medical staff with non-university degree includes:

a) for medical nurses within the family medicine continuing education module (Total 144 hours, 10 being related to infant and young child feeding, including 6 on feeding and 4 on nutrition in different health conditions):

child health supervision – 2 theoretical lessons, *child nutrition* - 2 theoretical lessons and *care for child development* – 2 theoretical lessons.

Within the topic on *healthy child supervision*, the topics are related to child growth monitoring standards (Ministerial Order no. 1000 from 8 October 2012), good practices related to home-vising programs and recommendations on proper supervision of children through home-vising for nurses according to children of different age group.

Child nutrition subject is focused on basic elements and recommendations on healthy child feeding according to different age group. Arguing the benefits of breastfeeding for mothers, children, family and society. Monitoring the child nutrition.

Care for child development topic is focusing as well on the benefits of breastfeeding as part or comprehensive, nurturing care that help each child to fulfill its full potential.

b) a separate training module is on *infant and young child nutrition* that includes: breastfeeding and proper child nutrition during first 6 months of life. This module comprises description of breastmilk and its benefits for child development, recommendations on nutrition for both mother and child during 0-6 months of age, assessments methods on proper feeding, proper positioning of child for breastfeeding. Mixed nutrition and types of breastmilk substitutes. Child nutrition aged 6-12 months. Complementary feeding. Young child feeding (12 months – 2 years), proper weaning, child feeding monitoring, proper feeding of children with low birth weight, micronutrients.

5.4. Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country.

All pre-service and in-service trainings courses for pediatricians, family doctors do not include International Code of Marketing for Breast-milk Substitutes provisions. According to the assessment

of the compliance of ICMBS performed by UNICEF in 2015, health professionals has no skills and proper practices on Code violations and Code compliance.

5.5. Infant feeding and young child feeding information and skills are integrated, as appropriate, into training programmes focusing in (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women’s health, NCDs, etc.)

- The curricula for nurses and midwives within the Medical College provides few hours during their pre-service training courses on infant development and breastfeeding more interlinked to IMCI program, rather than to latest infant and young child feeding guidelines. The curricula for nurses with duration of studies of 3 and 5 years with 4 theoretical lessons = 8 hours, 3 practical lessons = 12 hours. The curricula for midwives includes training programmes related to infant and young child feeding with 3 theoretical lessons = 6 hours and 2 practical lessons = 8 hours. It is important to highlight that those 20 hours of theoretical and practical lessons for nurses and 12 hours of theoretical and practical lessons for midwives are related to 3 components of nutrition: breastfeeding, mixed nutrition and breast-milk substitutes. Another category is nurse-epidemiologist and nurse within laboratory diagnosis that have 6 theoretical and practical hours on breastfeeding, mixed nutrition and nutrition with breast-milk substitutes. During the module on nutritional diseases there are as well 3 theoretical and 12 practical hours on proper nutrition in each case. The curricula has been revised and approved by the Ministry of Health (Department of Medical Staff Management) on 15 March 2017.

Nutritional diseases in children (malnutrition – causes and diagnosis, treatment and management in outpatient settings, prophylaxis according to IMCI program. Overweight: classification, dietary and social management).

The Continuing Educational Centre for medical staff with non-university degree provides modules related to acute conditions like diarrheal disease, acute respiratory infection and others health problems and proper nutrition in each case, cumulating 4 hours of theoretical lessons.

5.6. In-service training programmes referenced in 5.5 are being provided throughout the country

All in-service training courses provided within the continued medical training program for medical doctors (family doctors and pediatricians) are provided through State University of Medicine and Pharmacy “Nicolae Testemitanu” at Pediatric Department and Family Doctors Department. The continued medical trainings courses for nurses and midwives are provided through Continuing Medical Education Center of Medical and Pharmaceutical Staff non-university degree. All medical staff with non-university degree (nurses, midwives) are entitled to accumulate 150 hours of theoretical and practical lessons within a 5 years period of time, compared to family doctors and pediatricians that have to cumulate 250 hours during the same period from in-service trainings. These 2 entities provide in-service training courses for medical staff from entire country level.

5.7. Child health policies provide for mothers and babies stay together when one of them is sick.

In accordance with the Government Decision No 469 from 24 May 2005 related to instructions on how to release sick leave certificates <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=294885> with the amendments and revisions stipulated in Government Decision No. 437 from 17 July 2015, <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=359979> and in Government Decision No. 104 from 3 March 2017 <http://lex.justice.md/md/369214/> on sick leave certificates are provided to one of the parents that take care of their children up to 10 years old in case of any moderate/severe illness and up to 18 years old children in case of oncological illness and severe disability. The length of sick leave for ill children is up to 14 days in case of ambulatory treatment and up to 30 days in case of inpatient treatment. The latest amendment from 2017 modified the sick leave certificate to be provided for parents with children with oncological conditions and severe disabilities from 16 years old to 18 years old.

-According to the Joint Ministerial Order and National Health Insurance Company No. 596/404 from 21 July 2016 on approval of the Methodological Framework for application of the Unique Program of National Health Insurance Company <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=366901&lang=1> that clearly stipulates that mothers (caregivers) are hospitalized to take care of their under-3 years old children in justified cases from the medical point of view. Her/his hospitalization is secured with meal and bed by the medical institution and financially covered from the treated case.

There is no normative or legislative framework that would support a child to accompany his/her mother in case she is hospitalized, even if she is breastfeeding.

Gaps: *(List gaps identified in the implementation of this indicator):*

1. According to the assessment of the “compliance with the International Code of Marketing of Breast-milk Substitutes (ICMBS) and subsequent WHA resolutions in the Republic of Moldova” performed by UNICEF in 2015, highlights that in early 2000 the “Baby Friendly” initiative was implemented in 27 hospitals with maternity facilities (out of 38 existing) in Moldova. However, those maternities were never reassessed and currently the monitored maternity hospitals implement partially the Ten Steps of Successful Breastfeeding and the ICMBS. None of them have policy on infant feeding that promotes and protects breastfeeding, the staff is not appropriately trained related to ICMBS, hospitals give free formula to newborns not having medical indications for that, the companies intensively promote their products in the hospitals, etc.
2. Pre-service and in-service curricula has limited hours and content on optimal infant and young-child feeding.
3. Lack of Theoretical and/or practical lessons related to implementation of International Code of Marketing of Breast-milk Substitutes.
4. National policies related to Baby Friendly Initiative are not comprehensive enough to ensure that all relevant health services protect, promote and support breastfeeding, ensure age-adequate feeding at 6-24 months.
5. The topics related to breast-milk substitutes and supplementary feeding are supported and presented by companies that sell baby food, by that influencing even more health workers and

their perception, industry aggression being maximized in parallel. Sponsorship of meetings/events/conferences related to child health by the industry creates conflict of interests.

6. Pre-service and in-service curricula provide too theoretical skills and knowledge related to breastfeeding with poor comprehensive approach that will enable mothers to breastfeed.

Recommendations: (*List action recommended to bridge the gaps:*)

1. Re-assess the Baby Friendly Hospital Initiative in the Republic of Moldova. Developing a monitoring system for all Ten Steps of Successful Breastfeeding and compliance with ICMBS in all 38 existing delivery hospitals. Integration of BFHI accreditation within the existing accreditation system for maternities.
2. Introduce in pre-service and in-service curricula the concept/content of International Code of Marketing and Breast-milk Substitutes and World Health Assembly Resolution, current violations and health workers responsibilities under the Code.
3. Provide care and support during antenatal period to ensure optimal lactation(at least one antenatal home-visiting, counselling and supporting mother to prepare for lactating period).
4. Assist mothers to sustain lactation, including during separation from their infants, in case of illness and need for hospitalization and/or when returning to work.

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

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

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	✓ Check that apply		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based ante-natal and post -natal support systems with counseling services on infant and young child feeding.	2	✓ 1	0
6.2) All women receive support for infant and young child feeding at birth for breastfeeding initiation.	✓ 2	1	0
6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage.	2	✓ 1	0
6.4) Community-based counseling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/Nutrition Policy.	✓ 2	1	0
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	✓ 1	0
Total Score:	---7--/10		

Comment:

6.2. - theoretically all women in maternity should be supported to initiate and maintain natural feeding

6.5. - refers only to community health workers (not to volunteers)

Information Sources Used (please list):

1. Government Decision no. 1370 of 20.12.2016 on the approval of the amendments and additions to be implemented in the Government Decision no. 1182 of December 22, 2010 "On the approval of the Regulation on the mechanism of intersectoral collaboration in the field of medical and social care in order to prevent and reduce the infant mortality rate and the children up to 5 years of age at home" (Published: 23.12.2016 in the Monitorul Oficialno. 453-458, article No. 1429). <http://lex.justice.md/md/368052/>
2. Perinatal medical card, <https://brinzagheorghe.wordpress.com/despre-contraceptie/amigdalita-inflamatia-amigdalelor/pentru-colegi/>
3. Child development card, [https://www.unicef.org/moldova/Carnet_de_Dezvoltare_TIPAR_18-11-11\(5\).pdf](https://www.unicef.org/moldova/Carnet_de_Dezvoltare_TIPAR_18-11-11(5).pdf)

4. The Multiple Indicator in Nesting Survey 2012, the Swiss Agency for Development and Cooperation, the National Public Health Center, Summary Report, https://www.unicef.org/moldova/ro/Raportul_sumar.pdf
5. Supplement to the National Perinatology Guideline C (volume 2) "Protocols of care and treatment in obstetrics and neonatology" (intended for obstetricians, neonatologists and family doctors). Chisinau. 2005, http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwibhqXAkBHTAhVdF8AKHQynAL0QFggfMAA&url=http%3A%2F%2Fold.ms.gov.md%2F_files%2F669supliment%252520protocoale%2525202.doc&usg=AFQjCNER33yq8Y0tTtFDzvnRHyr110Xg
6. MoH Order no. 31 of 27.01.2016 "On the approval of Standards for pregnant women's surveillance in outpatient conditions", http://www.ms.gov.md/sites/default/files/legislatie/ord._mr._31_din_27.01.1016_standardele_noi_gravide_in_conditii_de_ambulator_1.pdf
7. Formative-qualitative and participative evaluation of breastfeeding perceptions and barriers and identification of ways to prevent early transition to the substitutes of breast milk. Qualitative study. Center for Sociological Investigations and Marketing "CBS-AXA", Chisinau, 2015
8. Knowledge, attitudes and practices in maternal and child health care field (comparative data for 2012 and 2014), "Modernization of perinatal system in the Republic of Moldova" Project, "Community" component, Sociopolis, 2014, Chisinau, <http://sociopolis.md/cunostinteatitudini-si-practici-in-domeniul-sanatatii-mamei-si-copilului-date-comparative-pentru-anii-2012-si-2014>
9. Family Clubs Network. "Modernization of the perinatal system in the Republic of Moldova" Project, "Community" component, <http://clubulfamiliei.proalterna.org.md/>
10. The "Mummy Breastfeeds" Project. <http://www.mamicaalapteaza.md/>
11. MoH Order no. 149 "On the creation of child friendly institutions, child's natural alimentation" of 02.08.1994.

Conclusions (*Summarize which aspects of a health and nutrition care system are adequate and which need improvement and why. Identify areas needing further analysis*):

1. The Republic of Moldova has a legal framework adapted to the international standards on the feeding of the newborn and of the small baby. Breastfeeding is promoted at all levels: national, district/municipal and community, the main source of information being medical workers.
2. Community support is important for the initiation and maintenance of breastfeeding and is ensured in particular by healthcare workers, partner and other family members during pregnancy, after birth and in the first year of life.
3. The local public authorities (LPA) plan and allocate the financial means to provide adequate care / nourishment for children up to 5 years of age in families at risk from the community.
4. At the community level, multidisciplinary teams under the aegis of LPA, having a leading medical practitioner, perform training activities for parents with children up to 5 years of age on care practices at risk situations, adequate child feeding and healthy lifestyle.
5. Messages to support breastfeeding in communities are promoted through:
 - information campaigns (e.g., World Breastfeeding Week is marked annually in the period August 1-7);
 - interpersonal communication (individual or group counseling) organized by health workers;

- support provided by women from that locality who breastfeed (mother-to-mother support);
- social networks (e.g., consultancy within the “Mummy Breastfeeds” project, Mama-plus site, etc.)

Gaps (*List gaps identified in the implementation of this indicator*):

1. In the Republic of Moldova, activities on the communication with behavioral impact for mothers, their family members and the community in promoting and supporting natural feeding are sporadically organized and have a low efficiency at both national and local levels.
2. Although in several localities there have been piloted some mobilization models in fortification of maternal and child health, such as the Family Club (the Moldovan-Swiss Perinatology Project, the Community component, 2012-2014), "mother-to-mother" support groups or volunteer activities to support families in breastfeeding small babies, that is not a common practice in localities from the country.
3. More stereotypes/beliefs about longer breastfeeding prevail in the community, which ultimately favors the early transition to the food supplements or the artificial feeding of babies in their first year of life.
4. Mothers, close relatives, people with authority in community (informal leaders), sometimes medical workers, do not know important aspects of the rational feeding of small babies.
5. Some mothers, especially from rural areas, feed the baby with cow's milk from the first months of life, although most women know that this product is contraindicated to babies: mothers do not have enough trust in medical workers and local traditions sometimes are decisive.

Recommendations (*List action recommended to bridge the gaps*):

1. Local public administrations should systematically examine issues of feeding small babies in the community and find solutions to existing problems there, including facilitating support for working mothers, who continue to breastfeed the child.
2. Carrying out national and local communication campaigns with the involvement of community actors to promote the correct feeding of small babies, especially the campaigns aimed at supporting mothers to initiate and continue to breastfeed the child up to 2 years of age and even more. It is welcome to educate young people on the issues of caring for and feeding small babies during the health education/parental education classes.
3. Family doctors with the support of local government, church, local NGOs should motivate the population to create mutual support groups for local mothers in community in initiating and maintaining breastfeeding, as well as to carry out volunteer actions in support of families, that need support in feeding a small baby.
4. Forming the communication skills in health workers in working with the population to promote and support the rational feeding of small babies.
5. Mobilizing different community actors (health center, local government, school, church, local NGOs...) to support mothers to initiate and maintain breastfeeding. Leader in this mobilization activity would be good to be a medical worker or community support groups / groups of women after the "mother-to-mother" group model.
6. Training social workers from local city halls to promote and support breastfeeding and nutrition of small babies, especially in socially disadvantaged families – beneficiaries of social protection services.

Indicator 7: Information Support

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

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	✓	<i>Check that apply</i>	
	Yes	To some degree	No
7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts or interest are avoided.	2	✓ 0	0
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1	✓ ,5	0
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding	1	✓ ,5	0
7.3) IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding	✓ 2	1	0
7.4. IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence	✓ 2	1	0
7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF). ⁹	2	✓ 0	1
Total Score:	--5--/10		

Information Sources Used (please list):

⁹ to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;

1. Law on health protection No. 411-XIII of 28 March 1995 (Monitorul Oficial al Republicii Moldova, 1995, nr.34, art.373), with subsequent amendments and completions.
2. Law No. 338-XIII of 15 December 1994 on child rights (Monitorul Oficial al Republicii Moldova, 1995, nr.13, art.127), with subsequent amendments and completions.
3. Law No 140 of 14 June 2013 on special protection of children at risks and children separated from their parents (Monitorul Oficial al Republicii Moldova, 2013, no. 167-172, art. 534), repealed by the Government Decision No.796 of 25.10.12, Monitorul Oficial al Republicii Moldova, 228/31.10.12, art.858.
4. Government Decision No 1182 of 22 December 1998 on approval of the National Program "Nutrition of children" (Monitorul Oficial al Republicii Moldova, 1999, no. 1-2, art. 11), repealed by the Government Decision No. 796 of 25.10.12, Monitorul Oficial al Republicii Moldova, 228/31.10.12, art.858.
5. Government Decision No. 1182 of 22 December 2010 on the approval of the Regulation on the mechanism of intersectoral collaboration in medical-social field in order to prevent and reduce maternal, infant and children up to 5 years mortality rate at home.
6. Government Decision No. 1000 of 23 August 2016 on the approval of the National Program on health promotion for years 2016-2020 (Monitorul Oficial al Republicii Moldova, 2016, No. 277-287, art. 1086).
7. Government Decision No. 730 of 8 September 2014 on the approval of the National Food and Nutrition Programme for 2014-2020 and of the Action Plan for 2014-2016 on the Programme implementation. <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=354645>

Conclusions (*Summarize which aspects of the IEC programme are appropriate and which need improvement and why. Identify areas needing further analysis*):

The Government of the Republic of Moldova (RM) has engaged to address in a complex way the nutrition issues and, in particular, the issue of breastfeeding. One of the objectives of the National Nutrition Program (2014-2020) is to increase the exclusive breastfeeding rate in the first 6 months of life to 70% by 2020. Although it is an ambitious task, complex and consistent interventions can make it possible.

At present, there is no National Communication, Information and Education Strategy for improving infant and small children's nutrition in the Republic of Moldova.

It has been found that health services, including those from primary care, have all the conditions for promoting and supporting exclusive breastfeeding, starting with antenatal education, but these activities are more formal and are to be improved in the future. In perinatal centers and maternities take place systematic theoretical and practical prenatal trainings for pregnant women, couples, where the future parents learn all kinds of exercises, receive advice on antenatal, intranatal period and information on nursing and caring for newborns. In addition to these, the key messages on the benefits of exclusive breastfeeding are presented in the Perinatal Medical Card.

There exist materials promoting Sugar Breastfeeding and Nutrition elaborated for specialists and the target population: a "Mommy, breastfeed me!" poster in Romanian and Russian versions, a leaflet "Some Advice for Mothers on Infant Nutrition". These materials were elaborated with the support of UNICEF Moldova and distributed to medical institutions.

Every year in the republic takes place the "World Breastfeeding Week", where information, education and communication activities in this field are organized and carried out. From August 1-7,

public health care institutions carry out information and counseling activities for mothers, and positive breastfeeding practices are promoted in the media. In 2015, the "World Breastfeeding Week" started with the "March of Breastfeeding", attended by dozens of mothers, fathers and children. The events of the World Breastfeeding Week are organized in the Republic by the Ministry of Health, the National Public Health Center in partnership with UNICEF and the WHO.

Gaps (*List gaps identified in the implementation of this indicator*):

1. There is no National Communication, Information and Education Strategy for improving infant and small children's nutrition in the Republic of Moldova.
2. Provision by the media of the information for population on the benefits of breastfeeding and correct nutrition of infants and small babies is modest because of limited financial resources; at the same time, there is a broad promotion of adapted artificial formula and other unhealthy products at conferences organized and sponsored by the companies that produce children's food, as well as at the events for mothers, clubs for children, etc.
3. Informational materials published or placed on the web, in magazines, in some shows played by non-professional actors are not always appropriate to the context and are not always in accordance with the standards of the Marketing Code for adapted artificial formula.

Recommendations (*List action recommended to bridge the gaps*):

1. Strengthening legislative framework through the implementation of the National Communication, Information and Education Strategy to improve the nutrition of infants and small babies.
2. Events to promote breastfeeding at national and local level should be free from commercial influence and should be organized in accordance with the standards of the marketing code for adapted artificial formula.
3. Further elaboration of the promotional materials (written, video, audio) on the benefits of breastfeeding, the correct nutrition of small babies and the risks of artificial formula.
4. Continuation of the *World Breastfeeding Week* organization.

Examples of good practices:



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CÂND ÎNCEPI ALIMENTAȚIA COMPLEMENTARĂ, DĂ-I HRANA DE TĂLĂT:

- Piureu din cartofi, morcov, sfeclă roșie, bostan, dovleci, la care se adaugă ulei vegetal, ficat de păsăre, carne sau gălbenuș de ou mărunțite
- Terci compoziți din hrișcă, orz, crez, porumb sau grâu, cu unt
- Cereale lactate, lapte, brânză de vaci, plăcine
- Fructe proaspete mărunțite (de exemplu mere, cireșe (fără sâmburi), caise)

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CÂTEVA SFATURI MAMEI PRIVIND ALIMENTAȚIA SUGARULUI



Începeți hrana nouă cu trei mese pe zi

Începeți hrana nouă cu trei mese pe zi și continuați să alăptați până la vârsta de 2 ani. Este important să oferiți copilului o varietate de alimente pentru a-i oferi toate nutrienții necesari pentru dezvoltarea sa fizică și mentală.

Alimentația complementară trebuie să fie diversă și nutritivă.

Alimentația complementară trebuie să fie diversă și nutritivă. Aceasta înseamnă că trebuie să oferiți copilului o varietate de alimente care să conțină toate nutrienții necesari pentru dezvoltarea sa fizică și mentală.

Introduceți alimentele noi treptat și observați reacțiile copilului.

Introduceți alimentele noi treptat și observați reacțiile copilului. Acest lucru vă va ajuta să identificați orice alergii sau intoleranțe alimentare.

Evitați alimentele periculoase pentru copilul dumneavoastră.

Evitați alimentele periculoase pentru copilul dumneavoastră, cum ar fi alimentele aschizante, alimentele bogate în sare și zahăr și alimentele care conțin cafeină.

Consultați medicul dumneavoastră dacă aveți orice întrebări.

Consultați medicul dumneavoastră dacă aveți orice întrebări despre alimentația complementară a copilului dumneavoastră.

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Reguli de introducere a complementare:

- Când să înceapă alimentația complementară depinde de copil și de mamea sa.
- Nu introduceți alimente noi înainte de vârsta de 6 luni.
- Introduceți alimentele noi treptat și observați reacțiile copilului.
- Evitați alimentele periculoase pentru copilul dumneavoastră.
- Consultați medicul dumneavoastră dacă aveți orice întrebări.

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Înțelegerea copilului și a nevoilor sale:

- Copiii au nevoie de timp pentru a se obișnuiți cu alimentele noi.
- Este normal să fie rezistenți la alimentele noi.
- Continuați să alăptați până la vârsta de 2 ani.
- Evitați să forțați copilul să mănânce.
- Consultați medicul dumneavoastră dacă aveți orice întrebări.

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Alimentația complementară și sănătatea copilului:

- Alimentația complementară poate ajuta la prevenirea malnutriției.
- Este important să oferiți copilului o varietate de alimente nutritive.
- Evitați alimentele bogate în sare și zahăr.
- Consultați medicul dumneavoastră dacă aveți orice întrebări.

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Alimentația complementară și dezvoltarea copilului:

- Alimentația complementară poate ajuta la dezvoltarea fizică și mentală a copilului.
- Este important să oferiți copilului o varietate de alimente nutritive.
- Evitați alimentele bogate în sare și zahăr.
- Consultați medicul dumneavoastră dacă aveți orice întrebări.

Indicator 8: Infant Feeding and HIV

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

<i>Guidelines for scoring</i>			
Criteria	Results		
	✓ <i>Check that apply</i>	To some degree	No
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV	√ 2	1	0
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	√ 1	0.5	0
8.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	√ 1	0.5	0
8.4) HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	√ 0.5	0
8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.	√ 1	0.5	0
8.6) Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible.	√ 1	0.5	0
8.7) HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake.	√ 1	0.5	0
8.8) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	√ 0.5	0
8.9) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	√ 1	0.5	0
Total Score:	-9-/10		

Information Sources Used *(please list):*

1. The National Programme for Prevention and Control of HIV/AIDS and STI Infection for 2016 – 2020 approved by the Government Decision No. 1164 of 22 October 2016 - <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=367272&lang=2>
2. The Government Decision No. 1164 of 22 October 2016 Implementation Plan approved by the Order of MoH No. 1002 of 15 December 2016 - <http://www.ms.gov.md/sites/default/files/legislatie/ordinhiv.pdf>
3. Adult and Adolescent HIV Infection – National Clinical Protocol approved by the Order of MoH Np. 417 of 19 May 2014 - <http://old.ms.gov.md/files/14791-PCN-211%2520Infectia%2520cu%2520HIV%2520la%2520adult%2520si%2520adolescent.pdf>

Conclusions *(Summarize which aspects of the IEC programme are appropriate and which need improvement and why. Identify areas needing further analysis):*

1. The National Programme for Prevention and Control of HIV/AIDS and STI Infection for 2016 – 2020 is in place in the Republic of Moldova. One of the main task of the programmer is reducing the rate of mother to child HIV infection transmission to below than 2%.
2. According to the Adult and Adolescent HIV Infection – National Clinical Protocol approved by the Order of MoH no. 417 from 19 May 2014 the refusal from breastfeeding is one of the measures to prevent mother to child HIV infection transition. All HIV infected pregnant women are recommended to refuse from breastfeeding and use adapted breast-milk substitutes.
3. According to “The National Programme for Prevention and Control of HIV/AIDS and STI Infection for 2016 – 2020“:
 - All pregnant women during registration for supervision in antenatal clinics are tested for HIV (once per pregnancy), According to the administrative statistics for 2016, out of the number of women that gave birth during 2016, 99.36% have been tested for HIV at least once;
 - All HIV positive woman receive ART treatment during and after pregnancy (the pregnancy is an indicator for whole life ART. According to the administrative statistics for 2016, out of the 203 of women that gave birth during 2016, 196 received ART (96.55%);
 - All newborns born by HIV infected mothers (12 months of life), are provided with adapted breast milk substitutes free of charge (expenditures for the procurement of the milk formulas are covered by government from 2014 – excluding Left Bank of RM).
 - Teachers, students and pupils are provided with the necessary methodical materials for introducing interactive approach to the increasing of the level of knowledge on preventing HIV infection.
 - Pregnant women are given access to counseling services, HIV infection testing, and prevention of mother to child HIV infection transmission.

Gaps *(List gaps identified in the implementation of this indicator):*

1. There are not legislative and normative framework in place, which would recommend the sexual partner testing for HIV.

2. There is lack of recommendations regarding the breastfeeding and mixt feeding in the case when mother is insisting to breastfeed.
3. Highly centralized specialized services for HIV positive persons, including milk formulas distribution, makes additional cost and time spending for HIV+ mothers and family.

Recommendations (*List action recommended to bridge the gaps*):

1. Elaboration of Legislative and Normative framework for the testing of sexual partner of pregnant women
2. To revise the Adult and Adolescent HIV Infection – National Clinical Protocol, including the recommendation regarding the breastfeeding and mixt feeding in the case when mother is insisting to breastfeed.
3. Decentralization of HIV services to approach to the place of living of the client.

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?

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	√	Check that apply	
	Yes	To some degree	No
9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance	2	1	√ 0
9.2) Person(s) tasked with responsibility for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	√ 0
9.3) An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers: <ul style="list-style-type: none"> a) basic and technical interventions to create an enabling environment for breastfeeding, including counseling by appropriately trained counselors, support for relactation and wet-nursing, and protected spaces for breastfeeding b) measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and procurement management and use of any infant formula and BMS, in accordance with strict criteria, the IFE Operational Guidance, and the International Code and subsequent relevant WHA resolutions 	1	0.5	√ 0
		1	0.5
9.4) Resources have been allocated for implementation of the emergency preparedness and response plan	2	1	√ 0
9.5) <ul style="list-style-type: none"> a) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel. b) Orientation and training is taking place as per the national emergency preparedness and response plan 	1	0.5	√ 0
		1	0.5
Total Score:	---0---/10		

Sources:

1. The National Health Policy of the Republic of Moldova for the years 2007-2021, approved by the Government Decision no.886 of 8th of August 2007.
2. The National Alimentation and Nutrition Program for the years 2014-2020 and the Action Plan for the years 2014-2016 on the implementation of the National Program, approved by the Government Decision no.730 of 8th of September 2014.
3. The Guidelines on Nutrition Surveillance, approved by the Order of the Ministry of Health no.905 of 17th of September 2012.
4. The national clinical protocol "Nutrition and enteral feeding of premature baby", approved by the Order of the Ministry of Health no.781 of 07th of August 2014.

Conclusions:(Summary of the implementation aspects that have been reached and those needed to be improved)

1. There is a policy on rational alimentation in the country, including of pregnant women and small babies, but not including infants and young children in emergency situations, or the one containing all basic elements included in the Operational Guidelines for Infants and Young Children Alimentation.
2. There has been approved the nominal composition of the Intersectoral Consultative Council at the level of the central public administration under the chairmanship of the Deputy Prime Minister for Social Affairs for the coordination of the National Alimentation and Nutrition Program for the years 2014-2020, but relevant partners have not been co-opted/included, such as UN, donors, militaries and NGOs with regard to the feeding of infants and of young children in emergency situations.
3. It was established that the financing of activities included in the Action Plan for the years 2014-2016 regarding the implementation of the mentioned National Program will be made from the account and within the limits of the approved annual allocations from the national public budget, as well as from other sources according to the legislation in force, and from the account allocated for the implementation of an Emergency Situation and Action Plan based on the practical steps listed in the Operational Guidelines for the most frequent emergencies.
4. The university and postgraduate training of medical personnel on the feeding of infants and young children shall be carried out in accordance with the provisions of the National Clinical Protocols approved by the MoH, but this does not include the management of emergency situations.

Gaps (identified within the implementation of this indicator):

1. The provisions of the legislative and normative acts in force do not reflect the aspects related to the management of the alimentation of infants and young children in emergencies.
2. There is no Unified Coordination Council/Coordination Center for the alimentation of infants and young children in emergency situations that would ensure a constant collaboration between the Ministry of Health, the Ministry of Defense, UNICEF, WHO and other international organizations.
3. The interaction between the state health system, non-governmental organizations and volunteers is insufficient, especially in emergency situations.
4. The information support of women in emergency situations by medical staff and representatives of public organizations is insufficient.

Recommendations(*recommended actions to cover the gaps*):

1. Creation of an Unified Coordination Council for the feeding of infants and young children in emergency situation to facilitate the cooperation between the Ministry of Health, the Ministry of Defense, UNICEF, the WHO and other international organizations, which will be responsible for the national coordination in this area.
2. Elaboration of the normative framework and of the Emergency Preparedness and Conduct Action Plan, based on the practical steps listed in the Operational Guidelines in the most frequent emergencies.
3. Continuation of the cooperation with the UNICEF Country and WHO Country Offices of the Republic of Moldova in developing the national strategy and implementation tools on the alimentation of infants and young children in emergency situations.
4. Continuation of the medical staff training on counseling mothers regarding the breastfeeding in emergency situations.
5. Elaboration and integration of training materials on breastfeeding children in emergency situations in curricula.
6. Making the media more aware of the advantages of children breastfeeding in emergency situations.

Indicator 10: Mechanisms of Monitoring and Evaluation System

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

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	✓ Check that apply		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	✓ 1	0
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions	2	✓ 1	0
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2	✓ 1	0
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	✓ 2	1	0
10.5) Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	✓ 2	1	0
Total Score:	---7---/10		

Information Sources Used *(please list):*

1. Law on health protection no 411-XIII of 28 March 1995 (Monitorul Oficial al Republicii Moldova, 1995, no.34, art.373), with subsequent amendments and completions.
2. Law no 338-XIII of 15 December 1994 on child rights (Monitorul Oficial al Republicii Moldova, 1995, nr.13, art.127), with subsequent amendments and completions.
3. Law no 140 of 14 June 2013 on special protection of children at risks and children separated from their parents (Monitorul Oficial al Republicii Moldova, 2013, no. 167-172, art. 534), repealed by the Government Decision no 796 of 25.10.12, Monitorul Oficial al Republicii Moldova, 228/31.10.12, art.858.
4. Government Decision no 1182 of 22 December 1998 on approval of the National Program "Nutrition of children" (Monitorul Oficial al Republicii Moldova, 1999, nr. 1-2, art. 11), repealed by the Government Decision no 796 of 25.10.12, Monitorul Oficial al Republicii Moldova, 228/31.10.12, art.858.
5. Government Decision no 1182 of 22 December 2010 on the approval of the Regulation on the mechanism of intersectoral collaboration in medical-social field in order to prevent and reduce maternal, infant and children up to 5 years mortality rate at home
6. Government Decision no 1000 of 23 August 2016 on the approval of the National Program on health promotion for years 2016-2020 (Monitorul Oficial al Republicii Moldova, 2016, no. 277-287, art. 1086).
7. Government Decision no 730 of 8 September 2014 on the approval of the National Food and Nutrition Programme for 2014-2020 and of the Action Plan for 2014-2016 on the Programme implementation. <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=354645>

Conclusions *(Summarize which aspects of monitoring and evaluation are appropriate and which need improvement and why. Identify areas needing further analysis):*

1. Some elements of monitoring and evaluation of the Infant and Small Baby Nutrition Program are included in the official statistics of the Republic of Moldova providing the following indicators on a yearly basis: the rate of breastfed children at 3 months, 6 months, 12 months and 24 months.
2. Some indicators on breastfeeding and nutrition of small babies have been reported on a regular basis in UNICEF and WHO studies and assessments.

Gaps *(List gaps identified in the implementation of this indicator):*

1. Although the national monitoring and evaluation system is a well-designed data collection system, it only provides quantitative indicators with a once-a-year reporting period and does not refer to indicators describing the quality of the process.
2. Indicators reported in official statistics do not fully cover all indicators recommended by the WHO/UNICEF for the Baby-Friendly Hospital Initiative.

Recommendations *(List actions recommended to bridge the gaps):*

1. Completion and adjustment of national indicators, reported in official statistics, with key indicators recommended by the WHO / UNICEF for the Family-Friendly Hospital Initiative.
2. Elaboration and implementation of some mechanisms to ensure a more efficient collection of indicators.
3. The results of monitoring and evaluation of the Infant and Small Baby Nutrition Program should be used to improve breastfeeding and nutrition practices for small babies.

Indicator 11: Early Initiation of Breastfeeding

Key question: *What is the percentage of babies breastfed within one hour of birth?* **60,9%**

Guideline:

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

Data Source (including year):

1. Multiple Indicator Cluster Survey in Republic of Moldova, 2012: http://cnsr.md/wp-content/uploads/2014/09/Studiul-populational_MICS4_Republica-Moldova_WEB_CNSP.pdf
2. Demographic and Health Survey of the Republic of Moldova, 2005.
3. Report on the Maternal and Neonatal Health Needs Assessment Study. Ch.: Tipografia Centrală, 2013. 356 p. ISBN 979-9975-120-08-1

Summary Comments:

According to the Multiple Indicator Cluster Survey in the Republic of Moldova for 2012, 60,9% of children were breastfed in the first hour after birth [1]. This indicator being compared to the SDSM data (64,5%) is in a slight decrease [2].

At the same time, according to the on Maternal and Neonatal Health Needs Assessment Study, published in 2013, 70,9% of children were breastfed in the first hour of life [3]. This indicator, although large enough, needs to be improved.

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: What is the percentage of babies 0<6 months of age exclusively breastfed¹⁰ in the last 24 hours? **36,4%**

Guideline:

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

Data Source (including year):

1. Multiple Indicator Cluster Survey in Republic of Moldova, 2012: http://cnsr.md/wp-content/uploads/2014/09/Studiul-populational_MICS4_Republica-Moldova_WEB_CNSR.pdf
2. Demographic and Health Survey of the Republic of Moldova, 2005.
3. Report on the Maternal and Neonatal Health Needs Assessment Study. Ch.: Tipografia Centrală, 2013. 356 p. ISBN 979-9975-120-08-1

Summary comments:

According to the Multiple Indicator Cluster Survey in Republic of Moldova(2012), 36,4% of children are exclusively breastfed until the age of 6 months [1]. Compared to DHS data (2005), this indicator is in decrease dynamic - 46% [2] and needs to be improved.

Breastfeeding is a norm in the society of the Republic of Moldova, mothers are encouraged to breastfeed. The main reasons why mothers give up breastfeeding during the first 6 months of life of the child are related to: the difficulties and barriers with regard to breastfeeding in the first few days of the child's life, the concern that the child does not receive enough food; the fact that the mother is back to her previous activities (studies or service).

Exclusive breastfeeding is profoundly influenced by the early introduction of other fluids and foods, these behaviors being determined by mothers' habits and perceptions of children's needs, as well as by promotion of some foods for the children of a younger age.

Accessibility and promotion of artificial formula products make mothers easier to give up breastfeeding knowing they have an alternative that is perceived as more convenient and beneficial to children.

¹⁰Exclusive breastfeeding means the infant has received only breastmilk (from his/her mother or a wet nurse, or expressed breastmilk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (2)

Indicator 13: Median Duration of Breastfeeding

Key question: *Babies are breastfed for a median duration of how many months?* **12,3%**

Guideline:

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

Data Source (including year):

1. Multiple Indicator Cluster Survey in Republic of Moldova, 2012: http://cnsr.md/wp-content/uploads/2014/09/Studiul-populational_MICS4_Republica-Moldova_WEB_CNRP.pdf

Summary Comments:

According to the Multiple Indicator Cluster Survey in Republic of Moldova (2012), the median duration of breastfeeding in months for any breastfeeding was 12,3 months [1].

Although median duration of breastfeeding is over 12 months, this indicator needs to be improved. The main causes that influence duration of breastfeeding are: mother's return to study or service, lack of arranged places and breaks during working hours for breastfeeding; accessibility and widespread promotion of artificial formula and other foods inappropriate to the age of the child.

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 breastmilk) from bottles? 47,4%*

Guideline:

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

Data Source(including year):

1. Demographic and Health Survey of the Republic of Moldova, 2005.

Summary Comments:

Data on nutrition with bottle is available in the Demographic Health Survey (2005), according to which this phenomenon is spreading in Moldova. Nearly one-third (29%) of children under 4 months are fed with baby bottle and this ratio is reaching 47,4% for children of 4-11 months before the breastfeeding is ceased [1].

Feeding with artificial formula during the first months of life is related to medium and circumstances, is determined predominantly by the mother's decision, and in rare cases it is recommended by doctors. The main reasons why mothers give up breastfeeding during the first 6 months of life of the child are: breastfeeding problems in the first days, worries that the child is not receiving enough food; the fact that the mother resumes previous activities (studies or service); the early introduction of other fluids and food unsuitable for the child's age; accessibility and widespread promotion of artificial formula products. Similarly, bottle feeding is on the increase, being influenced by the affordability of artificial formula products promoted by so called "problem-solving" marketing strategies such as: colic, bloating, reflux, insufficient weighting, and mothers experiencing these problems easily fall into those traps.

Although breastfeeding messages are widely promoted, as well as its benefits, however, less attention is drawn to the dangers and risks in case of artificial formula feeding.

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

Key question: Percentage of breastfed babies receiving complementary foods at 6-8 months of age? **55%**

Guideline

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

Data Source (including year):

1. Multiple Indicator Cluster Survey in Republic of Moldova, 2012: http://cnspl.md/wp-content/uploads/2014/09/Studiul-populational_MICS4_Republica-Moldova_WEB_CNSP.pdf
2. Demographic and Health Survey. Republic of Moldova, 2005

Summary Comments:

According to the Multiple Indicator Cluster Survey in Republic of Moldova (2012), the percent of 6-8 months aged breastfed babies who received solid, semisolid and liquid foods over the previous day was 55% [1]. Comparison of these data with the SDSM (2005) data reveals that in 73,9% of babies of 6 to 9 months of age receive other fluids, 67,7% - fortified foods and 84,8% - any solid or semi-solid food [2].

Summary Part I: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Programme and Coordination	5 / 10
2. Baby Friendly Hospital Initiative	3 / 10
3. Implementation of the International Code	5 / 10
4. Maternity Protection	7,5 / 10
5. Health and Nutrition Care Systems	8 / 10
6. Mother Support and Community Outreach	7 / 10
7. Information Support	5 / 10
8. Infant Feeding and HIV	9 / 10
9. Infant Feeding during Emergencies	0 / 10
10. Monitoring and Evaluation	7 / 10

IBFAN Asia Guidelines for WBTi

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

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

Conclusions (Summarize the achievements on the various programme components, what areas still need further work)¹¹:

In total, Moldova got 56,5 scores out of hundred and rates yellow. The most problematic areas are:

- Infant Feeding during Emergencies
- Baby Friendly Hospital Initiative
- Implementation of the International Code
- National Policy, Program and Coordination

¹¹In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

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

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	60.9%	9
Indicator 12 Exclusive Breastfeeding for first 6 months	36.4%	6
Indicator 13 Median duration of Breastfeeding	12.3 months	3
Indicator 14 Bottle-feeding	47.4%	3
Indicator 15 Complementary Feeding	55.0%	3
Score Part II (Total)		24

IBFAN Asia Guidelines for WBTi

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

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

Conclusions (Summarize which infant and young child feeding practices are good and which need improvement and why, any further analysis needed)¹² :

1. Breastfeeding is a norm in the society of the Republic of Moldova, mothers being encouraged to breastfeed.
2. Medical institutions provide support and counseling to pregnant women and mothers for the early initiation and maintenance of breastfeeding during the first two years of life, thus respecting national protocols and international recommendations.

¹²In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

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

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

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

Moldova in total (IYCF Practices and Policies and Programs) has 80,5 scores out of 150 and rates in yellow.

Key Gaps

1. National policies related to Baby Friendly Initiative are not comprehensive enough to ensure that all relevant health services protect, promote and support breastfeeding, ensure age-adequate feeding at 6-24 months.
2. The implementation of Baby friendly initiatives has been discontinued since 2007, since 2005 none of
3. Baby friendly facilities has been reassessed and currently the Ten Steps of Successful Breastfeeding and the ICMBS are implemented partially in maternity facilities. None of them have policy on infant feeding that promotes and protects breastfeeding, the staff is not appropriately trained related to ICMBS, hospitals give free formula to newborns not having medical indications for that, the companies intensively promote their products in the hospitals, etc.
4. The rating and certification process under BFH/FFH is not institutionalized.
5. The International Code of Marketing of Breastmilk Substitutes was transposed only partially into national legislation. No penalties for infringements and administrative measures were established.
6. BFH Initiative and Code requirements are not part of the standards for the accreditation of health care institutions.
7. Pre-service and in-service curricula has limited hours and content on optimal infant and young-child feeding and provides too theoretical skills and knowledge related to breastfeeding with poor comprehensive approach that will enable mothers to breastfeed.
8. Lack of information on the International Code of Marketing of Breastmilk Substitutes in the curricula for medical education at all levels.
9. The lack of provisions in the existing legislation on the duration of maternity leave granted to mothers who gave birth to premature babies or babies with other vulnerabilities.
10. The lack of explicit provisions on the organization of workplaces specially designed for breastfeeding and/or childcare.
11. There is no compliance monitoring system and a way for workers to complain if their rights are not respected.
12. The topics related to breast-milk substitutes and supplementary feeding are supported and presented by companies that sell baby food, by that influencing even more health workers and their perception, industry aggression being maximized in parallel. Sponsorship of meetings/events/conferences related to child health by the industry creates conflict of interests.
13. In the Republic of Moldova, activities on the communication with behavioral impact for mothers, their family members and the community in promoting and supporting natural feeding are sporadically organized and have a low efficiency at both national and local levels.
14. More stereotypes/beliefs about longer breastfeeding prevail in the community, which ultimately favors the early transition to the food supplements or the artificial feeding of babies in their first year of life.
15. Mothers, close relatives, people with authority in community (informal leaders), sometimes medical workers, do not know important aspects of the rational feeding of small babies.

16. There is no National Communication, Information and Education Strategy for improving infant and small children's nutrition in the Republic of Moldova.
17. Provision by the media of the information for population on the benefits of breastfeeding and correct nutrition of infants and small babies is modest because of limited financial resources; at the same time, there is a broad promotion of adapted artificial formula and other unhealthy products at conferences organized and sponsored by the companies that produce children's food, as well as at the events for mothers, clubs for children, etc.
18. Informational materials published or placed on the web, in magazines, in some shows played by non-professional actors are not always appropriate to the context and are not always in accordance with the standards of the Marketing Code for adapted artificial formula.
19. There are not legislative and normative framework in place, which would recommend the sexual partner testing for HIV. There is lack of recommendations regarding the breastfeeding and mixt feeding in the case when mother is insisting to breastfeed.
20. The provisions of the legislative and normative acts in force do not reflect the aspects related to the management of the alimentation of infants and young children in emergencies.
21. There is no Unified Coordination Council/Coordination Center for the alimentation of infants and young children in emergency situations that would ensure a constant collaboration between the MoHLSP, the Ministry of Defense, UNICEF, WHO and other international organizations.
22. Although the national monitoring and evaluation system is a well-designed data collection system, it only provides quantitative indicators with a once-a-year reporting period and does not refer to indicators describing the quality of the process.

Key Recommendations

1. Re-assess the Baby Friendly Hospital Initiative in the Republic of Moldova and nominate facilities which fully implement the Baby friendly, mother-friendly care criteria and comply with the International Code and national law. Develop a monitoring system for all Ten Steps of Successful Breastfeeding and compliance with ICMBS in all 38 existing delivery hospitals.
2. Amending the existing legislations by including all of the Code requirements and WHA resolutions into national legislation. The legal amendments should clearly specify the rules, penalties applied, and responsible enforcement body(is). Recently adopted tobacco control legislation can serve as an example.
3. Ensuring adequate enforcement of the approved legislation and of public health policy with regular monitoring and periodic evaluation.
4. Establishing an efficient and comprehensive monitoring system on compliance with Code, in particular for marketing and sponsorship practices.
5. To introduce Baby Friendly Hospital Initiative and Code requirement as part of the standards for accreditation of lying-in hospitals.
6. Start trainings using 2009 BFHI materials in new facilities willing to become Baby friendly.

7. Introduce in pre-service and in-service curricula the concept/content of International Code of Marketing and Breast-milk Substitutes and World Health Assembly Resolution, current violations and health workers responsibilities under the Code.
8. Raising awareness among health professionals and health/medical students, as well as general public, on the importance of Code implementation for children health and wellbeing.
9. Provide care and support during antenatal period to ensure optimal lactation (at least one antenatal home-visiting, counseling and supporting mother to prepare for lactating period).
10. Assist mothers to sustain lactation, including during separation from their infants, in case of illness and need for hospitalization and/or when returning to work.
11. Local public administrations should systematically examine issues of feeding small babies in the community and find solutions to existing problems there, including facilitating support for working mothers, who continue to breastfeed the child.
12. Carrying out national and local communication campaigns with the involvement of community actors to promote the correct feeding of small babies, especially the campaigns aimed at supporting mothers to initiate and continue to breastfeed the child up to 2 years of age and even more. It is welcome to educate young people on the issues of caring for and feeding small babies during the health education/parental education classes.
13. Family doctors with the support of local government, church, local NGOs should motivate the population to create mutual support groups for local mothers in community in initiating and maintaining breastfeeding, as well as to carry out volunteer actions in support of families, that need support in feeding a small baby.
14. Forming the communication skills in health workers in working with the population to promote and support the rational feeding of small babies.
15. Mobilizing different community actors (health center, local government, school, church, local NGOs...) to support mothers to initiate and maintain breastfeeding. Leader in this mobilization activity would be good to be a medical worker or community support groups / groups of women after the "mother-to-mother" group model.
16. Strengthening legislative framework through the implementation of the National Communication, Information and Education Strategy to improve the nutrition of infants and small babies.
17. Events to promote breastfeeding at national and local level should be free from commercial influence and should be organized in accordance with the standards of the marketing code for adapted artificial formula.
18. Further elaboration of the promotional materials (written, video, audio) on the benefits of breastfeeding, the correct nutrition of small babies and the risks of artificial formula.
19. Elaboration of Legislative and Normative framework for the testing of sexual partner of pregnant women.
20. To revise the Adult and Adolescent HIV Infection – National Clinical Protocol, including the recommendation regarding the breastfeeding and mixt feeding in the case when mother is insisting to breastfeed.
21. Decentralization of HIV services to approach to the place of living of the client.
22. Creation of an Unified Coordination Council for the feeding of infants and young children in emergency situation to facilitate the cooperation between the Ministry of Health, Labor and Social Protection, the Ministry of Defense, UNICEF, the WHO and other

- international organizations, which will be responsible for the national coordination in this area.
23. Elaboration of the normative framework and of the Emergency Preparedness and Conduct Action Plan, based on the practical steps listed in the Operational Guidelines in the most frequent emergencies.
 24. Continuation of the cooperation with the UNICEF Country and WHO Country Offices of the Republic of Moldova in developing the national strategy and implementation tools on the alimentation of infants and young children in emergency situations.
 25. Continuation of the medical staff training on counseling mothers regarding the breastfeeding in emergency situations.
 26. Elaboration and integration of training materials on breastfeeding children in emergency situations in curricula.
 27. Making the media more aware of the advantages of children breastfeeding in emergency situations.
 28. Completion and adjustment of national indicators, reported in official statistics, with key indicators recommended by the WHO / UNICEF for the Family-Friendly Hospital Initiative.
 29. Elaboration and implementation of some mechanisms to ensure a more efficient collection of indicators.