

Indicators for assessing infant and young child feeding practices

PART 1 DEFINITIONS



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Conclusions of a
consensus meeting held
6–8 November 2007
in Washington, DC, USA



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Introduction

The document *Indicators for assessing breastfeeding practices* (1) published in 1991 provided a set of indicators that could be used to assess infant feeding within and across countries and evaluate the progress of breastfeeding promotion efforts. Since then, there have been important developments in infant and young child feeding recommendations and scientific knowledge about what constitutes optimal breastfeeding and complementary feeding practices, which have led to the need for revision and expansion of the set of indicators initially recommended. In 2001, for example, the World Health Organization (WHO) recommended exclusive breastfeeding for 6 months (2, 3), which was a change from the previous recommendation to introduce complementary foods at 4–6 months. The indicator for exclusive breastfeeding under 4 months thus no longer provides data reflective of current guidelines.

In addition, the document published in 1991 included only one indicator of complementary feeding – the timely complementary feeding rate. This indicator provided information about whether complementary foods were consumed, but not about the quantity or quality of those foods. In response to concerns about the lack of adequate indicators of complementary feeding, in 2002, WHO began a process to review and develop indicators of complementary feeding practices. A conceptual framework for identifying potential indicators of complementary feeding practices was published (4). At the same time, the *Guiding Principles for Complementary Feeding of the Breastfed Child* were being developed, which addressed the multidimensionality of complementary feeding practices (5). A similar effort to develop guidance and rationale for feeding non-breastfed children 6–23 months of age was undertaken shortly thereafter, which resulted in a technical document (6) and a parallel set of Guiding Principles (7). Beginning in 2004, members of the Working Group on Infant and Young Child Feeding Indicators initiated a series of activities aimed towards definition and validation of indicators to reflect dietary quality and quantity, using existing data sets from 10 different sites in developing countries (members of the Working Group are listed in Annex 1a). In addition to using the references listed above as guidance, the Working Group was also guided by the recommendations and targets of the *Global Strategy for Infant and Young Child Feeding* (8). The results of the analyses conducted by the Working Group were summarized in a report in the summer of 2006 (9) and presented at a WHO consultation in October, 2006. Additional analyses to address the remaining questions and concerns were subsequently completed and described in a report submitted in the summer of 2007 (10).

Based on the above work, a revised set of indicators was developed and then discussed by participants at the WHO Global Consensus Meeting on Indicators of Infant and Young Child Feeding held from 6–8 November, 2007 on the premises of the WHO Regional Office for the Americas. The list of participants is provided in Annex 1b. This report summarizes the discussion and consensus reached on 8 core indicators and 7 optional indicators for assessing infant and young child feeding practices that are population-based and can be derived from household survey data.

A. Purpose of the indicators

Infant and young child feeding practices directly affect the nutritional status of children under two years of age and, ultimately, impact child survival. Improving infant and young child feeding practices in children 0–23 months of age is therefore critical to improved nutrition, health and development of children. However, until now, indicators that can be used in population-based surveys to measure infant and young child feeding practices have focused mostly on breastfeeding practices. The lack of evidence and consensus on simple indicators of appropriate feeding practices in children 6–23 months of age has hampered progress in measuring and improving feeding practices, thereby constraining improvements in infant and young child nutritional outcomes.

The indicators described in this document are the result of a 5-year effort to develop a set of simple, valid and reliable indicators to assess infant and young child feeding practices. They focus on selected food-related aspects of child feeding, amenable to population-level measurement. Other aspects of optimal feeding such as responsive feeding and adequate texture of food are more complex to assess, and work is still in progress to develop valid and reliable indicator definitions and measurement approaches for these.

Population-level indicators of infant and young child feeding practices are used primarily for: (1) *assessment*: to make national and sub-national comparisons and to describe trends over time; (2) *targeting*: to identify populations at risk, target interventions, and make policy decisions about resource allocation; and (3) *monitoring and evaluation*: to monitor progress in achieving goals and to evaluate the impact of interventions. The indicators described herein are mainly designed for use in large-scale surveys or national programs. Smaller local and regional programs may also find uses for these indicators, but this limited set of measures is not intended to meet all of the needs for program monitoring and evaluation at this level. Programs and projects should augment these with more specific indicators that reflect their own interventions, messages, and behaviour change objectives.

The *indicator definitions should not be translated into caregiver messages* for improving feeding practices in young children. These should be derived from the Guiding Principles (5, 7) and adapted to the local situation. While indicator definitions may not correspond exactly to adapted messages, the indicators will nevertheless reflect population-level progress towards optimal feeding practices.

The indicators described in this document are meant to be considered together. The indicators

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