

# NETCODE TOOLKIT

## MONITORING THE MARKETING OF BREAST-MILK SUBSTITUTES: **PROTOCOL FOR PERIODIC ASSESSMENTS**



World Health  
Organization





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## MONITORING THE MARKETING OF BREAST-MILK SUBSTITUTES: **PROTOCOL FOR PERIODIC ASSESSMENTS**

Developed by the Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent Relevant World Health Assembly Resolutions (NetCode)



World Health  
Organization

unicef 

The UNICEF logo, which consists of a stylized figure of a mother holding her child, set against a background of a globe, all enclosed within a laurel wreath.

NetCode toolkit. Monitoring the marketing of breast-milk substitutes: protocol for periodic assessments.

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## ABOUT NETCODE



In 2014, WHO in collaboration with UNICEF, established a Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent relevant World Health Assembly Resolutions (NetCode). Civil society member organizations include IBFAN, Helen Keller International, Save the Children Foundation, World Alliance for Breastfeeding Action and the WHO Collaborating Centre at Metropol University. The following countries participated in NetCode: Armenia, Bahrain, Bangladesh, Cambodia, Chile, Ghana, India, Kenya, Lao's People's Democratic Republic, Mexico, Oman and Poland.

The vision of NetCode is a world in which all sectors of society are protected from the inappropriate and unethical marketing of breast-milk substitutes and other products covered by the scope of the Code. The goals are to strengthen Member States' and civil society capacity to monitor the Code; and to facilitate the development, monitoring and enforcement of national Code laws by Member States, by bringing together a group of committed actors to support these processes.

# ACKNOWLEDGEMENTS

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The initial draft was prepared by Alessandro Iellamo in close collaboration with a protocol design committee, including David Clark, UNICEF; Yeong Joo Kean, International Breastfeeding Action Network (IBFAN); Elizabeth Zehner and Alissa Pries, Helen Keller International (HKI); and Ye Shen, Johns Hopkins University. Substantial comments on the protocol were received from Lida Lotshka, IBFAN; Rukhsana Haider, World Alliance for Breastfeeding Action (WABA); Aileen Robertson, Metropol University, and Chessa Lutter, USA. During the piloting of the protocol, extensive feedback was provided by Sonia Hernández Cordero and Ana Lilia Lozada-Tequeanes, Centro de Investigación en Nutrición y Salud, Instituto Nacional de Salud Pública, Mexico; Anna Christina Pinheiro Fernandes and Fernanda Mediano Stoltze, Ministry of Health, Chile; Mackenzie Green, HKI Cambodia; James Rarick and Sano Phal, WHO Country Office, Cambodia; Gladys Mugambi and Betty Samburu, Ministry of Health, Kenya; Isabella Sagoe-Moses, Ghana Health Service, Ghana; Gabriel Y.K Ganyaglo, Korle Bu Teaching Hospital, Ghana. Karen McColl, France, provided significant writing assistance and helped to structure the final toolkit.

The development process of the Monitoring and Assessment Toolkit was coordinated by Laurence Grummer-Strawn, Department of Nutrition for Health and Development (NHD), and Marcus Stahlhofer, Department of Maternal, Newborn, Child and Adolescent Health (MCA), under the supervision of Francesco Branca, Director, NHD.

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# ABBREVIATIONS

<b>BFHI</b>	Baby-friendly Hospital Initiative
<b>FDA</b>	food and drug authority
<b>IBFAN</b>	International Baby Food Action Network
<b>ICDC</b>	International Code Documentation Centre
<b>IYCN</b>	infant and young child nutrition
<b>MCHN</b>	maternal and child health and nutrition
<b>NGO</b>	nongovernmental organization
<b>WHA</b>	World Health Assembly
<b>WHO</b>	World Health Organization



# BACKGROUND TO THE NETCODE MONITORING AND ASSESSMENT TOOLKIT

**B**reastfeeding is the cornerstone of child survival, preventing more than 800,000 deaths a year among children under 5 years of age. It helps children thrive by preventing acute and chronic illnesses and contributing to their intellectual development, educational achievement and adult earnings. Breastfeeding also saves women's lives by reducing their risk of breast and ovarian cancers and some cardiovascular diseases. Its benefits are universal; as relevant to mothers and children living in high-income countries as to those in living in middle- and low-income countries.<sup>1</sup>

To protect, promote and support breastfeeding, measures at many levels are needed. These include legal and policy directives, supportive social attitudes and values, maternity protection and worksite breastfeeding policies, along with health-care services that foster and enable women to breastfeed. In addition, women and their families need protection from inappropriate and unethical marketing of breast-milk substitutes.

The *International Code of Marketing of Breast-milk Substitutes* (International Code), adopted at the Thirty-fourth World Health Assembly in 1981, came about because of compelling accounts of severe malnutrition and death among infants and young children resulting from the consumption of contaminated or diluted infant formula. In the years since adoption, a number of relevant subsequent resolutions have been endorsed providing clarification and guidance for its effective implementation.<sup>2</sup> Adopted by the World Health Assembly as a recommendation, it is not binding and thus dependent on individual Member States to legislate into their national laws,<sup>3</sup> monitor, and enforce. Nonetheless, manufacturers, distributors, retail outlets, health-care systems and health-care workers have a responsibility to comply.

While the vast majority of countries have legal measures in place covering some provisions of the Code, very few have functioning implementation and monitoring systems. Just a handful have a dedicated budget or funding for monitoring and enforcement.<sup>4</sup> As a result, unethical and inappropriate marketing of breast-milk substitutes continues, as documented by International Baby Food Action Network International Code Documentation Centre (IBFAN-ICDC) in its periodic global monitoring report *Breaking the Rules, Stretching the rules*.<sup>5</sup>

Periodic assessment is essential to measure the level of compliance with the Code and national laws, assess trends in the marketing of breast-milk substitutes, and prioritize key issues to be addressed with strengthened legislation, interventions, and funding. Therefore, the Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent relevant World Health Assembly Resolutions (NetCode) has developed this toolkit for periodic assessment. Its purpose is to stimulate the conduct of periodic assessments of the Code and national laws by providing protocols, guidance and tools.

## BOX 1. AS BABY MILK SALES CONTINUE TO GROW THE CODE IS AS RELEVANT AS EVER

Today, the Code is as relevant as ever, as the commercial market for breast-milk substitutes is large, growing and resilient to market downturns. In 2014, global sales of all baby milk formula were about US\$44.8 billion and projected to reach \$70.6 billion by 2019.<sup>6</sup> Aggressive and inappropriate marketing of breast-milk substitutes, and other food products that compete with breastfeeding, continue to undermine efforts to improve breastfeeding rates. As such, Code implementation, monitoring and enforcement remains a vital tool to ensure mothers are able to make infant feeding decisions free of market influences.

<sup>1</sup> WHO recommends that infants are exclusively breastfed for 6 months and continue to be breastfed for 2 years or more with complementary foods introduced at 6 months.

<sup>2</sup> The International Code and subsequent resolutions are collectively referred to as 'the Code'.

<sup>3</sup> The term 'national laws' is used to cover all national measures intended to implement the Code, including primary legislation (Acts) and secondary legislation (regulations). Although voluntary codes are not considered adequate for full implementation of the Code, this toolkit can still be used for the monitoring and assessment of voluntary measures.

<sup>4</sup> WHO, UNICEF, IBFAN. *Marketing of Breast-milk Substitutes: National Implementation of the International Code Status Report 2016*. Geneva: World Health Organization; 2016.

<sup>5</sup> *Breaking the Rules, Stretching the Rules 2017*. Penang: IBFAN-ICDC; 2017. (<https://www.ibfan-icdc.org/ibfan-icdc-launches-its-11th-global-monitoring-report-breaking-the-rules-stretching-the-rules-2017/>, accessed 18 September 2017).

<sup>6</sup> Rollins NC, Bhandari N, Hajeerhoy N, et al. Why invest, and what it will take to improve breastfeeding practices? *Lancet*. 2016;387:491-504. DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)01044-2](http://dx.doi.org/10.1016/S0140-6736(15)01044-2)

Monitoring of the Code is essential to detect violations, report them to the appropriate adjudicating body and enable existing enforcement mechanisms to effectively intervene to stop actions that do not comply with the Code and national laws. Therefore, the Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent relevant World Health Assembly Resolutions (NetCode) has developed this toolkit for an ongoing monitoring system. Its purpose is to reinvigorate and reinforce ongoing monitoring of the Code and national laws by providing protocols, guidance and tools.

## BOX 2. INTERNATIONAL COMMITMENTS, HUMAN RIGHTS LAW AND THE CODE

Multiple international commitments, declarations and recommendations have reinforced the importance of protecting breastfeeding through Code implementation, monitoring and enforcement. These include the *Innocenti Declaration (1990)*, the WHO/UNICEF *Baby Friendly Hospital Initiative (1991)*, the WHO/UNICEF *Global Strategy for Infant and Young Child Nutrition (2002)*, the World Health Organization *Comprehensive Implementation Plan for Maternal Infant and Young Child Nutrition (2012)* and the *Second International Conference on Nutrition Framework for Action (2014)*. Breastfeeding also contributes to many of the Sustainable Development Goals adopted by the United Nations in 2015.

The Code protects human rights, including children's rights to life, survival and development, the right to health, the rights to safe and adequate food and nutrition and the right of women to full and accurate information on which to base decisions affecting their children's health. These rights are set out in international human rights treaties, such as the *Convention on the Rights of the Child*, the *Convention on the Elimination of All Forms of Discrimination Against Women* and the *Covenant on Economic, Social and Cultural Rights*. Implementation of the Code will help Member States, as parties to these treaties, meet their obligations to respect, protect and fulfill the rights set out in these instruments. In 2016, the United Nations Office of the High Commissioner for Human Rights referred to breastfeeding a matter of human rights, urging action on formula milk.<sup>7,8</sup>

## UNDERSTANDING THE CODE

The Code prohibits any form of promotional activity, including advertising, of products within its scope. It also promotes appropriate infant and young child feeding practices with the protection of breastfeeding (See Box 3 for a 10-point summary of the Code).

<sup>7</sup> Joint statement by the UN Special Rapporteurs on the Right to Food, Right to Health, the Working Group on Discrimination against Women in law and in practice, and the Committee on the Rights of the Child in support of increased efforts to promote, support and protect breast-feeding. Geneva: Office of the UN High Commissioner on Human Rights; 2016. (<http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20871&LangID=E>, accessed 18 September 2017).

<sup>8</sup> See <http://www.who.int/nutrition/netcode/en/> for more information on how the Code relates to international human rights law.

### BOX 3. THE CODE: A 10-POINT SUMMARY (ADAPTED FROM IBFAN-ICDC'S SUMMARY<sup>9</sup>)

- 1. Aim** To contribute to the provision of safe and adequate nutrition for infants by the protection and promotion of breastfeeding and the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.
- 2. Scope** Applies to **breast-milk substitutes** or any food being marketed or otherwise represented as a partial or total replacement for breast milk. This includes:
  - Infant formula
  - Follow-up formula (sometimes referred to as 'follow-on milk')
  - Growing-up milk
  - Any other milk for children 0 to < 36 months
  - Any other food or liquid targeted for infants under 6 months of age
  - Feeding bottles and teats
- 3. Promotion** No advertising or promotion of above products to the public. No nutrition or health claims on products.
- 4. Samples** No free samples to mothers, their families or health-care workers.
- 5. Health-care facilities** No promotion of products, i.e. no product displays, posters, calendars or distribution of promotional materials. No use of mothercraft nurses or similar company-paid personnel.
- 6. Health-care workers** No gifts or samples to health-care workers. Financial support and incentives should not create conflicts of interest.
- 7. Supplies** No free or low-cost supplies of breast-milk substitutes to any part of the health-care system.
- 8. Information** Information and education materials must explain the benefits of breastfeeding, the health hazards associated with bottle feeding and the costs of using infant formula. Product information must be factual and scientific. Governments to avoid conflicts of interest so materials under infant and young child programmes should not be sponsored by companies.
- 9. Labels** Product labels must clearly state the superiority of breastfeeding, the need for the advice of a health-care worker and a warning about health hazards. No pictures of infants, other pictures, or text idealising the use of infant formula. Labels must contain the warning that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately. Labels on complementary foods should not cross-promote breast-milk substitutes, should not promote bottle feeding, and should state the importance of continued breastfeeding
- 10. Quality** Unsuitable products, such as sweetened condensed milk, should not be promoted for babies. All products should be of a high quality (Codex Alimentarius standards) and take account of the climatic and storage conditions of the country where they are used.

For the full text of Code and resolutions, see: <http://www.who.int/nutrition/netcode/resolutions/en/>.

<sup>9</sup> Breaking the Rules, Stretching the Rules 2017. Penang: IBFAN-ICDC; 2017. (<https://www.ibfan-icdc.org/ibfan-icdc-launches-its-11th-global-monitoring-report-breaking-the-rules-stretching-the-rules-2017/>, accessed 18 September 2017).



The scope of the Code is set out in Article 2, which explains that, beside breast-milk substitutes, other milk products, foods and beverages fall under the scope if they are promoted or marketed in a way to undermine breastfeeding. Over the years this has been clarified by various World Health Assembly Resolutions and, most recently, by WHO *Guidance on ending the inappropriate promotion of foods for infants and young children*<sup>10</sup> approved by the Sixty-ninth World Health Assembly in Resolution WHA69.9 in 2016.

**The list of relevant products covered by the Code includes:**

**a. Infant formula.**

This includes milk or milk-like formulation that can be fed to infants from birth and prepared in accordance with relevant international or national standards. The upper age indication on the product label varies from country to country but is usually between 6 and 12 months. There are various types of infant formula. These include “special” formulas such as soy formula, lactose-free formula, low-birth-weight/premature formula and therapeutic milks.

**b. Follow-up formula (sometimes referred to as “follow-on milk”).**

This includes milk or milk-like formulations commonly marketed for babies from 6 months of age and prepared in accordance with relevant international or national standards. The upper age indication on the product label varies from country to country but is usually between 12 and 24 months. WHO’s *Guidance on ending the inappropriate promotion of foods for infants and young children* is clear that follow-up formula is covered by the Code and should not be promoted. Since breastfeeding is recommended to continue for 2 years or beyond, this product always replaces breast milk.

**c. Growing-up milk (sometimes called “growing-up formula”, “toddler milk” or “formulated milk”).**

These products are targeted at infants and young children from 1 year old (sometimes younger) to 3 years old. Often, the product name is similar to a company’s formula products, with a figure “3” added on. Where growing-up milks are marketed as suitable for feeding young children up to the age of 36 months, they fall under the Code definition of breast-milk substitute, as set out in WHO Guidance, since WHO recommends that breastfeeding should continue for up to 2 years or beyond.

**d. Any other milk for children 0 to < 36 months.**

The Guidance approved by WHA 69.9 clarifies that any other milk (or products that could be used to replace milk, such as fortified soy milk), in either liquid or powdered form, that may be available in the country and are specifically marketed for feeding infants and young children (0 to < 36 months) should be considered as breast-milk substitutes and will be covered by the Code.<sup>11</sup>

**e. Any other food or liquid targeted for infants under 6 months of age.**

Since resolution WHA 54.2, from 2001, recommends exclusive breastfeeding for 6 months followed by safe and appropriate complementary foods with continued breastfeeding for up to 2 years or beyond, any food product represented as suitable for infants under 6 months necessarily replaces breast milk. This would include complementary foods marketed as suitable from 4 months. All such products are within the scope of the Code.

**f. Feeding bottles and teats are also covered by the Code.**

This includes feeding bottles attached to breast pumps and other types of vessels for feeding of infants comprising of a container and a teat.

<sup>10</sup> Guidance on ending the inappropriate promotion of foods for infants and young children. Geneva: World Health Organization; 2016. (See [http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_7Add1-](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-))

<sup>11</sup> Guidance on ending the inappropriate promotion of foods for infants and young children. Geneva: World Health Organization; 2016. (See <http://www.who.int/nutrition/topics/guidance-inappropriate-food-promotion-ivc/en/>) as approved by WHA Resolution 69.9

### **g. Complementary foods or liquids for infants and children from 6 to 36 months.**

Complementary foods marketed for use after the age of 6 months generally fall outside the scope of the Code. At the same time, WHA 69.9 calls on Member States to implement WHO's *Guidance on ending the inappropriate promotion of foods for infants and young children*, which covers foods that are marketed as being suitable for infants and young children from the age of 6 months to 36 months. It is also important, therefore, to monitor how marketing of these products is done. The Guidance stipulates that complementary foods should not be promoted in a way to cross-promote breast-milk substitutes, should not recommend or promote bottle feeding, should state the importance of continued breastfeeding for up to 2 years and beyond, and should not discourage breastfeeding.

## **A TOOLKIT FOR ONGOING MONITORING AND PERIODIC ASSESSMENT OF THE CODE**

The toolkit for ongoing monitoring and periodic assessment of the Code is comprised of two protocols.<sup>12</sup>

### ***Periodic Assessment Protocol***

The protocol in this document describes the conduct of a periodic assessment (every 3 to 5 years) to quantify the level of compliance with national laws and the Code, and identify gaps and issues that will need to be addressed through policy and legislative measures, programming and investments. The specific objectives of the periodic assessment are to:

- assess quantitatively the level of compliance with the provisions of the Code and national measures;
- assess trends and changes in compliance over time;
- identify priority areas for Code implementation and enforcement work; and
- reveal gaps and limitations of national laws.

### ***Ongoing Monitoring System Protocol***

The protocol for setting up an ongoing government-run monitoring system is described in a separate document available at (<http://www.who.int/nutrition/netcode/en/>). Ideally integrated into existing regulatory and enforcement systems, an ongoing monitoring system continuously monitors adherence to the Code in a systematic and sustainable way so as to take immediate enforcement action. The specific objectives of the ongoing monitoring system are to:

- detect violations of the national laws and/or the Code;
- document and report such violations;
- investigate and validate whether the reported activities are indeed violations;
- activate an enforcement mechanism that would stop such violations and deter future violations; and
- hold manufacturers, distributors, retail outlets, the health-care system and health-care workers to account for their breeches of national laws and/or the Code.

Findings and results from implementation of either protocol can be used to advocate for the strengthening of existing legislative and regulatory frameworks. They can also be used to identify and make public information on manufacturers, distributors, retail outlets and health care facilities that fail to comply with the Code and national laws.

<sup>12</sup> Several protocols have been used to monitor the adherence to the Code. In 1999, a Standard IBFAN Monitoring Kit (SIM) was developed by IBFAN and has been widely used globally. In 2003, SIM evolved into its current form – the Code Monitoring Kit (CMK), with the latest edition launched in August 2015. In 1996, WHO published a Common Review and Evaluation Framework (CREF). The Interagency Group on Breastfeeding Monitoring (IGBM) has also developed a protocol for systematic monitoring of the Code. This Tool Kit is intended to replace both the CREF and IGBM protocols.

Each protocol is accompanied by a set of guidelines and tools to support implementation and is available at <http://www.who.int/nutrition/netcode/en/>. This toolkit is intended to evolve over time and new tools will be added, so visit the site regularly for the latest updates and additions.

## HOW TO CHOOSE WHICH PROTOCOL TO USE

The two protocols in this toolkit, while complementary, are designed to be used independently. While they can both be used at the same time, it is more likely that countries will decide initially to implement one or the other. Which one to initially implement will differ from country to country, depending on their specific context, resources and need for information.

Implementation of *ongoing monitoring* has the advantage that it can lead to immediate results, if violations are identified, verified and enforcement action taken. It also requires active government involvement at the onset as, by default, it must be embedded within existing systems related to the control and regulation of customs, food and advertising, among others. When government officials are involved in data collection they are more empowered to act when violations are identified and verified. In many countries, food and health inspectors are able to take immediate action, such as removal of a product or promotional material when observing a violation. Setting up ongoing monitoring will entail investment of time and resources at the onset in order to get the system up and running; however, it has the advantage of being sustainable once it becomes part of a government's core function. Another advantage is that ongoing monitoring may improve compliance with the Code and national laws by manufacturers, distributors and the health sector as they become aware of its existence. For countries that are just adopting national laws, it is good practice to plan and set up an ongoing monitoring system as part of the initial implementation of the legislation.

Implementation of *periodic assessment* has the advantage of providing quantitative estimates of violations so as to get an overall picture of the situation with respect to Code compliance. This snapshot of compliance—or lack of compliance—with the Code can be used to advocate to national authorities for strengthening Code laws and enforcement and/or budgets to strengthen ongoing monitoring. In addition, by using consistent methods, periodic assessments enable trends in Code compliance to be tracked over time. Periodic assessments can be useful to establish a baseline at the time of new laws being introduced. Periodic assessments typically require the presence of an academic institution or non-governmental organization (NGO) with experience in conducting field assessments. Use of the periodic assessment protocol is likely to be particularly useful when a country does not have national legislation, as the report generated can be used to advocate for a Code law.

It is recommended that countries have an ongoing monitoring system accompanied by periodic assessments, since they serve different purposes. Even when an ongoing monitoring system is fully functional, periodic assessments can provide a broader picture of compliance with the Code and national laws, as well as inform on the extent to which the ongoing system is working as planned.

## INTENDED USERS

The toolkit is primarily intended for government agencies and institutions working in the area of maternal infant and young child nutrition and/or regulation of marketing and promotion of breast-milk substitutes and other foods and liquids for infants and young children.

At the same time, it is envisaged that international and national organizations, public-interest civil society groups with no conflicts of interest, working in the area of maternal, infant and young child nutrition will use it for their monitoring activities.

The remainder of this document outlines in detail how to implement the Periodic Assessment Protocol.



# OVERVIEW OF THE PROTOCOL FOR PERIODIC ASSESSMENT

**T**his protocol for periodic assessment provides procedures, processes and tools that help the country assess the level of adherence to the Code and/or national laws in different settings. The assessment targets several critical stakeholders – mothers, retailers, health workers, health facilities and media channels.

As with the ongoing monitoring system, the overall goal of the periodic assessment is to stop all promotional activities related to the marketing of breast-milk substitutes, feeding bottles and teats. (See background section for the specific objectives and more detail on when use of the Periodic Assessment Protocol is appropriate).

The results/findings of the assessment will help support and inform national and sub-national policy, legislative development and improvement processes, as well as to plan for policy and legislative reviews or amendments. They will also feed into lobbying and advocacy for coordination and support from other concerned agencies, and for increased resources and attention to breastfeeding promotion, protection and support.

## **FREQUENCY**

The full assessment should be conducted every three to five years.

## **LOCATION**

It is recommended that the study be conducted in the capital or largest city of the country. This is because marketing of breast-milk substitutes is unlikely to be more common in other parts of the country than in the major cities. Extending the study to other parts of the country would increase sample size (if there is an intent to compare different areas), drive up costs and make the study logistics more complex. However, if resources are available, some countries may wish to add additional study sites to demonstrate the widespread nature of the marketing problems.

## **PRODUCTS COVERED BY THE ASSESSMENT**

The products covered by the Code are set out in background section Additional products covered by national laws can be added to the list in order to expand the scope of the assessment. The terms ‘relevant products’ and ‘baby milks and other baby food products’ are used in this protocol to refer to that list of products covered by the scope of the assessment.

## **KEY CHANNELS AND/OR RESPONDENTS TARGETED IN THE ASSESSMENT**

There are a number of key groups and settings to target with the assessment:

### ***Mothers of children under 24 months***

Mothers with at least one child less than 24 months old will be a primary respondent for the assessment. This will help identify the type of marketing and promotional activities to which mothers are exposed.

### ***Health facilities***

Health professionals from public and private sectors will be a primary group targeted. These will be selected as respondents from health centres and maternity facilities(private and public) that see/receive at least 10 mothers, and for the health centres with at least one child less than 24 months old on a given day.

### ***Retail***

Retailers selling products covered by the Code will be selected to be part of the assessment. This will help document the type and extent of promotional activities currently being carried out at point of sale.

**Media**

Analysis of TV and internet-based advertisements broadcast/promoted by the national TV (government and private) and internet-based channels and on the internet during the six months preceding the conduct of the assessment. The review will help identify the type of products promoted, frequency and quantity of such promotions, and the type of promotional messages being broadcasted.

**PLANNING AND PREPARING AN ASSESSMENT**

Two steps are considered critical for the preparation and conduct of the assessment—namely, planning and costing.

Table 1 presents the main steps necessary for the development, finalization and actual conduct of the assessment. Countries may decide to add more steps and could, potentially, break each of the proposed steps down further. The aim is to ensure that the country has a guide to which particular aspects of the work need to be completed, and by when.

**Table 1 Developing a timeline for the steps to prepare the assessment**

Steps/Phases	Week														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<b>General preparation</b>															
Advocacy meetings with decision-makers															
Adapt protocol to country setting															
Plan for the assessment															
Cost the assessment															
Seek resources for the assessment															
Identify/Recruit assessment team															
Translation of tools															
Request Institutional Review Board approval															
Procure technology															

*Continued over*

Steps/Phases	Week														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<b>Data collection in health facilities (health centres and maternity facilities)</b>															
Pretest questionnaires															
Select sample of health facilities															
Obtain facilities approval															
Capacity building for assessment team															
Conduct data collection															
Desk review of promotions observed															
Data processing and analysis															
<b>Observations in retail outlets</b>															
Pretest questionnaires															
Select large retail outlets															
Capacity building for assessment team															
Conduct data collection															
Desk review of promotions observed															
Data processing and analysis															



Steps/Phases	Week														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<b>Analysis of product labels</b>															
Pretest listing form															
Select stores to make purchases															
Purchase products															
Desk review of labels															
Data processing and analysis															
<b>Media studies</b>															
Contract with media monitoring company															
Data collection on television promotions															
Data collection on internet promotions															
Data processing and analysis															
<b>Reporting results</b>															
Report writing															
Report finalization															
Report printing															
Dissemination workshop/planning session															
Report distribution															

## ESTIMATING THE COSTS

It is necessary to assess the costs of the assessment in order to (a) identify all the needs and requirements to ensure a successful assessment, and (b) be able to seek resources from within government, donors and other development partners.

To estimate the budget required for an assessment, countries have to identify all the costs involved. These include, but are not limited to:

1. salary of consultant(s)/contractors to coordinate data collection;
2. salaries and per diem of the members of the assessment team and other staff involved;
3. transport for the assessment team and other staff involved;
4. equipment and vehicles;
5. costs of obtaining ethical approval, etc;
6. cost of translations;
7. cost of supplies and materials;
8. purchase of products in the scope of the protocol;
9. cost of printing and photocopying;
10. cost of presentations and dissemination activities;
11. administrative costs;
12. overheads;
13. contingency for emergencies/unforeseen expenses.

The World Breastfeeding Costing initiative tool provides a comprehensive platform that could facilitate the costing exercise at the country level.

### COUNTRY EXAMPLE: USE OF NETCODE PROTOCOL TO CONDUCT AN ASSESSMENT IN TWO STATES IN MEXICO

Mexico was the first country to implement the NetCode assessment protocol to measure compliance with the Code and national laws. It was carried out by the Secretary of Health in collaboration with the National Institute of Public Health and Pan American Health Organization/World Health Organization. Because of the large size of the country and interest of the government in conducting the assessment in more than one site to identify possibly difference in compliance, it was carried out in a number of municipalities in the states of Chihuahua and Puebla.

## ETHICS AND ETHICAL APPROVAL

Before an assessment can be carried out, it is important to get all the official approval and authorization that is required. This can include approval by government and clearance from international agencies that are involved in the study. Ethical approval is necessary to protect study participants and to ensure that the whole research process meets the highest ethical standards.

When planning the assessment, it is important to allow enough time for ethical clearance from the national authority. Depending on the specific country, this may take several weeks or even months. At the same time, it is crucial to make sure that the necessary resources to seek and secure such clearances are secured, depending on the fees and costs in the country.



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# A – MOTHERS AND HEALTH FACILITIES MODULE



**T**he first component of this assessment is to measure the level of marketing of breast-milk substitutes and other relevant products as perceived by mothers, the degree of interaction between breast-milk substitute companies and health professionals, and the presence of promotional materials in health facilities. Assessment of mothers and health facilities are grouped together in this module because of overlap in the study design – mothers are to be sampled at some health facilities.

## OBJECTIVES

There are three main objectives for the assessment of mothers and health facilities:

1. to assess the prevalence of exposure among mothers with children under 24 months to marketing of relevant products through key channels such as health facilities, retailers, media and direct contact with companies;
2. to assess the prevalence of interactions between health professionals and representatives of companies that sell relevant products; and
3. to assess the quantity and content of promotional materials found at both public and private health facilities.

## INDICATORS

Suggested indicators, corresponding to the objectives as well as to the data that can be collected from this assessment, are listed in Table 2.

The first set of indicators measures the prevalence of different marketing experiences of relevant products as reported by mothers. The second set of indicators measures the prevalence of different contacts made by companies selling any relevant products as experienced by health facilities. The third set of indicators measures the prevalence of different promotional materials associated with companies selling any relevant products as found at health facilities.

**Table 2** Suggested indicators for mothers and health facilities assessment

Suggested indicators	
<b>Mothers – exposure to promotions inside and outside health facilities</b>	<p>Prevalence (%) of mothers reporting that they had...</p> <ul style="list-style-type: none"> <li>• been advised to feed any milk products to her child other than breast milk;</li> <li>• been advised to feed her child any other food or drink products;</li> <li>• heard and/or seen promotion related to any milk products or feeding bottles and teats or companies that sell these products at the health facility sampled;</li> <li>• heard and/or seen a promotion or message at a source other than the health facility related to any baby milk products or feeding bottles and teats or companies that sell these products;</li> <li>• been a member of any online social groups for mothers and other care-givers such as baby clubs or parenting groups organized or sponsored by a company that sells any baby food or drinks;</li> <li>• participated in any online events or activities for mothers and other care-givers such as such as photo contests and promotional sales on e-commerce platforms organized or sponsored by a company that sells any baby food or drinks;</li> <li>• been a member of any in-person social groups for mothers and other care-givers such as baby clubs or parenting groups organized or sponsored by a company that sells any baby food or drinks for children;</li> <li>• attended any events or activities for mothers and other care-givers such as baby fairs/ festivals or community classes organized or sponsored by a company that sells any baby food or drinks;</li> <li>• received at least one sample of any baby milk products;</li> <li>• received at least one coupon of any baby milk products or feeding bottles;</li> <li>• received any gifts from someone other than a family member or a friend which may promote the use of a product covered or bottle feeding.</li> </ul>

## Suggested indicators

### Health facility staff

Prevalence (%) of health facility staff reporting that the companies selling any relevant products had contacted them...

- at least once;
- to provide promotional materials for distribution to mothers and other care-givers;
- to provide other informational/ educational materials for distribution to mothers and other care-givers;
- to provide samples for distribution to mothers and other care-givers;
- to provide gifts for distribution to mothers and other care-givers;
- to provide coupons for distribution to mothers and other care-givers;
- to provide promotional materials for use of health facilities/staff;
- to request for display and other promotional activities in the facility;
- to seek direct contact with mothers and other caregivers;
- to seek direct contact with facility staff;
- to make offers for free supplies of breast-milk substitutes;
- to make offers for donations of equipment;
- to make offers for sponsored events or workshops for health facility/staff;
- to make offers for invitation and/or support for staff to attend events/ workshops outside the health facility.

Results should be shown by type of health facility (health center vs. maternity facility) and ownership of health facility (public vs. private).

### Health facilities – Promotional and informational or educational materials

Prevalence (%) of health facilities where promotional materials related to infant and child feeding are found:

- to be related to companies selling any foods or drinks to 0-23 month-olds; or
- to mention any proprietary products for children less than 36 months old.

Prevalence (%) of informational or educational materials found at health facilities not meeting...

- each individual criterion in Article 4 of the Code.

Results should be shown by type of health facility (health center vs. maternity facility) and ownership of health facility (public vs. private).



## SAMPLING PROCEDURE

The protocol includes assessments in two different samples of health facilities:

- **33 health centres providing well-baby/well-child services** – this assessment in health centres, clinics or similar facilities will include interviews with mothers, interviews with health professionals and recording the presence of promotional materials in the facility.
- **10 maternity facilities** – This assessment will include interviews with health professionals and recording the presence of promotional materials in the facility, but will not include interviews with mothers.

For the sampling, therefore, it is important to note that two different master lists – one for health centres and a second one for maternity facilities – are needed.

### *Sampling health centres providing well-baby care*

A two-step approach is recommended to sample health centres and mothers. Firstly, 33 health centres (or similar facilities) that provide well-baby care are selected by probability proportional to size using a list frame that contains all health centres offering well-child services in the largest city of the country. Centres that only care for sick children (e.g. hospitalized children, emergency rooms, or sick clinics) are not included. Then, five mothers with children under 6 months and five mothers with children between 6 and 23 months are sampled by stratification from each selected health centre, giving a total sample size of 330 mothers.

Use of a list frame with utilization rates is recommended for sampling health centres offering well-child services in the largest city of the country. Probability Proportional to Size (PPS) sampling is then based on this list of health centres (public and private) in the city to select 33 health centres with probability proportional to facility size (the indicator for facility size is chosen based on attributes available in the respective country; the ideal would be utilization rates for child health services). It should be noted that some centres may be sampled more than once from the frame. So they are counted multiple times in the 33 health centre sample.

The master list of health centres that offer well-child services in this city should be as complete, accurate and up-to-date as possible, with basic information needed for this protocol including facility name, location, type (hospital, clinic, post, etc.), ownership (public versus private) and utilization rate for child health services. For countries with such an ideal health centre list for this city, they can directly proceed to PPS sampling based on the available attribute for facility size. However, in reality, most countries do not have a complete listing of both public and private health centres and/or do not have all the necessary information available for the health centres prior to sampling.

In order to develop and/or refine a master list of health facilities there are a number of issues to address:

- defining which health centres to include in the master list;
- identifying existing data sources – what lists of health facilities are already available;
- assessing the quality of existing lists (appropriateness to population of interest, completeness, adequate information on each facility, up to date information);
- filling in gaps – collecting missing information for health facilities; and
- adding missing facilities to the list.

In some countries, it may be difficult to obtain lists of private health centres, or the lists may have no information on size. In these cases, PPS sampling will be impossible. In this case, a convenience sample of private health centres would be preferable to leaving them out entirely. It is important to include private centres in proportion to the percentage of infants and young children that are attended in such centres.

Annex 1 provides more detail on the above issues and how to address them in order to develop a master list for sampling health centres.

Once the master list of all health centres, together with their unique identifier numbers, is complete, it can be used, with the indicator selected for facility size, to conduct PPS sampling for health centres. Specific steps are described in Annex 2.

There are some important points to note:

- If a centre is chosen twice (or  $n$  times), then 20 (or  $10*n$ ) mothers will be selected from this centre, instead of 10.
- If a selected centre cannot be interviewed (e.g., if the centre is too small to find the required number of mothers or where the health centre is closed), this centre should be replaced by removing all of the health centres already in the sample from the list of centres and selecting another centre using PPS among the remaining centres.

### ***Sampling mothers of children under 24 months old within health centres***

A total of 330 mothers of children under 24 months old should be sampled from the 33 selected health centres providing well-child services. This sample size of 330 (10 mothers per centre) is needed to detect prevalence of mothers' exposure to promotions of 10% with 95% confidence interval, 5% margin of error and a design effect of 2.0.

A stratified sampling procedure is used to select equal number of mothers with children of two age categories below:

1. 165 mothers with children under 6 months old: five mothers in each of the 33 health centres;
2. 165 mothers with children of 6 months old and up to 23 months: five mothers in each of the 33 health centres.

During the data analysis stage, the sample can be weighted to be representative of the city, assuming a flat birth rate over the past two years.

### ***Sampling maternity facilities***

It is recommended that for maternity facilities, information on health professionals, relevant product promotion and educational material at those health facilities be collected. For this module of the protocol, the 10 largest maternity facilities that attend births are selected using a list that contains all maternity facilities (including public and private) offering birth attendance services in the largest city of the country.

The master list of maternity facilities that offer child-birth services in this city should be as complete, accurate and up-to-date as possible, with basic information including maternity facility name, location, type (hospital, clinic, post, etc.), ownership (public versus private) and number of births.

### ***Sampling health professionals within health centres and maternity facilities***

A total of 129 health professionals should be sampled from the 43 selected health facilities (33 health centres and 10 maternity facilities). Three health professionals should be interviewed in each facility: the clinic director of the clinic or hospital department (or in large clinics, the head of the child health or maternity department), a physician and either a nurse or midwife.

## **DATA COLLECTION**

To collect the data, teams of two enumerators per health facility are recommended. In addition, one supervisor per team of enumerators is recommended to interact with health facility staff, organize the selection of mothers, collect and review questionnaires as they are completed, and keep track of age categories (for health centres only) and number of completed interviews at each facility.

After obtaining permission in advance, two or three sets of data collection should take place in each facility.

- 1)** In health centres only, interviews with five mothers of children under 6 months old and five mothers of children 6-23 months old (see Form 1).
- 2)** Interviews with three health facility representatives (see Form 2). These interviews should be conducted separately to ensure independent responses from each person.
- 3)** Observation of promotions and informational or educational materials at the health facility (Form 3). Any equipment or materials bearing the logo or name of manufacturers or brands of relevant products should be captured on the form. Each item should either be photographed or a sample taken.

Data collection for each selected facility should occur on a single day. In the health centres, depending on patient flow and the schedules of the health facility staff, the three staff interviews may occur before or after the mother interviews, or interspersed between mother interviews. While the observation form can be started at any point during the visit to the health facility, it should be completed after all interviews are done so that any materials mentioned by mothers or staff can be recorded.

Specific steps and instructions for enumerators on data collection of the three assessments at the health facilities are detailed in the interviewers' manual in Annex 3.

## **DESK REVIEW OF MATERIALS**

Promotional and informational or educational materials from health facilities should be analysed in the central office (desk review). A single analyst should examine the pictures and copies of materials obtained during data collection and complete a careful review for each item according to Form 4. In this checklist, there are criteria for all materials and additional criteria for materials that mention certain types of products.

Furthermore, criteria relating to the respective national laws should be added to the checklist. The results of the desk review should then be entered to generate a dataset.

## DATA ENTRY AND QUALITY CONTROL

Data recording may occur on paper-based data collection forms, with data-entry occurring in the office later. Alternatively, mobile data collection using tablets or smart phones is an option. Annex 4 shows a template XLSForm which has been developed for the mothers' questionnaire (Form 1) and can be downloaded separately from the toolkit web page (<http://www.who.int/nutrition/netcode/en/>). The same XLSForm form standard (<http://xlsform.org/>) can be applied to transform the other paper-based forms into electronic forms if necessary.

A number of popular data collection platforms (e.g., KoBo ToolBox, ODK, ONA) support XLSForms. KoBo Toolbox ([www.kobotoolbox.org](http://www.kobotoolbox.org)) is one platform used to convert the XLSForms for data collection on mobile devices such as smart phones or tablets. There are two ways to collect data on mobile devices using the KoBo platform. Firstly, the KoBoCollect Android app can be used on Android mobile devices after entering the URL of a data collection form generated by KoBo Toolbox. Secondly, any devices (e.g., smartphones and tablets) can collect data on a webpage via any browsers using a link to a form generated by KoBo Toolbox. Both data collection methods can operate offline, and the data can be uploaded at a later time when an internet connection is available.

Data quality control, consistency checking and documentation of corrections should be in place to reduce errors during data entry. Then transferring, merging, cleaning, and other data preparation should be performed in preparation for data analysis. Additional references are available, if necessary, to provide details of quality control processes and other data entry tools (e.g., EpiInfo,<sup>1</sup> CSPro<sup>2</sup>).<sup>3</sup>

## DATA ANALYSIS AND INTERPRETATION

All three datasets should be generated and cleaned for data analysis:

- interview responses from mothers;
- interview responses from health professionals; and
- desk review of promotional materials from health facilities (pictures and copies).

Most of the interview responses with mothers and health workers should be ready for analysis after data quality control/entry.

The three datasets should be exported to a preferred statistical software package (e.g., Epi Info, STATA, SAS, SPSS) for data analysis. Special attention should be paid to the following points during data analysis.

- Application of weighting for the sample of mothers if necessary.
- Possible ways to break down the indicators for more detailed analysis (e.g., by type of product, by type of health professional, type of health facility, by brand). See Annex 5 for suggestions for breakdown by indicator.

In analysing the compliance with Code criteria for informational and educational materials, it is important to note that some criteria are worded in terms of what should be in such materials and others in terms of what should not be in them. The responses on Form 4 that are in compliance with the Code are shown in Table 3.

<sup>1</sup> See <https://www.cdc.gov/epiinfo/index.html>

<sup>2</sup> <https://www.census.gov/population/international/software/cspro/index.html>

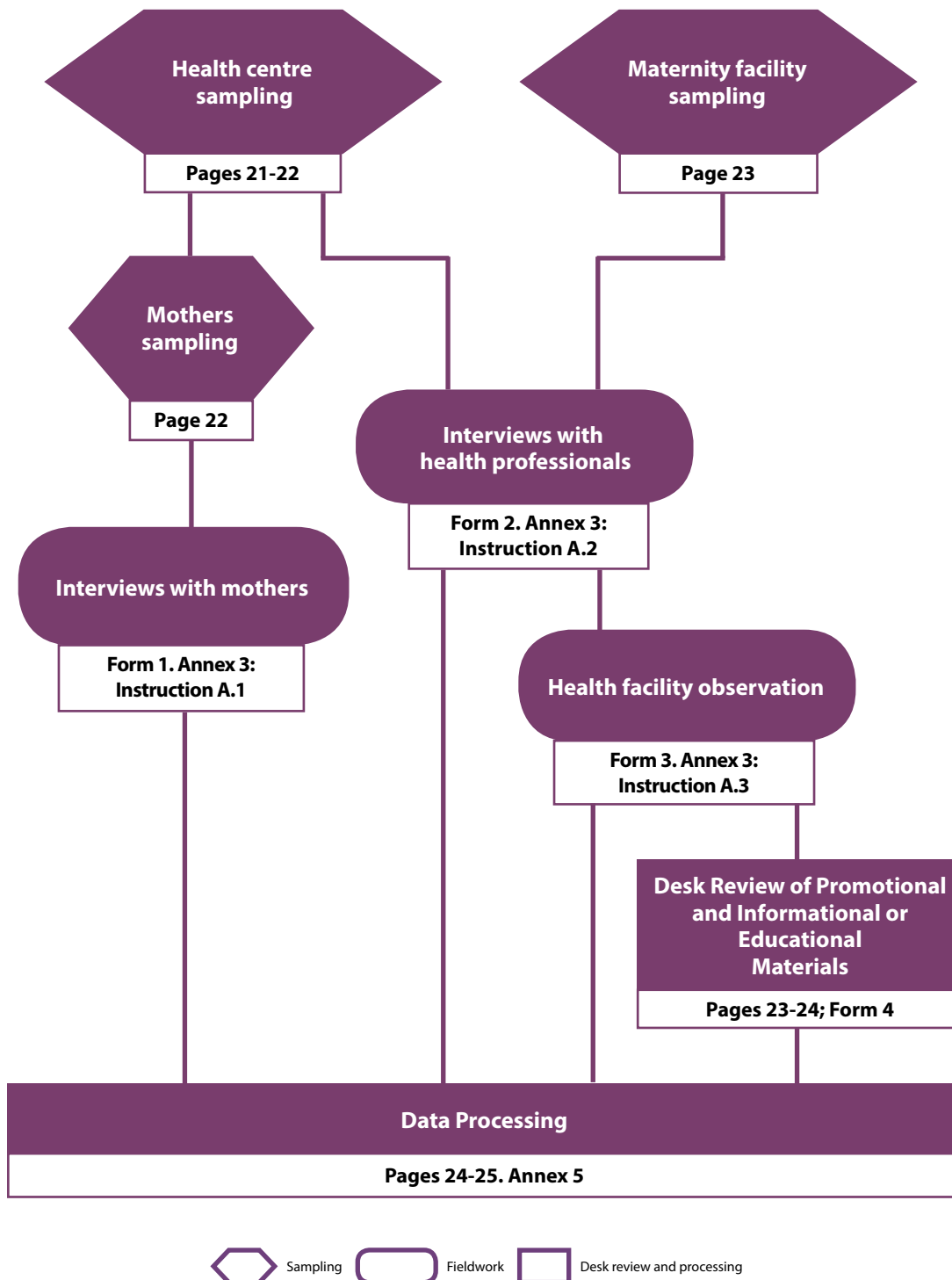
<sup>3</sup> See, for example, <http://mics.unicef.org/tools?round=mics5#data-processing>

**Table 3. Code-compliant responses to information and educational materials collected at health facilities**

Question from Form 4	Code-compliant response
10.1 Contains clear information on the benefits and superiority of breastfeeding	Yes
10.2 Contains clear information on maternal nutrition	Yes
10.3 Contains clear information on the preparation for and maintenance of breast-feeding	Yes
10.4 Contains clear information on the negative effect on breastfeeding of introducing partial bottle-feeding	Yes
10.5 Contains clear information on the difficulty of reversing the decision not to breastfeed	Yes
10.6 Contains information that implies or creates a belief that breast-milk substitute products are equivalent or superior to breast milk	No
10.7 Contains text or images that may discourage or undermine breastfeeding	No
10.8 Recommends any food or drink products for infants under 6 months old	No
10.9 Includes invitation to make contact (direct or indirect) with the company	No
10.10 Contains promotional devices to induce sales of its products	No
11.1 Contains clear information on the social and financial implications of baby milk use	Yes
11.2 Contains clear information on the health hazards of inappropriate foods or feeding methods	Yes
11.3 Contains clear information on the health hazards of unnecessary or improper use of baby milk products	Yes
11.4 Contains text or images that may idealize the use of breast-milk substitutes	No
12.1 Includes a statement on the importance of continuing breastfeeding for at least 2 years	Yes
12.2 Contains a statement on the importance of not introducing complementary foods before 6 months of age	Yes
12.3 Suggests that complementary foods can be fed with a bottle	No
12.4 Contains information that implies or creates a belief that complementary foods are equivalent or superior to breast milk	No
13.1 Contains non-scientific, not factual matters	No

## SUMMARY/WORK FLOW CHART

This section has described the various steps to design and carry out the assessment among mothers and in health facilities. The chart below illustrates the topics addressed and shows for each step the corresponding page numbers and references to the relevant Forms and other Annexes.





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# **B** – RETAIL AND LABEL MODULE

The second component of the assessment is to assess the extent of promotions at retail outlets and to assess product labels.

## OBJECTIVES

There are two objectives of the retail module:

- to assess the extent of promotions related to relevant products seen at retailers; and
- to assess the compliance of product labels with the Code and national laws.

## INDICATORS

The suggested indicators for the retail module are shown in Table 4.

**Table 4 Suggested indicators for retail promotions and labels**

Promotions	Labels
Prevalence (%) of promotions associated with products covered under the scope at retail outlets.	Prevalence (%) of product labels that violate applicable criteria for violations to the Code and relevant national measures.
Prevalence (%) of promotional materials found at retailers violating any criteria that is applicable to the respective materials.	

## SAMPLING PROCEDURE

Three separate sampling frames are recommended to sample a total of 48 retail outlets selling relevant products: 1) 33 small stores, 2) 10 large stores, and 3) five online retailers.

**Small stores:** One small store or pharmacy should be chosen in proximity to each of the 33 health centres selected for the health facility assessment sample (See Section A). Small stores would include corner/convenience stores and neighbourhood stores/kiosks. Pharmacies should not include those associated with the health facilities. If the type of retailer in closest proximity to health facilities tends to be biased (e.g., mostly pharmacies, lacking small stores serving communities), a different sampling method may be sought to adjust to the local context. Specific instructions for enumerators to select the nearest small store or pharmacy are found in Annex 3.

**Large stores:** Ten large stores that sell a high volume and variety of relevant products are purposively sampled based on local knowledge that they would carry the majority of the relevant products available for sale nationally. Large stores would include national chain grocery stores, supermarkets, and baby stores.

**Online retailers:** Online retailers would be selected based on local knowledge and online searches, as described in Section C.

## DATA COLLECTION

There are two different data collection procedures to be conducted at point of sale:

- 1) Enumeration of relevant products being sold through retailers (Form 5).
- 2) Records of any types of promotions related to relevant products at the retailer (Form 6). This form is applicable only to the large and small stores – data collection on promotions through online retailers are described in Section C.

### ***Enumeration of products sold***

Starting in one large store, a single item of every relevant product should be purchased and taken to the central office for recording. A list of the products encountered should be made. This list should then be taken to a second large store. All products encountered at the second store not appearing on the list should be purchased and taken to the office. These should then be added to the list of products. This procedure should be repeated in up to five stores until no new products are found. Online retailers should be included in this process because they may carry products not sold in brick-and-mortar stores, although it should be verified that the products are truly available for purchase in the country.

For products that are sold in different package sizes, it is advised to choose a medium-size or most commonly purchased size. Small packages (e.g., single use packets) may be less likely to contain all the information on larger packages, while very large packages may be prohibitively expensive. Because products could possibly be enumerated at multiple retailers, it is important to check for duplicated entries.

The purchases can be made in the same stores selected for sampling above or can be made in different stores. Either option is acceptable.

### ***Recording of retail promotion (excluding online retailers)***

At all brick-and-mortar retail outlets in the sample, enumerators should first speak with the store manager to explain the purpose of the study and ask for permission to take photos. All types of promotions observed should be photographed or a copy taken. Photographs need to be of high quality because detailed information needs to be extracted from these pictures during the data analysis stage. For materials that can be taken from the store (e.g., pamphlets, flyers, coupons), a matching label should be fixed to the data collection form and the material.

In addition to pictures of each promotion, the type of promotion should be recorded. Paper-based data collection forms for recording details of promotions at retailers are shown in Form 6. If there are more than 10 promotions encountered at a retailer, this form can be duplicated in order to capture all promotions found. Countries can also convert this form to mobile forms if mobile data collection is preferred, as discussed in Section A.

Specific steps and instructions for enumerators on data collection are detailed in Annex 3.

It is important to ensure that photo identification numbers or labels are recorded on the data collection form for matching the analysis to be done in the office.

## DESK REVIEW OF LABELS AND MATERIALS

Two desk review processes should be conducted to analyse the data collected at retailers:

- 1) desk review of labels on products sold at retail (pictures and products);
- 2) desk review of promotional materials from retailers (pictures and copies).

Labels in the pictures or on the actual products should be closely examined based on a checklist of criteria on the information and images that should or should not appear on product labels. Form 7 provides a checklist of criteria based on Article 9 of the Code. There are criteria for all products and additional criteria for certain types of products. Furthermore, criteria related to the respective national laws should be added to this checklist.

Similar to the desk review of promotional or educational/informational materials from health facilities (in Section C.5), the desk review of promotional materials from retailers is conducted based on the same checklist (Form 4), excluding the additional criterion for materials intended for health workers only. Due to this similarity, desk review of all promotional materials regardless of location can be conducted together.

### COUNTRY EXAMPLE: ASSESSING LABELS ON FOODS FOR INFANTS AND YOUNG CHILDREN IN NEPAL

A periodic assessment of labels on foods for infants and young children (including breast-milk substitutes) was conducted in Nepal, as part of Helen Keller International's Assessment and Research on Child Feeding (ARCH) project. Following a scoping of the products on the market, a master list of products for which data was to be collected. One flavour and size variant for each product was purchased. In total, 31 stores in the Kathmandu valley were visited, including five national retail grocery chain stores, five medium independent retail grocery stores and 22 smaller stores. Fourteen commercial infant or young child milks and 22 commercially-produced complementary foods were purchased.<sup>4, 5</sup> Product labels were photographed and label text was assessed against the relevant study checklists by researchers.

## DATA ENTRY AND QUALITY CONTROL

Data recording may occur on paper-based data collection forms, with data-entry occurring in the office later. Alternatively, mobile data collection using tablets or smart phones is an option.

## DATA ANALYSIS AND INTERPRETATION

A suggested breakdown of indicators by type of promotion, type of product, brand, and type of retail outlets is described in Annex 6.

In analysing the compliance with Code criteria for product labels, it is important to note that some criteria are worded in terms of what should be on the label and others in terms of what should not be on the label. The responses on Form 7 that are in compliance with the Code are shown in Table 5.

<sup>1</sup> Pereira C, Ford R, Feeley AB, Sweet L, Badham J, Zehner J. Cross-sectional survey shows that follow-up formula and growing-up milks are labelled similarly to infant formula in four low and middle income countries. *Maternal & Child Nutrition*. (2016); 12(S2); 91-105.

<sup>2</sup> Sweet L, Pereira C, Ford R, Feeley AB, Badham J, Mengkheang K, Adhikary I, Gueye NYS, Coly AN, Makafu C, Zehner E. Assessment of corporate compliance with guidance and regulations on labels of commercially produced complementary foods sold in Cambodia, Nepal, Senegal and Tanzania. *Maternal & Child Nutrition*. 2016; 12(S2);106-125.

**Table 5** Code-compliant answers to Form 7 for desk analysis of labels

Question from Form 7	Code compliant answer
7.1 Product information is printed on the container or a well-attached label	Yes
7.2 The language used on product label is appropriate for the country in which the product is sold	Yes
7.3 Contains any nutrition and/or health claims	No
7.4 Conveys an endorsement by a health worker or health professional body	No
7.5 Includes the recommended or appropriate age of introduction	Yes
7.6 Includes invitation to make contact (direct or indirect) with the company	No
7.7 Contains promotional devices to induce sales of the company's products under the scope	No
7.8 Includes a list of the ingredients	Yes
7.9 Displays nutritional composition of the product	Yes
7.10 Contains storage instructions	Yes
7.11 Contains batch number	Yes
7.12 Shows the date before which the product should be consumed (expiration date)	Yes
8.1 Includes the words "Important Notice" or their equivalent	Yes
8.2 Includes a statement on the superiority of breastfeeding	Yes
8.3 Contains text or images that may idealize the use of breast-milk substitutes	No
8.4 Contains text or images that may discourage or undermine breastfeeding	No
8.5 Contains information that implies or creates a belief that breast-milk substitute products are equivalent or superior to breast milk	No
8.6 Contains a statement that the product should be used only on the advice of a health worker	Yes
8.7 Contains a statement on the need for health worker advice on the proper method of use	Yes
8.8 Contains a warning against the health hazards of inappropriate preparation and usage	Yes
8.9 <b>If in powdered form</b> , contains a warning that powdered baby milk products may contain pathogenic microorganisms	Yes

- 
- 8.10 **If in powdered form**, contains instructions for appropriate preparation:
- the label shows clear graphic instructions illustrating the method of preparation;
  - instructions show the use of hygienic practices, e.g., clean hands, preparation surfaces;
  - instructions show the need to boil water and sterilise utensils;
  - instructions show necessity for powdered formula to be prepared one feed at a time; Yes
  - instructions show necessity of using water at or above 70°C in order to minimize microorganisms contamination during preparation;
  - instructions show the need to cool the formula before feeding if using hot water for reconstitution;
  - instructions show that left-overs of the product need to be discarded immediately.

---

**For complementary foods:**

9.1	Includes a statement on the importance of continuing breastfeeding for at least 2 years	Yes
9.2	Contains statement that the product should not be given to infants under 6 months	Yes
9.3	Contains text or images suggesting that the product should be given to infants under 6 months	No
9.4	Suggests that a feeding bottle be used with this product	No
9.5	Contains text or images that may discourage or undermine breastfeeding	No
9.6	Contains information that implies or creates a belief that complementary foods are equivalent or superior to breast milk	No
9.7	Colour schemes, designs, brand names, slogans, or mascots are similar to those of breast-milk substitute products made by the same manufacturer	No
10.1	Contains images or texts that idealize the use of feeding bottles and teats	No

Similarly, in analysing the compliance with Code criteria for informational and educational materials, it is important to note that some criteria are worded in terms of what should be in such materials and others in terms of what should not be in them. The responses on Form 4 that are in compliance with the Code are shown in Table 6.

**Table 6** Code-compliant answers to Form 4 for desk analysis of educational and informational materials found at retailers

Question from Form 4	Code compliant answer
10.1 Contains clear information on the benefits and superiority of breastfeeding	Yes
10.2 Contains clear information on maternal nutrition	Yes
10.3 Contains clear information on the preparation for and maintenance of breast-feeding	Yes
10.4 Contains clear information on the negative effect on breastfeeding of introducing partial bottle-feeding	Yes
10.5 Contains clear information on the difficulty of reversing the decision not to breastfeed	Yes
10.6 Contains information that implies or creates a belief that breast-milk substitute products are equivalent or superior to breast milk	No
10.7 Contains text or images that may discourage or undermine breastfeeding	No
10.8 Recommends any food or drink products for infants under 6 months old	No
10.9 Includes invitation to make contact (direct or indirect) with the company	No
10.10 Contains promotional devices to induce sales of its products	No
<b>Additional criteria for materials mentioning baby milk products</b>	
11.1 Contains clear information on the social and financial implications of baby milk use	Yes
11.2 Contains clear information on the health hazards of inappropriate foods or feeding methods	Yes
11.3 Contains clear information on the health hazards of unnecessary or improper use of baby milk products	Yes
11.4 Contains text or images that may idealize the use of breast-milk substitutes	No
<b>Additional criteria for materials that mention complementary feeding</b>	
12.1 Includes a statement on the importance of continuing breastfeeding for at least 2 years	Yes
12.2 Contains a statement on the importance of not introducing complementary foods before 6 months of age	Yes
12.3 Suggests that complementary foods can be fed with a bottle	No
12.4 Contains information that implies or creates a belief that complementary foods are equivalent or superior to breast milk	No
<b>Additional criteria for materials intended for health workers only</b>	
13.1 Contains non-scientific, not factual matters	No

## COUNTRY EXAMPLE: ASSESSING RETAIL PROMOTIONS IN SENEGAL

In Senegal an assessment of retail promotions of foods for infants and young children (including breast-milk substitutes) was conducted as part of the Assessment and Research on Child Feeding (ARCH) project. In total, 31 stores – including nine purposively-sampled medium to large stores (including three pharmacies) and 22 randomly-sampled smaller shops – across Dakar, the capital city, were visited.<sup>6</sup> Project staff, who had received a three-day training on the study, visited the stores and collected data on store characteristics and information on point-of-sale promotions, including the promotion type, products included and, where possible, photographs of the promotions.

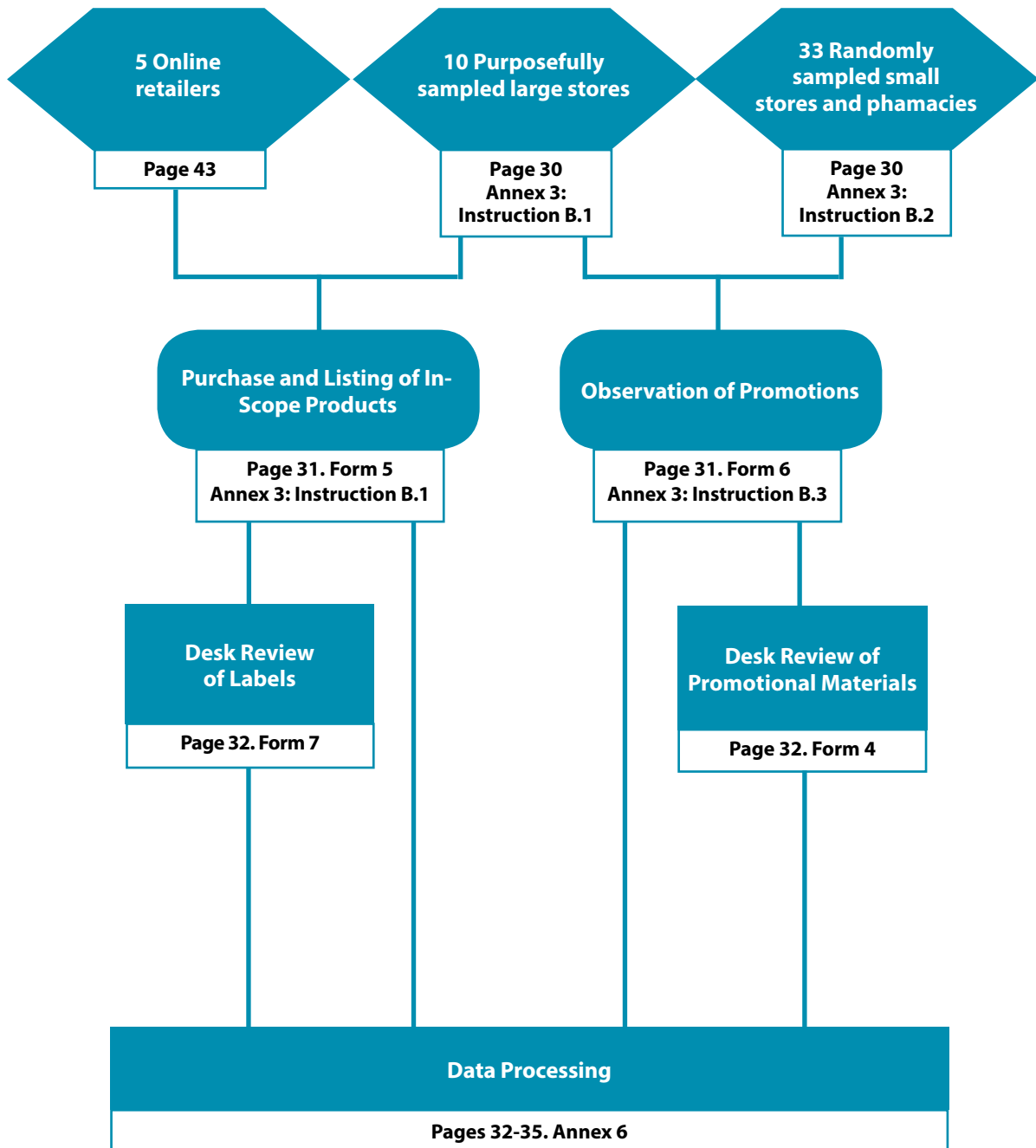


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## SUMMARY/ WORK FLOW CHART

The third component of the assessment is to assess the extent of promotion for products covered by the Code in the media. Two elements are assessed separately – television and internet advertising.





# C – MEDIA MODULE (TV AND INTERNET)



**T**he third component of the assessment is to assess the extent of promotion for products covered by the Code in the media. Two elements are assessed separately – television and internet advertising.

## **TELEVISION ADVERTISING<sup>7</sup>**

### **Objectives**

This module aims to analyse TV advertisements broadcast on national television (public and private) over a period enough to capture variability on advertisements.

The review will help identify the following:

1. the number of promotions for products covered by the Code;
2. frequency of these advertisements (No. of times/day);
3. type of promotional messages being broadcast;
4. claims by product category.

### **Indicators**

The suggested indicators for the television module include:

1. total number of TV ads for covered products, grouped by type, in six month period;
2. frequency of TV channel advertisements for milk products for children less than 36 months old;
3. total number of minutes of advertising for milk products for children less than 36 months old;
4. total of minutes of advertisement, by product;
5. TV advertising spending, by product; and
6. health, nutrition or other benefit claims made, by product.

### **Sampling Procedure**

In order to design a procedure to review television advertising, a sampling procedure is needed to define which media to monitor and for how long, along with which adverts to review. This means defining the sampling period, the target channels, the type of programmes, relevant products, types of advertisements and time of interest (See Box 4 for more details).

<sup>7</sup> Countries may use the same protocol for the review of radio advertising of selected products.

## BOX 4 SAMPLING PROCEDURE FOR TELEVISION MONITORING

<b>Sample period</b>	<p>The following options are recommended according to the context in each country:</p> <ol style="list-style-type: none"> <li>In countries where media monitoring agencies are recording TV programming, it is recommended to ask for the data related to four to six months prior to the assessment proper;</li> <li>In countries where media monitoring agency do not document/record such information, it is recommended to contract them to monitor and document the specific advertisements for one month from the beginning of the assessment.</li> <li>It is recommended to be aware of possible effect of seasonality on type of advertising (i.e. Christmas)</li> </ol> <p>In some countries, television programming may already be electronically available for purchase from broadcasters. It may be cost-effective to purchase a sample of days of programming rather than monitoring or recording directly.</p>
<b>Target channels</b>	<p>Channels with programming in the capital city/largest cities:</p> <ol style="list-style-type: none"> <li>Government (max three channels based on largest share/ratings among government channels in the capital city/largest city)</li> <li>Private (max three private channels based on largest share/ratings among private channels capital city/largest city); and</li> <li>Cable channels with family related programming (max three main cable channels based on largest share/ratings)</li> </ol>
<b>Type of programmes:</b>	<ul style="list-style-type: none"> <li>- Advertisements/TV commercials</li> <li>- Programming targeting parents and children where advertisements, promotions, games, contests, reflects, project in any way the relevant products</li> </ul>
<b>Time of interest</b>	<p>24 hours (whole day)</p> <p>In case of inadequate resources or time constraints, two times in the day might be selected (those with the largest share/ratings)</p>
<b>Implementer</b>	Contracted media monitoring agency (MMA)

### **Data Collection**

There are several different elements of the data to be collected:

- frequency/duration of advertisements of covered products shown daily;
- total number of TV ads for the period;
- total number of minutes of TV ads for the period;
- number of claims by category of product.

For data collection form, use Form 8, desk review of promotions on the media.

## COUNTRY EXAMPLE: MEDIA MONITORING IN CHILE

Chile took advantage of data collected under its new anti-obesity legislation to do an assessment of media violations of its national Code law. The anti-obesity legislation, which included regulations to prevent the promotion of unhealthy foods and beverages to children, required media monitoring. To conduct this media monitoring, the Department of Nutrition of the Ministry of Health purchased 12 months of television programming to review for violations covered by the anti-obesity legislation. As part of its Code assessment, the Department of Nutrition took advantage of this database to take a subsample of days to review for national Code violations.

## INTERNET ADVERTISING

### **Objectives**

This module aims to analyse promotion of relevant products on a variety of internet channels, such as websites, Facebook, Twitter, YouTube, or Instagram.

The review will help identify the following:

1. The number of internet advertisements for:
  - a. milk for children 0-6 months, 6 months and above and 12 months and above;
  - b. complementary foods for children under 6 months;
  - c. complementary foods for children aged 6 to <24 months;
  - d. feeding bottles.
2. Type of brand identifiers on sites where ads and/or promotional messages were found.
3. Type of promotional messages and claims available on the internet for relevant products, including health, nutrition and other benefit claims, by product category.

### **Sampling procedure**

Online promotion of breast-milk substitutes is most likely to be communicated by three sources: 1) manufacturers or distributors of baby milks and other baby food products, 2) mothers' magazines/online forums and 3) online retailers. Examination of the promotions present in the various internet channels for each of these is important.

Manufacturers of baby food products: The websites of all manufacturers of relevant products in the country should be identified through simple online searches. Searches should include company names, brand names and product names. In general, these should be websites originating from the country or clearly targeted for customers in the country (not sites from global headquarters). For each company, searches should also be conducted to identify Facebook pages, Twitter accounts, YouTube channels, or Instagram sites. If these exist, they should be documented and included in the sample.

Mothers' magazines/online forums: Approximately 10 online magazines or forums that target pregnant women and mothers of young children should be identified. These should be the most popular sites viewed by such women. Internet analytic tools, such as Google Analytics, and online searches for keywords related

to infant and young child feeding can be used to identify the most popular sites in the country. If analytic approaches to identify these sites are not feasible, brief interviews with women seen in antenatal and postpartum clinics can be used to name the most popular websites. For each online magazine or forum identified, searches should also be conducted for corresponding Facebook pages, Twitter accounts, YouTube channels, or Instagram sites.

Online retailers: Approximately five large online retailers that sell products within the scope of the protocol should be identified. These can be identified through online searches for keywords related to infant and young child feeding.

### **Data collection**

Data collection can be conducted from a central office, visiting all the websites, Facebook pages, Twitter accounts, YouTube channels, or Instagram accounts identified. A master list should be maintained of all the sites visited with an electronic screenshot of each page.

For every promotion encountered, Form 8 should be filled out to provide details on the type of promotion, messages conveyed and products mentioned. It is important to include promotions other than simple static advertisements, including invitations to “like” a product, sweepstakes or prize draws, club memberships, price reductions or incentives for purchases.

As noted in Section B, products for sale through online retailers should be identified. If these are for products not available in brick-and-mortar stores, they should be purchased and included in the labelling analysis described in Section B.

## **DATA ANALYSIS AND INTERPRETATION**

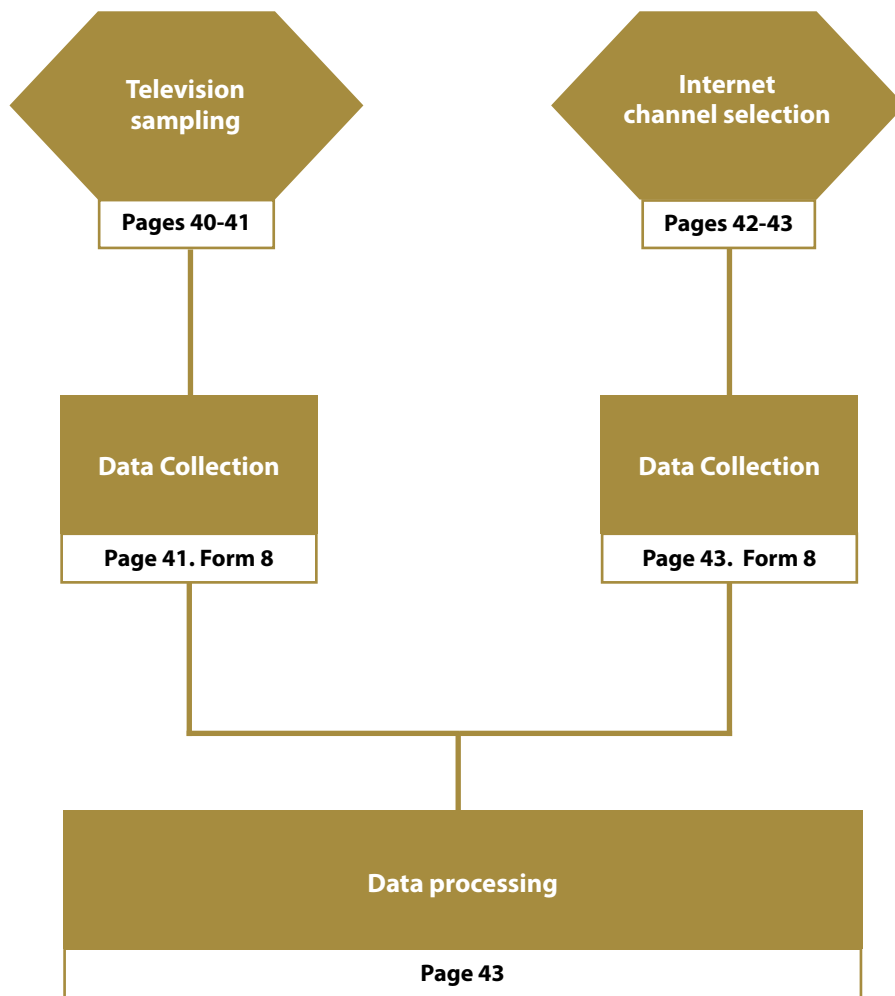
The data/information on media promotions should be processed and analysed separately for television and internet promotions. Annex 7 provides example tables (see below) that may be used to report the data on television promotions.

- **Table 1.** Frequency and number of minutes of promotions by product type, company, time of day, and channel.
- **Table 2.** Type of promotions shown.
- **Table 3.** Number of claims made, by type of claim and product category.
- **Table 4.** Percent of ads for complementary foods that cross-brand breast-milk substitutes, by company.

Annex 8 provides example tables that may be used to report the data on internet promotions.

- **Table 1.** Number of promotions found by media source, product type, company, type of channel.
- **Table 2.** Type of promotions shown by media source.
- **Table 3.** Number of claims made, by type of claim and product category.
- **Table 4.** Percent of ads for complementary foods that cross-brand breast-milk substitutes, by company and media source.

## SUMMARY/WORK FLOW CHART









# DISSEMINATION OF RESULTS

**A**n important phase of the assessment is the dissemination of findings and results. The results of the assessment, and subsequent recommendations, should be shared with the key audiences, especially those that will have a follow-up role in implementing the recommendations.

The very first recommendation is to identify the target audiences. Audiences may include high-level government officials, parliamentarians, staff in various government departments, company representatives, health professional associations, civil society organizations, and funders. Once the target audience is defined, the most appropriate dissemination strategies can be selected from the suggested list below:

- full report (technical working document with a full analysis of the results, methods and recommendations);
- a summary document covering the wider issues for advocacy purposes;
- a policy brief for policy-makers, decision-makers and development partners;
- article(s) for peer-reviewed journals;
- presentations targeting the different target groups (e.g., health and nutrition community, communities, media, policy-makers);
- press releases and news media;
- press conferences and briefings;
- newsfeeds;
- social media feeds (Facebook, Twitter and Instagram, etc.); and
- newsletters published by government and non-government agencies.

### **COUNTRY EXAMPLE: POLITICAL LEADERSHIP IN PRESENTING THE RESULTS OF A CODE ASSESSMENT IN ECUADOR**

Political leadership is critical to supporting Code monitoring and assessment, disseminating the results, and ensuring relevant follow-up action, including the establishment of an ongoing monitoring system. In Ecuador, a report from Code assessment showing multiple violations was issued in 2017. To ensure broad dissemination, the Ministry of Health, Pan American Health Organization/World Health Organization and UNICEF convened representatives of civil society, the society of paediatrics, academic institutions, the press, the chamber of commerce and the baby milks industry to launch the report. The event, presided by the Minister of Health, illustrated political leadership and commitment to hold producers and manufacturers accountable for their actions that violate and undermine national law.

## ASSESSMENT REPORTING AND PRESENTATION

Among the different products and outputs of the assessment, a technical report is recommended with detailed reporting of the results and methodology. A template outline for the report is suggested in Annex 9. Countries are encouraged to adapt the outline and adjust it to their local context, their own needs and the target audience.

A shorter version of the report should also be developed and can be used for policy, decision-makers and relevant opinion leaders. A template outline for a summary report is given in Annex 10.

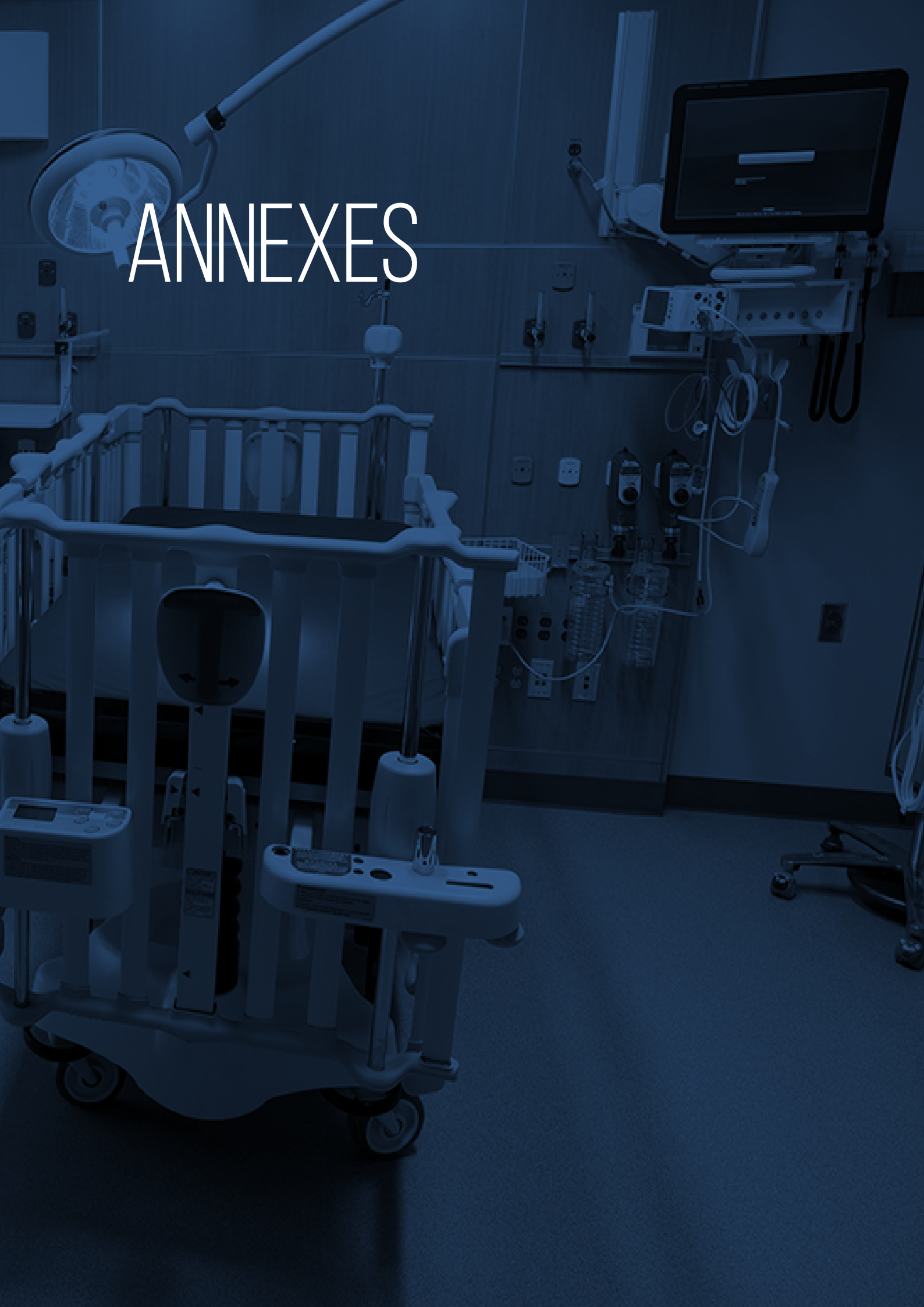
PowerPoint presentations are another tool that can be used for advocacy and dissemination of assessment results. They can provide information visually, which can be useful to provide clarification and help with understanding of verbal explanations. Annex II.11 provides a suggested template for PowerPoint presentation of assessment findings.





Christopher Boswell

# ANNEXES



# ANNEX 1 DEVELOPING AND REFINING A MASTER LIST OF HEALTH FACILITIES

To select a random sample of health centres for the study, it is necessary to first create a master lists of health centres eligible for inclusion. In order to select the largest maternity facilities, it is also necessary to have a list of maternity facilities that can be sorted by size. There are several issues to consider when developing and refining a master list of health facilities.

*Defining the scope of health facilities to include in the master list*

- a.** Health facilities that provide child health services (e.g. immunization, nutrition counselling, weighing, etc.) and maternity facilities
- b.** Consider the local practices and context of the city
- c.** Exclude stand-alone pharmacies, laboratories and specialist clinics
- d.** Include mobile clinics if relevant to the context
- e.** Determine to what extent the private sector should be included. That decision should be based on:
  - o How commonly private facilities are used for child healthcare.
  - o How easy it is to get information about private facilities.
  - o How easy it would be to get access and consent to conduct the assessment in the private facilities.

*Identify existing data sources — What lists of health facilities are already available for the largest city of the country?*

Most countries should have one or more lists of health facilities available from different entities, especially for their largest city (see Box 1). Countries should start with key sources (e.g., from the Ministry of Health) and add information from any additional available data sources. In this process, facilities need to be matched to ensure only one record per facility in the final master list frame. Additional instructions on how to populate the master list with existing data from multiple sources can be obtained from “3.2 Populate the MFL with existing data” in *Creating a Master Facility List* drafted by WHO (22-24).<sup>1</sup>

## BOX 1. POTENTIAL SOURCES TO FIND PRELIMINARY HEALTH FACILITY LISTS IN COUNTRIES

- The Ministry of Health (MoH) at national and/or city level
- should at least have a list of public facilities.
- The routine health facility reporting system (HMIS) should have records of public, and sometimes also private, facilities.
- Child-health-related divisions under MoH may have information on facilities specifically offering well-child services (e.g., immunization for the distribution of vaccines).
- Agencies such as central statistics office, business registration office and professional medical associations.
- Separate regulatory bodies that issue licenses for health facilities (if applicable).
- Other organizations representing private/faith-based organizations and NGO communities.

<sup>1</sup> [http://www.who.int/healthinfo/systems/WHO\\_CreatingMFL\\_draft.pdf](http://www.who.int/healthinfo/systems/WHO_CreatingMFL_draft.pdf). See pages 22-24.



*Determine the quality of existing lists – what to look for in data sources?*

**1. Appropriateness to the population of interest**

It is important to first check whether the health facilities on the lists are appropriate for capturing mothers of children under 24 months in the general population or women delivering newborns. The health facilities need to be under the scope of the master list defined appropriate to the context of the specific city.

**2. Completeness**

a. Facilities – lists of private facilities and information about those facilities are often incomplete for most countries. In addition, it is important to check whether certain types and geographical locations/administrative units of health facilities offering well-child services are missing from existing data sources.

b. Information – It is important to check whether existing data sources contain the following information attributes for each health facility:

- facility name
- facility type
- ownership/managing authority
- location/address
- year data collected/updated
- facility size.

**3. Information on facility size**

In order to select facilities with probability proportional to size, it is necessary to have data on the size of each facility. The recommended indicator is the number of children under 24 month old seen in the facility in the last year, for the health centres selection, and number of birth attended last year for maternity hospitals. However, depending on what is available for the particular country, other attributes could serve as proxies to indicate facility size.

- Number of children under a given age available (e.g. 1 year old, 3 years old, 5 years old) seen in the facility in a given period of time (we recommend “in the last year”) (for health centres list).
- Number of newborns newly registered for well-child services in a given period of time (we recommend “in the last year”).
- Total number of people seen at a certain ward/unit of the health facility in a given period of time (we recommend “in the last year”).
- Estimated child immunization target for certain vaccine type and/or dose established for the health facility.

Whatever indicator of facility size is used, it should be the same across all the facilities (e.g., do not take the number of newborns registered for some health centres but then gather the number of children under 5 seen from other health centres).

#### 4. Up to date

It is important to consider whether data on all health facilities in the same list were collected/ updated at the same time (i.e., whether the attribute “year data collected/updated” varies for different health facilities). Furthermore, it is necessary to consider the amount of change that has taken place in the population and in the organization of health facilities at this city since the latest year of data collection/updates.

##### *Fill in gaps in information – strategies to collect missing information for health facilities*

1. Contact health facilities in existing data sources by:
  - a. in-facility visits
  - b. phone
  - c. e-mail or other electronic methods.
2. Ask for missing information from health officials at lower administrative levels (e.g., districts level within the city).

##### *Add missing facilities – strategies to add missing facilities to the list*

1. Identify additional facilities from health officials at lower administrative unit levels (e.g., districts within the city).
2. Identify additional facilities from community informants (e.g., community leaders and spokespersons).
3. Identify additional facilities from other indirectly-related government databases (e.g., human resources, supplies of vaccines if centrally controlled by the government).

## ANNEX 2 PPS SAMPLING PROCEDURE: A STEP-BY-STEP GUIDE

The process for selection of health centres is explained below.

1. Create a list of health centres (using sampling form 1 below) with the number of mothers/births attending (a rough figure is sufficient). Create a third column with cumulative population size (see example in Table 1).
2. Divide the total population of all health centres by the number of centres to be sampled. In general, 33 centres will be sampled, but to keep the example below simple, we will select a sample of only five centres. For this example, obtain the sampling interval ( $5,452 / 5 = 1090$ ).
3. Choose a random number between 1 and the sampling interval (1090). The easiest way to do this is to generate a random number in Excel or on the internet. For example, in Excel, the function “=1090\*rand()” would generate a random number between 1 and 1090. Alternatively, one could take the last 4 digits (i.e., the number of digits in the sampling interval) of the serial number on a banknote (if this exceeds 1090, select another bank note). Suppose the random number is 482. This should be fitted into position in the list of cumulative population to identify the first area in the sample. Since 482 lies above 250 but below 570, health centre 2 will be chosen. Now add the sampling interval (1090) to the initial random number ( $482+1090=1572$ ). This number lies between area 4 and 5 so health centre 5 is chosen. Then add the sampling interval to 1572 and continue until all 5 health centres are selected.
4. If one area is chosen twice, then twice as many women should be interviewed in this health centre.

**Table 1. Sampling example (Sample form 1)**

Health centre number	Population (number of women/births attended in past month)	Cumulative population
1	250	250
2	320	570
3	280	855
4	410	1265
5	400	1665
6	170	1835
7	185	2020
8	330	2350
9	375	2725
10	292	3017
11	310	3327
12	450	3777
13	290	4067
14	340	4407
15	440	4847
16	320	5167
17	280	5452

# ANNEX 3 INTERVIEWERS' MANUAL

## A. MOTHERS' QUESTIONNAIRE AND HEALTH FACILITY QUESTIONNAIRE

On the day of the visit, first meet with the director of the health facility to discuss the purpose and logistics of the visit. Obtain permission to conduct interviews with mothers (for health centres only), take photos and interview the key informant. In small facilities, the key informant may be the director him or herself, while in larger facilities it may be the head of the paediatrics or maternal and child health department. Obtain informed consent. Allow staff to orient you to the facility and identify a place for interviews that is quiet and separated from others.

### **Instruction A.1. Interviews with mothers - For health centres only** **(See Form 1, Questionnaire for mothers)**

Mothers usually come to the facilities early in the mornings in many countries. Thus, starting the series of assessments at the health facility by interviewing mothers is generally recommended. Interviews may be conducted before or after the mothers are seen in the health facility, whichever is more convenient. Have the staff help identify mothers of children under 24 months of age. Mothers will be interviewed until the quota of five infants under 6 months of age and five infants/children from 6 to under 24 months are included.

For each mother of a child aged under 24 months, one mothers' questionnaire should be completed. Begin by explaining the survey to the mother and obtain her consent to be interviewed. If she consents, have her sign the consent form and begin the interview.

First complete the cover page. Each questionnaire should have a unique identifying number, which may be pre-stamped on the questionnaire or a label with pre-printed numbers may be affixed on the questionnaire. Note the type of facility where the interview is taking place. If the health facility has distinct departments within it, note the specific department where the mothers are attending (e.g., paediatric care). Record the name of the facility. The same name should be used for all interviews in the same facility. Record the name and code number of the interviewer and the date of interview. (If convenient, the identifying information above can be completed prior to initiating contact with the mother.)

- Q1. Verify that the respondent is the biological mother of a child under 24 months old. It is not necessary that the child be present with her.
- Q2. Record the number of children under 24 months old. (Children who have died do not need to be counted, although it is not necessary to verify that each of the children is living).
- Q3. Record the dates of birth of the children under 24 months old, beginning with the youngest.
- Q4. If the mother has one child under 24 months old, ask about this child:  
If the mother has two children under 24 months old, and:  
  - if the last digit of the questionnaire ID is 0,2,4,6, or 8, ask about the YOUNGER child;
  - if the last digit of the questionnaire ID is 1,3,5,7, or 9, ask about the OLDER child.  
If the mother has three children under 24 months old, and:  
  - if the last digit of the questionnaire ID is 0,3,6, or 9, ask about the YOUNGEST child;

- if the last digit of the questionnaire ID is 1,4 or 7, ask about the MIDDLE child;
- if the last digit of the questionnaire ID is 2,5, or 8, ask about the OLDEST child.

Calculate the age of the selected child based on his/her date of birth (in Q3). If the quota for the age group (“below 6 months” or “6 months and above”) that this child falls into has already been reached, then thank the mother for her time and end the interview. If the quota has not been reached, then record which child was selected.

- Q5. Calculate the age of the child from the date of birth and verify age with the mother.
- Q6. Ask the name of the selected child, but do not write it down. Use this name in subsequent questions that refer to a specific child.
- Q7. Ask where the child was born.
- Q8. Ask the highest level of schooling that the mother completed.
- Q9-12. Ask whether the mother has received advice from anyone that the selected child ought to be fed any milk product other than breast milk. If no such recommendation was made, skip to Q13. The table that follows is organized by the products that have been recommended to her. If the same product was recommended by several people, only complete one column for that product, noting the various people who made the recommendation.

If the recommendation was for a milk product targeted toward a specific age group, note the type, company, and brand (see definitions below). If the recommendation was for a general line of infant and toddler milks, select “combination” and note the company and brand. If the recommendation was for milk products generally, without mentioning a specific company or brand, enter “99” for the company or brand.

In Q11, ask who recommended the product. If more than one person recommended the product, check all that apply. Note that there are several types of health professionals – family/general doctors, nurses, gynaecologists, midwives, paediatricians and nutritionists. Pharmacists would be counted as employees of a pharmacy. “Representative of a company” refers to a company other than the store itself. After the first column is completed, ask if she received any other advice about feeding milk other than breast milk to her baby. If so, complete the second column as above related to the product that was recommended. Do the same for the 3<sup>rd</sup> and 4<sup>th</sup> columns until the mother says that she received no further recommendations of products.

- Q13-16. Ask whether the mother received advice to feed her baby any other food or drink products (besides breast milk or milk products) before the baby was 6 months old. If the selected child is currently under 6 months old, the question is asked as “Has anyone told you...”. If the selected child is currently 6 months old or over, the question is asked retrospectively as “Did anyone tell you to begin...before he turned 6 months old.” If no such recommendation was made, skip to Q17.

The table that follows is organized by the products that were recommended to her. If the same product was recommended by several people, only complete one column for that product, noting the various people who made the recommendation.

If the recommendation was for a commercial complementary food, check the first category and record the specific company and brand (see definitions below). If the recommendation was for commercial complementary food generally (e.g. “jars of baby food”), without mentioning a specific company or brand, enter “99” for the company or brand. If the recommendation was for a food that is not specifically labelled for children under 24 months (processed or unprocessed), check the second or third category, but do not record any company or brand.

In Q15, ask who recommended the product. If more than one person recommended the product, check all that apply. Note that there are several types of health professionals – family/general doctors, nurses, gynaecologists, midwives, paediatricians and nutritionists. Pharmacists would be counted as employees of a pharmacy. “Representative of a company” refers to a company other than the store itself.

After the first column is completed, ask if she received any other recommendation to feed other foods or drink products before 6 months of age. If so, complete the second column as above related to the product that was recommended. Do the same for the 3<sup>rd</sup> and 4<sup>th</sup> columns until the mother says that she received no further recommendations of products.

- Q17-21. For each type of media listed in the column under Q17, ask if the mother has heard or seen any promotions of milk products for children under three years old or bottles or teats in the health facility where the interview is taking place. Materials produced by companies that manufacture these products should be included even if they do not mention a specific product. For example, a brochure from a formula manufacturer on infant feeding in general should be included. Similarly, a notepad from manufacturer of baby bottles should be included.

Check the box under Q17 if she answers yes. Record the company, brand and type of product that was promoted or mentioned in Q18 and Q19. Then ask if she has seen or heard a second promotion of the same type. If so, record the company, brand and type of product in Q20 and Q21. Continue to the next type of promotion, completing the table row by row.

- Q22-26. The questions in this table are only to be applied for infants under 6 months of age (check Q5) that were born in a health facility (check Q7). If the child is older than 6 months or was not born in a health facility, skip to Q27.

For each type of media listed in the column under Q22, ask if the mother heard or saw any promotions of milk products for children under three years of age or bottles or teats in the facility where the baby was born. Materials produced by companies that manufacture these products should be included even if they do not mention a specific product. For example, a brochure from a formula manufacturer on infant feeding in general should be included. Similarly, a notepad from manufacturer of baby bottles should be included.

Check the box under Q22 if she answers yes. Record the company, brand and type of product that was promoted or mentioned in Q23 and Q24. Then ask if she saw or heard a second promotion of the same type. If so, record the company, brand, and type of product in Q25 and Q26. Continue to the next type of promotion, completing the table row by row.

- Q27-31. For each type of media listed in the column under Q27, ask if the mother has heard or seen any promotions of milk products for children under 24 months or bottles or teats outside of the health facility where the interview is taking place. This refers to promotions seen or heard in the past 6 months. Note that for infants under 6 months old, this period would include experiences she had in the hospital or maternity facility of birth. Materials produced by companies that manufacture these products should be included even if they do not mention a specific product.

Check the box under Q27 if she answers yes. Record the company, brand and type of product that was promoted or mentioned in Q28 and Q29. Then ask if she has seen or heard a second promotion of the same type. If so, record the company, brand and type of product in Q30 and Q31. Continue to the next type of promotion, completing the table row by row.

- Q32-36. These questions ask about the mother’s participation in social groups or events designed for mothers or caregivers of young children. Q32 and Q33 ask about online groups and events, whereas Q34-Q36 ask about activities which she personally attends.

For each activity, mark whether she has participated in the past 6 months. If yes, ask if the event was sponsored or organized by a company that makes products for the feeding of children under three years of age. If it was, record the company name.

- Q37-41. Ask whether, in the past 6 months, the mother has received any free samples of any baby milk products or bottles for children under three years old. If not, skip to Q42. The table that follows is organized by the samples received. For each free sample received, record the type, company and brand. Record who gave the sample and where it was received.

After the first column is completed, ask if she received any other free samples. If so, complete the second column as above. Do the same for the 3<sup>rd</sup> and 4<sup>th</sup> columns until the mother says that she received no further free samples.

- Q42-46. Ask whether the mother has received any coupons for any baby milk products or feeding bottles and teats for children under 3 years old in the past 6 months. If not, skip to Q47. The table that follows is organized by the coupons received. For each coupon received, record the type of product the coupon was for, company, and brand. Record who gave the coupon and where it was received.

After the first column is completed, ask if she received any other coupons. If so, complete the second column as above. Do the same for the 3<sup>rd</sup> and 4<sup>th</sup> columns until the mother says that she received no further coupons.

- Q47-51. Ask whether the mother has received any gifts in the past 6 months other than from friends or family. Record the response in Q47. Only record gifts that are associated with the companies that manufacture foods and drinks for children under 36 months of age or bottle and teats. Examples of gifts include toys, bags, t-shirts, bibs, diapers, calendars, notebooks or growth charts. If not, skip to Q52.

The table that follows is organized by the gifts received. In Q48, specify what the gift was. In Q49 and Q50, record who gave the gift and where it was given. Record the name of the company and brand that the gift was associated with in Q51.

After the first column is completed, ask if she received any other gifts. If so, complete the second column as above. Do the same for the 3<sup>rd</sup> and 4<sup>th</sup> columns until the mother says that she received no further gifts.

- Q52. Ask if the mother has any other observations she would like to make on any of themes discussed in the interview.

Always thank the mother for participating and giving up her precious time to the study.

**Instruction A.2. Interviews with health facility staff – for health centres and maternity facilities**  
(See Form 2, Health professional assessment)

Select three staff members to interview. The first should be the health centre director, or in large health centres, the director of the paediatrics department. The second should be a physician, different from the director. The third should be a nurse or midwife. The interviews should be conducted privately and one-by-one so that the staff do not base their answers on what they have heard from other staff members. At a time most convenient for each individual, conduct the interviews. For health centres, this may be after the mothers' interviews are completed when the patient flow slows down or it may be early in the morning before patients arrive.

First complete the cover page. Each questionnaire should have a unique identifying number, which may be pre-stamped on the questionnaire or a label with pre-printed numbers may be affixed on the questionnaire. Note the type of facility where the interview is taking place. If the health facility has distinct departments within it, note the specific department where the mothers are attending (e.g., paediatric care). Record the name of the facility. The same name should be used for all interviews in the same facility. Record the name and code number of the interviewer and the date of interview. (If convenient, the identifying information above can be completed prior to conducting the interview.)

Q1-3. Record the respondent's title, educational credentials, and number of years working at the facility.

Q4-7. Ask if the facility or any of the staff of the facility have been contacted by a company that sells baby foods, bottles or teats. The table that follows is organized by the companies that made the contact. Record the name of the company in Q4. Ask how the contact was made and record all that apply in Q5. Ask what the reasons for the contact were and record all that apply in Q6. Note that the possible reasons are grouped together, although this does not imply that each group must be asked about separately. Finally, ask how many times there has been contact with the company over the past six months (Q7).

After the first column is completed, ask if any other company contacted the facility or any of the staff of the facility. If so, complete the second column as above. Do the same for the 3<sup>rd</sup> and 4<sup>th</sup> columns until the respondents indicate that no other companies contacted the facility.

Q8-9. Ask if the respondent has attended any health professional conferences or scientific meetings in the past 2 years and, if so, whether any of these conferences/meetings were sponsored by manufacturers of baby milks or other baby food products. Record the name of the company that sponsored the conferences/meetings.

Q10-11. Ask if the respondent is aware of the *International Code of Marketing of Breast-milk Substitutes* or other national measures that are in place in the country. Record responses.

Q12-14. Ask if the respondent has received training on infant and young child feeding, the Code or other national laws or regulations that are in place in the country. Record responses. If training was received, ask when the most recent training was completed.

Q15. Ask if the respondent has any other observations he/she would like to make on any of themes discussed in the interview.

Always thank the respondent for participating and giving up precious time to the study.



**Instruction A.3. Health facility observation –For health centres and maternity facilities (see Form 3, Health facility promotions)**

During the day of interviews, while waiting for respondents to be ready for interviews or after all interviews are complete, make detailed observations throughout several areas in the health facility, including waiting areas, check-up rooms, weighing area, counselling room and offices. Identify any materials that may be considered promotional materials. Find any materials mentioned during mothers' interviews in the section on the health facility. Some promotional materials such as clothing, clocks, or pens may only contain a small logo and thus require your attention to detail. Free samples of baby milks, bottles or teats or coupons for these products are considered promotional items. Anything with a logo of a company that produces foods for infants and young children should be considered promotional. Include any posters brochures with feeding information or logos of companies. Also include any educational materials on infant and young child feeding.

In maternity facilities, it is important to ask specifically if there is a discharge package provided to mothers who deliver. The interviewer should ask to see the package and note all promotional items that are included.

For each item encountered, note the type of material and take a photo of it or a sample. Record the picture number on questionnaire. When multiple pictures are taken for one item, record the first and last numbers of the digital photo. If the material is distributed freely to mothers, request permission to take a copy. Place two identical labels on both the material and on questionnaire to identify the material. In addition, take a picture of the cover page. If permission is not granted to take a copy, take a picture of every page.

*Closure*

After all data collection is complete, thank the facility staff, especially the director, for their time and willingness to participate in the study.

## **B RETAIL OUTLET AND PHARMACY OBSERVATIONS**

**Instruction B.1. Listing relevant products found in retail outlets and pharmacies (see Form 5, List of relevant products sold at the point of sale)**

Identify one large store likely to carry a wide variety of products covered by the Code and national laws and visit this store. At this store, find all milk products with the age of introduction under 36 months, as well as any other food and drink products with the age of introduction under 6 months. Purchase one sample of every such product the store carries. For products that are sold in different package sizes, it is advised to choose a medium-size or most commonly purchased size. Small packages (e.g., single use packets) may be less likely to contain all the information on larger packages, while very large packages may be prohibitively expensive. Take the products to the office and construct a list of the products in Form 5.

Visit a second large store of a different chain, taking along the list of products already purchased. Check all the products found at the second store against the list and purchase any new products not sold at the first store. Products should be considered distinct if they differ in at least one of the following characteristics: company name, brand name, sub-brand name, product descriptive name, age of introduction, availability in powder or ready-to-use format and serving size. Again, take the products to the office and add to the list all of the additional products.

Repeat the same procedure for three more large stores.

Online retailers should be included in this process because they may carry products not sold in brick-and-mortar stores, although it should be verified that the products are truly available for purchase in the country.

Approximately five large online retailers that sell products within the scope of the protocol should be identified. These can be identified through online searches for keywords related to infant and young child feeding.

### ***Instruction B.2. Selecting 33 small stores and pharmacies***

Start from each of the 33 health facilities selected for the health centre assessments. Leave the health facility, and locate the closest store or pharmacy that sells covered products:

- 1) Ask an adult female passer-by the location of the nearest neighbourhood/ convenience store or pharmacy that sells relevant products. If no females are present, ask a male. Think of terminology to clearly describe relevant products to the passer-by as relevant in the local context.
- 2) If there is no one available to ask, throw a pen/pencil in the air and when it lands, start walking in the direction that the tip of the pen/pencil points to. If the pen/pencil points to an impossible route, try again until it points to a possible route. Walk until encountering a passer-by to ask for directions, or until encountering the relevant small store or pharmacy.
- 3) If a small store or pharmacy is located but DOES NOT sell relevant products. After checking the retailer thoroughly, leave the store and locate the next closest small store or pharmacy by asking a passer-by/store manager (as described previously), and if none are available make use of the pen/pencil to determine the route (as described previously).

### ***Instruction B.3. Observations of promotions in retail outlets and pharmacies (See Form 6, Promotions at retail outlets and pharmacies)***

Data collection should be conducted in each of the 33 outlets identified above plus the 10 large stores selected purposively for the project. Upon entering the store, speak to the store manager to explain the purpose of the study and explain that you will be taking photographs of materials related to baby foods. The information collected will be kept anonymous and will not be tied to the facility in any publications.

If store owner/manager does not provide permission to conduct the store visit or asks field workers to leave the store before they have completed data collection, then leave the store and replace it with another store. If the store was a small store or pharmacy, the next closest small store or pharmacy may be selected. If the store was a large store, another large store should be identified by the study directors. The first page of Form 6 should be completed for all stores, including those refusing to participate, noting that permission was not granted. This information will be used to keep track of how many stores had to be 'replaced'.

In selected stores, visit all parts of the store where promotion of relevant products may be found (e.g., baby food section, milk section, baby supplies section, front window, coupons and flyers). Identify all promotions of relevant products. Promotions may include price reductions or special offers, displays, informational materials, gifts, samples or the presence of a sales representative from a company. For each promotion identified, complete a column on the data collection form (Form 6).

Record the type of promotion and type of product being promoted. Record the company and brand of the product being promoted. If multiple products are being marketed together (e.g., all infant formulas or a series of products produced by a single company), write the word "Multiple". Take a photograph of every promotion encountered. For each promotion, record the picture number on the questionnaire. When multiple pictures are taken for one type of promotion, record the start number after "From" and the end number after "To".

Take one of each of any branded brochures, leaflets and other information materials. Place two identical labels on both the material and on the questionnaire to identify the material. In addition, take a picture of the cover page. If you are unable to take a copy with you, take a picture of every page.

### **Definitions of terms**

Infant formula. Any formula that is labelled for infants under 6 months of age. The age might be listed 0-6 months or 0-12 months. It may be labelled “Stage 1”.

Follow-on formula (also called follow-up milk or follow-up formula). Any milk product that is labelled for infants under 12 months of age but not under 6 months of age. The age might be listed 6-12 months or 6+ months. It may be labelled “Stage 2”.

Growing-up milk (also called toddler milk). Any milk product for which the target age range includes children under 36 months of age. In other words, any products labelled for children under 36 months of age and over 12 months of age. The age might be listed 12-36 months or 1 to 5 years. It may be labelled “Stage 3”.

Combination of products. Infant food products are often promoted as a group without reference to a specific age group. For the purposes of this study, the term “combination” refers to any group of foods that includes infant formula. The respondent may not be able to identify all the individual products included in the combination. When one product in the combination is promoted, the others are indirectly promoted as well due to their similar names, colours, images, etc. This type of marketing is known as cross-promotion.

Other milks. Any milk product that is not explicitly labelled for children under 36 months but that might be consumed by young children. If a respondent cannot identify a product as fitting into the categories above, this category can be used.

Commercial complementary foods. Any food or drink other than baby milk that is labelled for children under 24 months of age.

Other commercial foods. Any processed food or drink that is not labelled for children under 24 months of age.

Natural foods. Any food that is produced at home or sold without industrial processing.

## ANNEX 4 EXCEL FORM FOR ENTRY OF DATA FROM MOTHERS' QUESTIONNAIRE

An Excel form for entering data from the mothers' questionnaire (Form 1) is available for download from the toolkit (see Annex 4 on <http://www.who.int/nutrition/publications/infantfeeding/netcode-toolkit-periodic-assessment/en/>). As the screenshot below shows, this file gives instructions on how popular platforms can be used to collect data on mobile devices and provides the raw information needed to create a data entry package for the mothers' questionnaire (Form 1).

### PERIODIC ASSESSMENT PROTOCOL FORM 1, QUESTIONNAIRE FOR MOTHERS

A number of popular data collection platforms (e.g., KoBo ToolBox, ODK, ONA) support XLSForms. KoBo Toolbox ([www.kobotoolbox.org](http://www.kobotoolbox.org)) is one platform used to convert the XLSForms for data collection on mobile devices such as cell phones or tablets.

There are two ways to collect data on mobile devices using the KoBo platform. Firstly, the KoBoCollect Android app can be used on Android mobile devices after entering the URL of a data collection form generated by KoBo Toolbox. Secondly, any devices (e.g., smartphones and tablets) can collect data on a webpage via any browsers using a link to a form generated by KoBo Toolbox. Both data collection methods can operate offline, and the data can be uploaded at a later time when an internet connection is available.

This spreadsheet provides the raw information for creating a data entry package for the Mothers' Questionnaire (Form 1). A number of data entry programs can read an .XLS file of this type to create forms. The instructions here are developed for KoboToolBox.

Go to [www.kobotoolbox.org](http://www.kobotoolbox.org). If you do not already have an account with KoboToolBox, create one. For the purposes for monitoring the Code, it is appropriate to establish an account as a humanitarian organization. You can login or create an account on the Get Started page.

Once logged into KoboToolBox, select **Add Form**. You can then choose **Import Form** and browse to the location of this .XLS file. If you need to make changes to the form, it is generally easier to do so within the package. After changes are made, you can test to see that the form works as expected by clicking on **Preview Form**. It is also possible to make changes directly in this .XLS file before importing, but this should only be done by an experienced programmer, since errors may make the form unusable or lead to unpredictable results. Once changes have been made, select Save and Exit.

To actually create a project for data entry, on the Form Drafts page, select **Deploy Form as New Survey Project**. Under **Share Project with Other Users**, select **Turn On**. This will generate a website address (URL) that can be sent to any potential users who would be entering violations into the form. The URL can be added to a website devoted to the purpose of reporting violations.

Once violations have been entered, you can see the reports by going to the **Projects** page from the top menu button. Click on the project name to see the data that have been entered. You can view the data in a table, download the data, create tables, or view photos that have been uploaded.

# ANNEX 5 SUGGESTED BREAKDOWN OF INDICATORS FOR ANALYSIS – MOTHERS AND HEALTH FACILITIES

Indicator	Suggested breakdown for analysis
<b>Mothers</b>	
<p>Prevalence (%) of mothers who reported that in the past 6 months they had been advised to feed any milk products other than breast milk to her child less than 24 months old.</p>	<ul style="list-style-type: none"> <li>- Overall prevalence</li> <li>- By type of milk product</li> <li>- By type of personnel who gave the advice               <ul style="list-style-type: none"> <li>o All types of personnel</li> <li>o Types of health professionals</li> </ul> </li> <li>- By company/brand</li> <li>- By type of health care facility (public vs. private)</li> </ul>
<p>Prevalence (%) of mothers who reported that they had been advised to feed her child any other food or drink products before 6 months old.</p>	<p>*Combine the separate questions asked to mothers with children &lt;6 months old and to those with children &gt;6 months old</p> <ul style="list-style-type: none"> <li>- Overall prevalence</li> <li>- By type of product</li> <li>- By type of personnel who gave the advice:               <ul style="list-style-type: none"> <li>o All types of personnel</li> <li>o Types of health professionals</li> </ul> </li> <li>- By company/brand</li> <li>- By type of health care facility (public vs. private)</li> </ul>
<p>Prevalence (%) of mothers who reported that in the past 6 months they had heard or seen promotion related to any milk products or feeding bottles and teats for children less than 36 months old or companies that sell these products at the health facility.</p>	<ul style="list-style-type: none"> <li>- Overall prevalence</li> <li>- By type of promotion/message</li> <li>- By type of product</li> <li>- By company/brand</li> <li>- By type of health care facility (public vs. private)</li> </ul>
<p>Prevalence (%) of mothers who reported that they had heard or seen promotion of any milk or feeding bottles and teats for children less than 36 months old at the hospital where their children were delivered.</p>	<ul style="list-style-type: none"> <li>- Overall prevalence</li> <li>- By type of promotion/message</li> <li>- By type of product</li> <li>- By company/brand</li> <li>- By type of health care facility (public vs. private)</li> </ul>

Indicator	Suggested breakdown for analysis
<b>Mothers</b>	
Prevalence (%) of mothers who reported that in the past 6 months they had heard or seen a promotion or message at a source other than the health facility related to any milk products or feeding bottles and teats for children less than 36 months old or companies that sell these products.	<ul style="list-style-type: none"> <li>- Overall prevalence</li> <li>- By source of promotion/message</li> <li>- By type of product</li> <li>- By company/brand</li> <li>- By type of health care facility (public vs. private)</li> </ul>
Prevalence (%) of mothers who reported that in the past 6 months they had been a member of any online social groups for mothers and other care-givers such as baby clubs or parenting groups organized or sponsored by a company that sells any food or drinks for children less than 36 months old.	<ul style="list-style-type: none"> <li>- Overall prevalence</li> <li>- By company/brand</li> </ul>
Prevalence (%) of mothers who reported that in the past 6 months they had participated in any online events or activities for mothers and other care-givers such as such as photo contests and promotional sales on e-commerce platforms organized or sponsored by a company that sells any food or drinks for children less than 36 months old.	<ul style="list-style-type: none"> <li>- Overall prevalence</li> <li>- By company/brand</li> </ul>
Prevalence (%) of mothers who reported that in the past 6 months they had been a member of any in-person social groups for mothers and other care-givers such as baby clubs or parenting groups organized or sponsored by a company that sells any food or drinks for children less than 36 months old.	<ul style="list-style-type: none"> <li>- Overall prevalence</li> <li>- By company/brand</li> </ul>
Prevalence (%) of mothers who reported that in the past 6 months they had attended any events or activities for mothers and other care-givers such as baby fairs/ festivals or community classes organized or sponsored by a company that sells any food or drinks for children less than 36 months old.	<ul style="list-style-type: none"> <li>- Overall prevalence</li> <li>- By company/brand</li> </ul>

Indicator	Suggested breakdown for analysis
<b>Mothers</b>	
<p>Prevalence (%) of mothers who reported that in the past 6 months they had received at least one sample of any milk products for children less than 36 months old.</p>	<ul style="list-style-type: none"> <li>- Overall prevalence</li> <li>- By type of product</li> <li>- By personnel who gave the sample               <ul style="list-style-type: none"> <li>o All types of personnel</li> <li>o Types of health professionals</li> </ul> </li> <li>- By location where the sample was received</li> <li>- By company/brand</li> </ul>
<p>Prevalence (%) of mothers who reported that in the past 6 months they had received at least one coupon of any milk products or feeding bottles and teats for children less than 36 months old.</p>	<ul style="list-style-type: none"> <li>- Overall prevalence</li> <li>- By type of product</li> <li>- By personnel who gave the coupon               <ul style="list-style-type: none"> <li>o All types of personnel</li> <li>o Types of health professionals</li> </ul> </li> <li>- By location where the sample was received</li> <li>- By company/brand</li> </ul>
<p>Prevalence (%) of mothers/caregivers who reported that in the past 6 months they had received any gifts from someone other than a family member or a friend which may promote the use of a product covered or bottle feeding.</p>	<ul style="list-style-type: none"> <li>- Overall prevalence</li> <li>- By type of gifts</li> <li>- By personnel who gave the gift               <ul style="list-style-type: none"> <li>o All types of personnel</li> <li>o Types of health professionals</li> </ul> </li> <li>- By company/brand</li> </ul>
<b>Health facilities—Contacts made by companies</b>	
<p>Prevalence (%) of health facilities which reported that the facility and/or staff had been contacted by any personnel from the baby food companies in the past 6 months.</p>	<ul style="list-style-type: none"> <li>- Overall prevalence</li> <li>- By means of contact</li> <li>- By frequency of contact</li> <li>- By company</li> <li>- By type of health care facility (public and private; health centres and maternity facilities)</li> </ul>

Indicator	Suggested breakdown for analysis
<b>Health facilities—Contacts made by companies</b>	
<p>Prevalence (%) of health facilities which reported that the baby food companies had contacted them to provide for distribution of anything to mothers and other care-givers in the past 6 months.</p>	<ul style="list-style-type: none"> <li>- Overall prevalence</li> <li>- Promotional materials of specific products               <ul style="list-style-type: none"> <li>o By company</li> </ul> </li> <li>- Other informational/ educational materials               <ul style="list-style-type: none"> <li>o By company</li> </ul> </li> <li>- Sample of breast milk substitutes               <ul style="list-style-type: none"> <li>o By company</li> </ul> </li> <li>- Gifts               <ul style="list-style-type: none"> <li>o By company</li> </ul> </li> <li>- Coupons               <ul style="list-style-type: none"> <li>o By company</li> </ul> </li> </ul>
<p>Prevalence (%) of health facilities which reported that the baby food companies had contacted them to provide anything for use of health facilities/staff in the past 6 months.</p>	<ul style="list-style-type: none"> <li>- Overall prevalence</li> <li>- Promotional materials of specific products               <ul style="list-style-type: none"> <li>o By company</li> </ul> </li> <li>- Other informational/educational materials               <ul style="list-style-type: none"> <li>o By company</li> </ul> </li> <li>- Gifts               <ul style="list-style-type: none"> <li>o By company</li> </ul> </li> </ul>
<p>Prevalence (%) of health facilities which reported that the baby food companies had contacted them to request for display and other promotional activities in the facility in the past 6 months.</p>	<ul style="list-style-type: none"> <li>- By company</li> </ul>
<p>Prevalence (%) of health facilities which reported that the baby food companies had contacted them to seek direct contact with mothers and other caregivers in the past 6 months.</p>	<ul style="list-style-type: none"> <li>- By company</li> </ul>



Indicator	Suggested breakdown for analysis
Prevalence (%) of health facilities which reported that the baby food companies had contacted them to seek direct contact with facility staff in the past 6 months.	- By company
Prevalence (%) of health facilities which reported that the baby food companies had contacted them to make offers for free supplies of breast-milk substitutes in the past 6 months.	- By company
Prevalence (%) of health facilities which reported that the baby food companies had contacted them to make offers for donations of equipment in the past 6 months.	- By company
Prevalence (%) of health facilities which reported that the baby food companies had contacted them to make offers for sponsored events or workshops for health facility/staff in the past 6 months.	- By company
Prevalence (%) of health facilities which reported that the baby food companies had contacted them to make offers for invitation and/or support for staff to attend events/workshops outside the health facility in the past 6 months.	- By company
<b>Health facilities—Promotional materials</b>	
Prevalence (%) of promotional materials found at health facilities not meeting each individual criterion of applicable materials (by criterion)	<ul style="list-style-type: none"> <li>- By types of products mentioned</li> <li>- By company</li> <li>- By type of health care facility (public vs. private; health centre vs. maternity facility )</li> </ul>
Prevalence (%) of promotional materials found at health facilities not meeting all criteria that are applicable to the respective materials.	<ul style="list-style-type: none"> <li>- By types of products mentioned</li> <li>- By company</li> </ul>

## ANNEX 6 SUGGESTED BREAKDOWN OF INDICATORS FOR ANALYSIS – POINT OF SALE

Indicator	Suggested breakdown for analysis
<b>Promotions</b>	
Prevalence (%) of promotions associated with products covered under the scope at retail outlets.	<ul style="list-style-type: none"> <li>- Overall prevalence</li> <li>- By type of promotions</li> <li>- By type of product</li> <li>- By company/brand</li> <li>- By type of retail outlets</li> </ul>
Prevalence (%) of promotional materials found at retailers violating any criteria that is applicable to the respective materials.	<ul style="list-style-type: none"> <li>- By each individual criterion of applicable materials (by criterion)</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>- Overall prevalence</li> <li>- By type of promotions</li> <li>- By type of product</li> <li>- By company/brand</li> <li>- By type of retail outlets</li> </ul>
<b>Labels</b>	
Prevalence (%) of products with labels meeting applicable criteria for violations to the Code and relevant national measures.	<ul style="list-style-type: none"> <li>- Meeting any criterion that is applicable to the respective materials</li> <li>- By each individual criterion of applicable materials (by criterion)</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>- Overall prevalence</li> <li>- By type of product</li> <li>- By company/brand</li> </ul>

# ANNEX 7 DATA ANALYSIS TABLES FOR TELEVISION PROMOTIONS

**Table I** Frequency and number of minutes of promotionS by product type, company, time of day, and channel

	# Promotions per week	# minutes per week
<b>Total</b>		
<b>Product type</b>		
Infant formula (0+ months)		
Follow up/on formula (6 + months)		
Growing up milk (12 + months)		
Any other milk for children 0-<36 months		
Any other food or liquid for infants (0-6 months)		
Commercial complementary food or liquid (6+months)		
Feeding bottles or teats		
Not a specific product		
<b>Company</b>		
Company 1		
Company 2		
Company 3		
<b>Time of day</b>		
Morning (6am-noon)		
Afternoon (Noon-6pm)		
Evening (6pm-midnight)		
Night time (Midnight-6am)		
<b>Channel</b>		
1		
2		
3		

**Table II Type of promotions shown**

Type of promotion	# of Promotions
Advertisement	
Information note	
Interview	
News report	
Opinion/analysis/debate	
Other (specify _____)	
Total	

**Table III Number of claims made, by type of claim and product category**

	Infant formula (0+ months)	Follow up/on formula (6+ months)	Growing up milk (12+ months)	Any other milk for children 0-<36 months	Any other food or liquid for infants (0-6 months)	Commercial complementary food or liquid (6+months)	Feeding bottles or teats	Not a specific
Claims made								
New/Improved								
Convenient								
Healthy								
Nutritious								
Protect against diseases								
Enhance child growth								
Enhance child intelligence								
Enhance child development								
Help build the immune system								
Other (s)_____								
Other (s)_____								

**Table IV** Percent of ads for complementary foods that cross-brand breast-milk substitutes, by company

	% of ads that cross-brand breast-milk substitutes	# of ads for complementary foods
<b>Total</b>		
<b>Company</b>		
Company 1		
Company 2		
Company 3		

# ANNEX 8 DATA ANALYSIS TABLES FOR INTERNET ADVERTISING

**Table I** Number of promotions found by media source, product type, company, time of day and channel

	Manufacturer of baby food products	Mothers' magazines/ online forums	Online retailers	Total
<b>Total</b>				
<b>Product type</b>				
Infant formula (0+ months)				
Follow up/on formula (6 + months)				
Growing up milk (12 + months)				
Any other milk for children 0-<36 months				
Any other food or liquid for infants (0-6 months)				
Commercial complementary food or liquid (6+months)				
Feeding bottles or teats				
Not a specific product				
<b>Company</b>				
Company 1				
Company 2				
Company 3				
<b>Type of channel</b>				
Website				
Facebook				
Twitter				
YouTube				
Instagram				
Other (specify _____)				

**Table II Type of Promotions shown**

Type of promotion	Manufacturer of baby food products	Mothers' magazines/online forums	Online retailers	Total
Advertisement				
Information note				
Interview				
News report				
Opinion/analysis/debate				
Viral marketing encouraging mothers to contact their peers about specific product or brand				
Sweepstakes and promotions				
Club memberships				
Incentives of products purchase				
Other (specify _____)				
Total				

**Table III Number of claims made, by type of claim and product category**

	Infant formula (0+ months)	Follow up/on formula (6 + months)	Growing up milk (12 + months)	Any other milk for children 0-<36 months	Any other food or liquid for infants (0-6 months)	Commercial complementary food or liquid (6+months)	Feeding bottles or teats	Not a specific
Claims made								
New/Improved								
Convenient								
Healthy								
Nutritious								

	Infant formula (0+ months)	Follow up/on formula (6 + months)	Growing up milk (12 + months)	Any other milk for children 0-<36 months	Any other food or liquid for infants (0-6 months)	Commercial complementary food or liquid (6+months)	Feeding bottles or teats	Not a specific
Protect against diseases								
Enhance child growth								
Enhance child intelligence								
Enhance child development								
Help build the immune system								
Other (s)_____								
Other (s)_____								

**Table IV Percent of ads for complementary foods that cross-brand breast-milk substitutes, by company**

	Manufacturer of baby food products	Mothers' magazines/ online forums	Online retailers	Total
<b>Total</b>				
Company				
Company 1				
Company 2				
Company 3				



# **ANNEX 9** TEMPLATE OUTLINE FOR FULL REPORT OF ASSESSMENT

## **1. Executive Summary**

## **2. Background**

## **3. Introduction**

## **4. Objectives**

## **5. Methodology**

## **6. Findings**

- Interviews with mothers of children less than 24 months old
- Interviews with health workers
- Health facility environment
- Retailer environment
- Product labels
- Promotion and informational or educational materials
- Media review
- Other (s)

## **7. Analysis of results**

- Situation vs. the recommendations of the Code
- Situation vs the provisions of the national measures

## **8. Conclusions**

## **9. Programmatic and policy recommendations**

## **10. Ethical consideration**

## **11. Funding**

## **12. References (Bibliography)**

## **13. Annexes**

- Tools
- Sample frame
- Other (s)

# ANNEX 10 TEMPLATE OUTLINE FOR SUMMARY REPORT ON ASSESSMENT

1. *Background (1/2 page)*
  - a. Highlight the nutrition, breastfeeding situation in the country
2. *Introduction (1/2 page)*
  - a. Highlight the aim and scope of the Code, how the national measure, if available, implements (fully/partially/limited) the recommendations of the Code
  - b. Highlight the importance of conducting a national/sub-national assessment on marketing practices related to specific products and activities
3. *Objectives (1/2 page)*
  - a. Present the key objectives of the assessment
4. *Methods (1/2 page)*
  - a. Describe the method used
    - i. Interviews
    - ii. Review of advertisements
    - iii. Review of labels
    - iv. External media monitoring
5. *Findings (2 pages)*
  - a. Interviews with mothers of children less than 24 months old
  - b. Interviews with health workers
  - c. Health facility environment
  - d. Retailer environment
  - e. Product labels
  - f. Promotion and informational or educational materials
  - g. Media review
6. *Conclusion and Recommendations (1/2 page)*
  - a. Key bullet points of the main programmatic, policy, investment recommendations to be communicated to policy-makers, decision makers, legislators and opinion leaders

# ANNEX 11 TEMPLATE POWERPOINT PRESENTATION OF ASSESSMENT RESULTS

Slide #	Slide Title	Slide Content
1	Title	National assessment on the compliance with the Code and the national measures (if applicable) in (insert name of the Country)
2	Background	Highlight the nutrition, breastfeeding situation in the country (1)
3	Background	Highlight the nutrition, breastfeeding situation in the country (2)
4	Introduction	Highlight the aim and scope of the Code, and how the national measure, if available, implements (fully/partially/limited) the recommendations of the Code
5	Introduction	Highlight the importance of conducting a national/sub-national assessment on marketing practices related to specific products and activities
6	Objectives	Present the key objectives of the assessment
7	Methods	<p>Present the methods used</p> <ul style="list-style-type: none"> <li>i. Interviews</li> <li>ii. Review of advertisement</li> <li>iii. Review of labels</li> <li>iv. External media monitoring</li> </ul>
8	Target respondents and settings	<p>Number of mothers</p> <p>Number of health workers</p> <p>Number of TV channels reviewed</p> <p>Number of point of sale establishments covered</p>
9	Findings	Mothers
10	Findings	Health workers
11	Findings	Promotions present at health centres

Slide #	Slide Title	Slide Content
12	Findings	Promotions present at the point of sale
13	Findings	Promotions present (TV and internet promotion) as per the media module
14	Findings	Labels and messaging available in the market
15	Issues of concern	Highlight the issues identified, surfaced by the interviews, retail analysis and review, media monitoring. Activities and actions that are violating the Code and national measure
16	Issues of concern	Highlight the issues identified, surfaced by the interviews, retail analysis and review, media monitoring. Activities and actions that are violating the Code and national measure
17	Issues of concern	Highlight the issues identified, surfaced by the interviews, retail analysis and review, media monitoring. Activities and actions that are violating the Code and national measure
18	Conclusion	
19	Recommendations	Key bullets point of the main programmatic, policy, investment recommendations to be communicated to policy-makers, decision-makers, legislators and opinion leaders
20	Recommendations	Key bullets point of the main programmatic, policy, investment recommendations to be communicated to policy-makers, decision-makers, legislators and opinion leaders
21	QUESTION AND ANSWERS	QUESTION AND ANSWERS





# FORMS

A photograph of a person's hands typing on a laptop keyboard, overlaid with a semi-transparent blue filter. The image is used as a background for the text.

## FORM 1. QUESTIONNAIRE FOR MOTHERS

PLACE STICKER LABEL (IDENTIFIER)

---

**Type of health facility**

*(change to appropriate local administrative unit/  
division)*

- Health Centre
- Health Clinic
- Hospital
- Other

---

**Public / Private**

- Public
- Private

---

**For large facilities, indicate Ward/ Unit/  
Department, if applicable**

*[adapt as above]*

**Facility name**

**Facility ID**

**Data collector ID**

**Date (dd/mm/yyyy)**

---

NOTE to data collectors: **Remember to go through the Consent form before you begin!**



---

1. Are you a mother of any children younger than 24 months?  Yes  
 No **IF NO, STOP THE INTERVIEW**

---

2. How many children under 24 months do you have?  1  
 2  
 3

---

3. What are the dates of birth of your children under 24 months?

**YOUNGEST: (dd/mm/yyyy)**     

**2<sup>nd</sup> YOUNGEST: (dd/mm/yyyy)**     

**3<sup>rd</sup> YOUNGEST: (dd/mm/yyyy)**     

---

**REFER TO THE INSTRUCTION PAGE AND DETERMINE WHICH CHILD TO ASK ABOUT IN THIS QUESTIONNAIRE IF MOTHER HAS MORE THAN ONE CHILD UNDER 24 MO.**

---

4. RECORD WHICH CHILD WAS SELECTED  YOUNGEST  
 2<sup>ND</sup> YOUNGEST  
 3<sup>RD</sup> YOUNGEST

---

5. RECORD THE AGE OF THE CHILD IN COMPLETED MONTHS  MONTHS

**IF THE CHILD IS IN THE AGE GROUP THAT HAS REACHED A SAMPLE SIZE OF FIVE IN THIS FACILITY, STOP THE INTERVIEW.**

---

6. What is the name of your (\*) child? **(\*) = selected child** **(SPECIAL NOTE:** If it is sensitive to ask for the child's name in certain context, tell the mother that her child's name will not be recorded and this is only for purpose of conversation)

**DO NOT RECORD THE NAME, SIMPLY ASK AND USE NAME THROUGHOUT THE INTERVIEW**

---

7. Where was (NAME) delivered?  Home  
 Health Facility  
 Other (s)

---

8. What is the highest level of school you have completed?  No School  
 Pre-primary  
 Primary (1-6)  
 Lower secondary (7-9)  
 Upper secondary (10-12)  
 Post-secondary (above 12)  
 Non-standard curriculum

---

**ADVICE**

9. In the past six months, did anyone tell you that you should feed any milk products other than breast milk to (NAME)?
- Yes  
 No  
 I don't know

**IF NO OR DON'T KNOW, GO TO QUESTION 13**

**IF YES, CONTINUE TO QUESTION 10-12 FOR EACH MILK PRODUCT RECOMMENDED TO THE MOTHER. PROMPT BY ASKING "Any other milk product that was recommended to you?" AND RECORD IN THE TABLE BELOW**

		Product 1	Product 2	Product 3	Product 4
<b>10.</b> What type of milk product was recommended?	Infant formula (0+ months)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Follow-up/on formula (6+ months)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Growing-up milk (12+ months)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Baby milk (age range not specified/unknown)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Milk not targeted for babies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	A combination of milk product categories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>11.</b> Who recommended it? (CHECK ALL THAT APPLY)	Family/general doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Gynaecologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Midwife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Paediatrician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Nutritionist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Partner/relative/friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Shop/pharmacy personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Representative of a company	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Can't remember	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>12.</b> What particular company/brand was it from?	Company				
	<b>RECORD NAME OF COMPANY and BRAND. IF CAN'T REMEMBER, WRITE 99.</b>				

- 13. IF CHILD <6MO:** Has anyone told you to start feeding (NAME) any other food or drink products?  Yes  
 No
- IF CHILD >=6MO:** Did anyone tell you to start feeding (NAME) any other food or drink products when he/she was under 6 months old?  I don't know

**IF NO OR DON'T KNOW, GO TO QUESTION 17  
 IF YES, CONTINUE TO QUESTION 14-16 FOR EACH  
 PRODUCT RECOMMENDED TO THE MOTHER. PROMPT  
 BY ASKING "Any other product that was recommended  
 to you?" AND RECORD IN THE TABLE BELOW**

		Product/ Combination 1	Product/ Combination 2	Product/ Combination 3	Product/ Combination 4
<b>14. What type of product was recommended?</b>	Complementary foods or liquids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	A combination of product categories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not specified product	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>15. Who recommended it? (CHECK ALL THAT APPLY)</b>	Family/general doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Gynaecologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Midwife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Paediatrician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Nutritionist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Partner/relative/friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Shop/pharmacy personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Representative of a company	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Can't remember	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>16. What particular company/brand was it from?</b>	Company				
	<b>RECORD NAME OF COMPANY AND BRAND. IF CAN'T REMEMBER, WRITE 99.</b>				
	Brand				



## IF THE CHILD IS &lt;6MO AND WAS DELIVERED AT A HEALTH FACILITY, ASK QUESTIONS 22-26. OTHERWISE CONTINUE TO QUESTION 27.

22. Did you see/hear any (TYPE OF PROMOTION/ MESSAGE) at the facility where (NAME) was born about any baby milk products or feeding bottles and teats for children less than 3 years old or companies that sell these products? PROMPT BY ASKING "Did you see any XXX (TYPE) in the hospital?"	CHECK IF YES	Promotion 1							Promotion 2								
		23. What particular company and brand was being promoted?  RECORD COMPANY & BRAND NAME. IF CAN'T REMEMBER, WRITE 99.	24. What type of product was promoted?							25. PROMPT BY ASKING "Did you see/hear another (TYPE OF PROMOTION/ MESSAGE)?"  What particular company and brand was being promoted?  RECORD COMPANY & BRAND NAME. IF CAN'T REMEMBER, WRITE 99.	26. What type of product was promoted?						
			Infant formula (0+ months)	Follow-up/on milk (6+ months)	Growing-up milk (12+ months)	Baby milk (age range not specified/ unknown)	Feeding bottles and teats	A combination of product categories	Not a specific product		Infant formula (0+ months)	Follow-up/on milk (6+ months)	Growing-up milk (12+ months)	Baby milk (age range not specified/ unknown)	Feeding bottles and teats	A combination of products categories.	Not a specific product
Poster	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flyer / Brochure	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other promotional materials/messages SPECIFY: <input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Logo on any objects (SPECIFY e.g. clocks, growth charts) Object 1 <input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Object 2 <input type="text"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





SOCIAL GROUPS AND EVENTS			
	a.	b. If yes, was it sponsored or organized by a company that sells any food or drinks for children under 3 years old or feeding bottles and teats?	c. IF YES to Qb, which company/ Brand?  RECORD NAME
32. In the past 6 months, have you been a member of any <b>online social groups</b> for mothers and other care-givers of infants and young children, such as baby clubs or parenting groups?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> don't know	
33. In the past 6 months, have you participated in any <b>online events or activities</b> hosted for mothers and other care-givers of infants and young children, such as photo contests and promotional sales on e-commerce platforms?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> don't know	
34. In the past 6 months, have you been a member of any <b>in-person social groups</b> for mothers and other care-givers of infants and young children, such as baby club and parenting group?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> don't know	
35. In the past 6 months, have you attended any <b>classes</b> on parenting or infant and young child feeding?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> don't know	
36. In the past 6 months, have you attended any <b>events or activities</b> hosted for mothers and other care-givers of infants and young children, such as baby fairs/ festivals?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> don't know	



**FREE SAMPLES**

- 37.** In the past six months, did anyone tell you that you should feed any milk products other than breast milk to (NAME)?
- Yes
- No
- I don't know

**IF NO OR DON'T KNOW, GO TO QUESTION 13**

**IF YES, CONTINUE TO QUESTION 10-12 FOR EACH MILK PRODUCT RECOMMENDED TO THE MOTHER. PROMPT BY ASKING "Any other milk product that was recommended to you?" AND RECORD IN THE TABLE BELOW**

		Sample 1	Sample 2	Sample 3	Sample 4
<b>38.</b> What was it a sample of?	Infant formula (0+ months)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Follow-up/on formula (6+ months)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Growing-up milk (12+ months)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Baby milk (age range not specified/ unknown)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	A combination of product categories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>39.</b> Who gave you the sample?	Family/general doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Gynaecologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Midwife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Paediatrician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Nutritionist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Shop/pharmacy personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Representative of a company	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Can't remember	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify)					
<b>40.</b> Where did you receive the sample?	Primary health clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Hospitals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Shops/ Pharmacies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Can't remember	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other(Specify)				
<b>41.</b> What particular company/brand was it from?	Company				
	<b>RECORD NAME OF COMPANY &amp; BRAND</b>				
	Brand				

**COUPONS**

- 42.** In the past six months, have you ever received a **coupon** for any baby milk products or feeding bottles and teats for children less than 3 years old?  Yes  
 No  
 I don't know

**IF NO OR DON'T KNOW, GO TO QUESTION 13**

**IF YES, CONTINUE TO QUESTION 10-12 FOR EACH MILK PRODUCT RECOMMENDED TO THE MOTHER. PROMPT BY ASKING "Any other milk product that was recommended to you?" AND RECORD IN THE TABLE BELOW**

		Coupon 1	Coupon 2	Coupon 3	Coupon 4
<b>43.</b> What was it a coupon for?	Infant formula (0+ months)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Follow-up/on formula (6+ months)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Growing-up milk (12+ months)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Baby milk (age range not specified/ unknown )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Feeding bottles and teats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	A combination of product categories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>44.</b> Who gave you the coupon?	Family/general doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Gynaecologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Midwife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Paediatrician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Nutritionist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Shop/pharmacy personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Representative of a company	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Can't remember	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify)					
<b>45.</b> Where did you receive the coupon?	Primary health clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Hospitals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Shops/ Pharmacies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Can't remember	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other(Specify)				
<b>46.</b> What particular company/brand was it from?	Company				
	Brand				
<b>RECORD NAME OF COMPANY &amp; BRAND</b>					
<b>GET SAMPLE OR TAKE PICTURES IF POSSIBLE</b>					

**GIFTS**

- 47.** In the past six months, have you ever received a gift from someone other than a family member or a friend?  Yes  
 No  
 I don't know

**SPECIAL NOTE:** Examples of gifts include free items like toys, bags, bib, nappies/diapers, calendars, note-books, growth charts and others. **IF NO OR DON'T KNOW, GO TO QUESTION 52. IF YES, CONTINUE TO QUESTION 48-51 FOR EACH GIFT THE MOTHER HAS RECEIVED. PROMPT BY ASKING "Any other gift?" AND ONLY RECORD IN THE TABLE BELOW IF GIFTS ARE ASSOCIATED WITH COMPANIES/BRANDS THAT SELL ANY FOODS AND DRINKS FOR CHILDREN 0-<36MO.**

		Gift 1	Gift 2	Gift 3	Gift 4
<b>48. What was it a gift of? SPECIFY THE GIFT</b>					
<b>49. Who gave you the gift?</b>	Family/general doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Gynaecologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Midwife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Paediatrician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Nutritionist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Shop/pharmacy personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Representative of a company	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Can't remember	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify)					
<b>50. Where did you receive the gift?</b>	Primary health clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Hospitals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Shops/ Pharmacies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Community event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Can't remember	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other(Specify)				
<b>51. What particular company/ brand was it from?</b>	Company/Brand:				
	Product:				
<b>RECORD NAME OF COMPANY/BRAND &amp; PRODUCT. GET GIFT OR TAKE PICTURES IF POSSIBLE.</b>					

---

**ANY OTHER COMMENTS**

---

**52.** Do you have anything else that you would like to say?



---

**THANK YOU VERY MUCH!**

## FORM 2. HEALTH PROFESSIONAL ASSESSMENT

*[Type in study site]*

PLACE STICKER LABEL (IDENTIFIER)

---

**Type of health facility**

*(change to appropriate local administrative unit/  
division)*

Health Centre

Health Clinic

Hospital

Other (Specify)

---

**Public / Private**

Public

Private

---

**For large facilities, indicate Ward/ Unit/  
Department, if applicable**

*[adapt as above]*

**Facility name**

**Facility ID**

**Data collector ID**

**Date (dd/mm/yyyy)**

---

Thank you for agreeing to talk to me. I am interested in infant and young child feeding and, in particular, attempts to approach health facilities made by companies that sell baby food, bottles, or teats. I will not take your name and will not repeat anything you say to anyone else. The information you provide will be anonymous and analysed together with that provided by your colleagues from other health facilities. There will be a report but it will not be possible to identify you or where you work. The time you share with us and the information you provide is very valuable and will lead to improving maternal and child health.

---

1. What is your position in this health centre?

- Centre director
- Department head
- Doctor
- Nurse
- Midwife
- Other (Specify)

---

2. How many years have you been working in this facility?

<b>3. Have any personnel from companies that sell baby foods, bottles or teats reached out to you or other staff in your facility in the past 6 months?</b>		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	<b>IF NO OR DON'T KNOW GO TO QUESTION 8. IF YES CONTINUE</b>		
			Company 1	Company 2	Company 3
<b>4. Which company?</b>					
<b>5. How did (COMPANY NAME) contact you or others? (CHECK ALL THAT APPLY)</b>	Telephone		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	e-mail		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Direct facility visit		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Mail		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other (Please specify)				
<b>6. Why did (COMPANY NAME) contact you or others? (CHECK ALL THAT APPLY)</b>	Provide for distribution to mothers and other care-givers	Promotional materials of specific products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Other informational/ educational materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Samples of baby milks/other baby food products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Gifts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Coupons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Provide for use of health facilities/staff	Promotional materials of specific products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Other informational/educational materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Gifts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Seek direct contact with	Display and other promotional activities in the facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Mothers (and other caregivers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Make offers for	Facility staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Free supplies of baby milks/other baby food products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Donations of equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Sponsored events or workshops for health facility/staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Invitation and/or support for staff to attend events/workshops outside the health facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other (Please specify)				
	Don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>7. How many times were you or others contacted by this company in the past 6 months?</b>					

- 
8. In the past 2 years, have you attended any health professional conferences or scientific meetings?
- Yes  
 No  
 Don't know
- 
9. If Q8 is yes, were any of these conferences/meetings sponsored by manufacturers of baby milks or other baby food products? (If yes, which company(ies))?
- Yes (Company)   
 No  
 Don't know
- 
10. Are you familiar with the International Code of Marketing of Breast-Milk Substitutes?
- Yes  
 No  
 Don't know
11. Are you familiar with national laws or regulations on the marketing of breast-milk substitutes?
- Yes  
 No  
 Don't know
12. Have you received training on breastfeeding and infant & young child feeding? **(IF YES, indicate the year of most recent training)**
- Yes (Year)   
 No  
 Don't know
13. Have you received training on the International Code of Marketing of Breast-Milk Substitutes? **(IF YES, indicate the year of most recent training)**
- Yes (Year)   
 No  
 Don't know
14. Have you received training on national laws or regulations on the marketing of breast-milk substitutes? **(IF YES, indicate the year of most recent training)**
- Yes (Year)   
 No  
 Don't know
- 
15. Do you have anything else that you would like to say about baby food companies' or feeding bottle and teat companies' efforts to engage health facilities and health workers?
- Yes  
 No

**IF YES WRITE IN**



### FORM 3. HEALTH FACILITY LISTING OF PROMOTIONAL AND INFORMATIONAL OR EDUCATIONAL MATERIALS

*[Type in study site]*

PLACE STICKER LABEL (IDENTIFIER)

**Type of health facility**

*(change to appropriate local administrative unit/  
division)*

Health Centre

Health Clinic

Hospital

Other (Specify)

**Public / Private**

Public

Private

**For large facilities, indicate Ward/ Unit/  
Department, if applicable**

*[adapt as above]*

**Facility name**

**Facility ID**

**Data collector ID**

**Date (dd/mm/yyyy)**



**PROMOTIONAL AND INFORMATIONAL OR EDUCATION MATERIALS CHECKLIST  
FOR HEALTH FACILITY OBSERVATIONS**

Content	Item 1	Item 2	Item 3	Item 4	Item 5	Item 6	Item 7	Item 8	Item 9
Is the item part of a discharge pack?	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No
Company <b>WRITE "MULTIPLE" IF MORE THAN ONE PROMOTED</b>	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No
Brand <b>WRITE "MULTIPLE" IF MORE THAN ONE PROMOTED</b>									
Picture number <b>RECORD START AND END NUMBER</b>	From	From	From	From	From	From	From	From	From
	To	To	To	To	To	To	To	To	To
Label identifier <b>IF COPY WAS OBTAINED, TWO IDENTICAL LABELS SHOULD RESPECTIVELY BE PLACED ON THE COPY AND THIS FORM</b>	[PLACE LABEL IDENTIFIER HERE]	[PLACE LABEL IDENTIFIER HERE]	[PLACE LABEL IDENTIFIER HERE]	[PLACE LABEL IDENTIFIER HERE]	[PLACE LABEL IDENTIFIER HERE]	[PLACE LABEL IDENTIFIER HERE]	[PLACE LABEL IDENTIFIER HERE]	[PLACE LABEL IDENTIFIER HERE]	[PLACE LABEL IDENTIFIER HERE]

## FORM 4. DESK REVIEW OF PROMOTIONAL AND INFORMATIONAL OR EDUCATIONAL MATERIALS COLLECTED AT HEALTH FACILITIES OR RETAILERS

		Responses
<b>Material found at</b>		<input type="radio"/> Health facility <input type="radio"/> Retail outlet or pharmacy
<b>Picture number</b>	From	<input type="text"/>
	To	<input type="text"/>
<b>Label number for the copy IF COPY WAS OBTAINED</b>		<input type="text"/>
<b>1. Target audience</b>		<input type="radio"/> General public <input type="radio"/> Health workers only
<b>2. Product types mentioned in the material (CHECK ALL THAT APPLY)</b>		<input type="radio"/> Infant formula (0 + months) <input type="radio"/> Follow up/on formula (6 + months) <input type="radio"/> Growing up milk (12 + months) <input type="radio"/> Any other milk for children 0 - <36 months <input type="radio"/> Any other food or liquid for infants (0 - 6 months) <input type="radio"/> Commercial complementary food or liquid (6 + months) <input type="radio"/> Feeding bottles or teats <input type="radio"/> Not a specific product
<b>3. Company (WRITE "MULTIPLE" IF MORE THAN ONE MENTIONED; WRITE "N/A" IF NO COMPANY MENTIONED)</b>		<input type="text"/>
<b>4. Brand (WRITE "MULTIPLE" IF MORE THAN ONE MENTIONED; WRITE "N/A" IF NO BRAND MENTIONED)</b>		<input type="text"/>
<b>5. What language(s) were used in this material?</b>		<input type="text"/>
<b>6. Were the materials created by a retailer, the health department/health facility, or a manufacturer or distributor of breast-milk substitutes?</b>		<input type="radio"/> Retailer <input type="radio"/> Health department/health facility <input type="radio"/> Breast-milk substitute manufacturer or distributor <input type="radio"/> Unable to determine
<b>CHARACTERISTICS OF PROMOTIONAL MATERIALS (IF MATERIAL IS NOT PROMOTIONAL, SKIP TO 10.1)</b>		
<b>7. Does the material convey messages about the benefits of specific products?</b>		<input type="radio"/> Yes <input type="radio"/> No (SKIP TO QUESTION 10)
<b>8. IF YES FOR Q7, What messages (check all that apply)?</b>		<input type="radio"/> New/improved <input type="radio"/> Convenient <input type="radio"/> Similar to breast milk <input type="radio"/> Healthy <input type="radio"/> Nutritious <input type="radio"/> Protects against diseases <input type="radio"/> Enhances child growth <input type="radio"/> Enhances child intelligence <input type="radio"/> Enhances child development <input type="radio"/> Helps build the immune system <input type="radio"/> Other (specify) <input type="text"/>

9. If complementary foods are being promoted, are the colour schemes, designs, brand names, slogans, or mascots similar to those of breast-milk substitute products made by the same manufacturer	<input type="radio"/> Yes <input type="radio"/> No
---	---

<b>CRITERIA FOR INFORMATIONAL/ EDUCATIONAL MATERIALS FOR PARENTS (IF NOT APPLICABLE, SKIP TO 13.1)</b>	<b>Notes/exp lanations/examples</b>	
10.1. Contains clear information on the benefits and superiority of breastfeeding	<p>Yes: Examples include “Breastfeeding is best for your baby and protects against diarrhoea and respiratory infections”; “Exclusive breastfeeding provides the best food for your baby for the first six months of life, and remains an important part of the baby’s diet up to the age of two years or beyond”.</p> <p>No: No information presented; Information is in places hard to find; Text is in font smaller than that used in the body of the material. Information is hard to understand; Text merely copies the Code text.</p>	<input type="radio"/> Yes <input type="radio"/> No
10.2. Contains clear information on maternal nutrition	No: No information presented; Information is in places hard to find; Text is in font smaller than that used in the body of the material. Information is hard to understand; Text merely copies the Code text.	<input type="radio"/> Yes <input type="radio"/> No
10.3. Contains clear information on the preparation for and maintenance of breast-feeding	No: No information presented; Information is in places hard to find; Text is in font smaller than that used in the body of the material. Information is hard to understand; Text merely copies the Code text.	<input type="radio"/> Yes <input type="radio"/> No
10.4. Contains clear information on the negative effect on breastfeeding of introducing partial bottle-feeding	No: No information presented; Information is in places hard to find; Text is in font smaller than that used in the body of the material. Information is hard to understand; Text merely copies the Code text.	<input type="radio"/> Yes <input type="radio"/> No
10.5. Contains clear information on the difficulty of reversing the decision not to breastfeed	No: No information presented; Information is in places hard to find; Text is in font smaller than that used in the body of the material. Information is hard to understand; Text merely copies the Code text.	<input type="radio"/> Yes <input type="radio"/> No
10.6. Contains information that implies or creates a belief that breast-milk substitute products are equivalent or superior to breast milk	Yes: Any text stating/implying that baby milk products can be made similar to, comparable to breast milk or has similar benefits to breastfeeding e.g., "humanized", "maternalized" or similar terms/ words; "gold standard" "Closer to breast milk than any other formula"; "Even the baby' stools will be softer and similar to those of breastfed infants"	<input type="radio"/> Yes <input type="radio"/> No Specify: <div style="background-color: #e0e0e0; height: 20px; width: 100%;"></div>
10.7. Contains text or images that may discourage or undermine breastfeeding	Yes: Includes text that undermines a mother’s ability to breastfeed, text that refers to negative aspects associated with breastfeeding, e.g., “Breast milk is best for babies except where special medical conditions exist”; “... A mother must breastfeed her baby if she is in a position to do so”; “Every mother who can breastfeed should be encouraged to do so.” Images showing breastfeeding in a negative light.	<input type="radio"/> Yes <input type="radio"/> No Specify: <div style="background-color: #e0e0e0; height: 80px; width: 100%;"></div>

<p><b>10.8.</b> Recommends any food or drink products for infants under 6 months old</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>10.9.</b> Includes invitation to make contact (direct or indirect) with the company</p>	<p>Yes: e.g., ways to attend company sponsored/ organized events or social groups; links to company sponsored/ developed forums and websites; ways to connect to company social media accounts.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Specify:</p> <div style="background-color: #e0e0e0; height: 40px; width: 100%;"></div>
<p><b>10.3.</b> Contains promotional devices to induce sales of its products</p>	<p>Yes: e.g., information about or an image of a free gift or toy; “extra 20% free”; a web link that offers free samples/gifts following the purchase of the infant formula; vouchers for further product purchases.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Specify:</p> <div style="background-color: #e0e0e0; height: 40px; width: 100%;"></div>

**ADDITIONAL CRITERIA FOR MATERIALS THAT MENTION BABY MILK PRODUCTS (IF NO SUCH INFORMATION IS INCLUDED, SKIP TO 13.1)**

<p><b>11.1.</b> Contains clear information on the social and financial implications of baby milk use</p>	<p>Yes: Provides sufficient information to enable the family to calculate how much it will cost to feed their baby artificially.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>No: No information presented; Information is in places hard to find; Text is in font smaller than that used in the body of the material. Information is hard to understand; Text merely copies the Code text.</p>
<p><b>11.2.</b> Contains clear information on the health hazards of inappropriate foods or feeding methods</p>	<p>No: No information presented; Information is in places hard to find; Text is in font smaller than that used in the body of the material; Information is hard to understand; Text merely copies the Code text.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>11.3.</b> Contains clear information on the health hazards of unnecessary or improper use of baby milk products</p>	<p>Yes: Contains specific information related to water, hygiene, and over- and under-dilution. e.g. Unused breast-milk substitutes should be discarded. Powdered formulas are not sterile and many contain harmful bacteria if it is inappropriately prepared. Failure to follow manufacturers’ instructions may cause serious illness. Using unboiled water or unboiled feeding utensils can make your baby sick. Over-diluting or over-concentrating the product is hazardous to your baby’s health.</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>No: No information presented; Information is in places hard to find; Text is in font smaller than that used in the body of the material. Information is hard to understand; Text merely copies the Code text.</p>

11.4. Contains text or images that may idealize the use of breast-milk substitutes	<p>Yes: Includes nutrition and health claims, or other text/claims conveying endorsement of the product or the benefits, quality, necessity, superiority etc. of the product. E.g., "the first choice of doctors for common feeding problems"; "comfort proteins helps bring out the very best in babies"; "increases intelligence, performance, artistic skills..." Pictures of any infant or young child being bottle-fed; any representation of animals, toys, cartoon characters, or brand mascots; images that idealise the product such as hearts, flowers/landscapes.</p>	<input type="radio"/> Yes <input type="radio"/> No Specify: <div style="background-color: #e0e0e0; height: 100px; width: 100%;"></div>
--	--	---

**ADDITIONAL CRITERIA FOR MATERIALS THAT MENTION COMPLEMENTARY FEEDING (IF NO SUCH INFORMATION IS INCLUDED, SKIP TO 13.1)**

12.1. Includes a statement on the importance of continuing breastfeeding for at least 2 years		<input type="radio"/> Yes <input type="radio"/> No
12.2. Contains a statement on the importance of not introducing complementary foods before 6 months of age		<input type="radio"/> Yes <input type="radio"/> No
12.3. Suggests that complementary foods can be fed with a bottle		<input type="radio"/> Yes <input type="radio"/> No
12.3. Contains information that implies or creates a belief that complementary foods are equivalent or superior to breast milk	<p>Yes: Any text stating/implying that the product is similar to or, comparable with breast milk or has similar benefits to breastfeeding e.g. "gold standard" "Optimal nutrition, just like breast milk".</p>	<input type="radio"/> Yes <input type="radio"/> No Specify: <div style="background-color: #e0e0e0; height: 100px; width: 100%;"></div>

**ADDITIONAL CRITERIA FOR MATERIALS THAT MENTION COMPLEMENTARY FEEDING (IF NO SUCH INFORMATION IS INCLUDED, SKIP TO 13.1)**

13.1. Contains non-scientific, not factual matters	<p>Yes: e.g., contains "most babies eventually drink milk from a bottle as they are gradually weaned off milk and onto solids." Information provided is not referenced, references are not peer reviewed, representations and images are not related to the studies, e.g. graphs, figures and diagrams.</p>	<input type="radio"/> Yes <input type="radio"/> No Specify: <div style="background-color: #e0e0e0; height: 100px; width: 100%;"></div>
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**FORM 5. LIST OF RELEVANT PRODUCTS SOLD AT THE POINT OF SALE (DUPLICATE IF NEEDED)**

Item #	Age of introduction	Powder / Ready-to-use	Product name	Sub brand name	Brand name	Company name	Serving size	Picture #
1								From [ ] To [ ]
2								From [ ] To [ ]
3								From [ ] To [ ]
4								From [ ] To [ ]
5								From [ ] To [ ]
6								From [ ] To [ ]
7								From [ ] To [ ]
8								From [ ] To [ ]



**FORM 6.** PROMOTIONS AT RETAIL OUTLETS AND PHARMACIES  
(DUPLICATE IF NEEDED)

*[Type in study site]*

*[Stamp serial number here]*

**Constituency**

*(change to appropriate local administrative unit/  
division)*

**Ward**

*(adapt as above)*

**Outlet Name**

<b>Facility name</b>	<i>Large stores</i>	<input type="radio"/>
	<i>Small stores</i>	<input type="radio"/>
	<i>Pharmacies</i>	<input type="radio"/>
	<i>Other (SPECIFY)</i>	<input type="radio"/>

**Permission granted**  Yes  No

**Date (dd/mm/yyyy)**

		Promotion 1	Promotion 2	Promotion 3	Promotion 4	Promotion 5	Promotion 6
Type of promotion	Brochure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Booklet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Informational poster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Video	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other (SPECIFY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Label identifier		From	From	From	From	From	From
<b>IF COPY WAS OBTAINED, TWO IDENTICAL LABELS SHOULD RESPECTIVELY BE PLACED ON THE COPY AND THIS FORM</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		To	To	To	To	To	To
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Picture number		(PLACE LABEL IDENTIFIER HERE)	(PLACE LABEL IDENTIFIER HERE)	(PLACE LABEL IDENTIFIER HERE)	(PLACE LABEL IDENTIFIER HERE)	(PLACE LABEL IDENTIFIER HERE)	(PLACE LABEL IDENTIFIER HERE)
<b>RECORD START AND END NUMBER</b>							

## FORM 7. DESK REVIEW OF PRODUCT LABELS

Label number	Responses
1. Company name and brand	
2. Product name	
3. Package size	
4. Recommended ages	
5. Product types mentioned in the material <b>(CHECK ALL THAT APPLY)</b>	<input type="radio"/> Infant formula (0 + months) <input type="radio"/> Follow up/on formula (6 + months) <input type="radio"/> Growing up milk (12 + months) <input type="radio"/> Any other milk for children 0 - <36 months <input type="radio"/> Any other food or liquid for infants (0 - 6 months) <input type="radio"/> Commercial complementary food or liquid (6 + months) <input type="radio"/> Feeding bottles or teats <input type="radio"/> Not a specific product
6. What language(s) were used in this material?	

CRITERIA FOR ALL LABELS	Notes/explanations/examples	
7.1. Product information is printed on the container or a well-attached label	No: The label can be easily removed from the container.	<input type="radio"/> Yes <input type="radio"/> No
7.2. The language used on product label is appropriate for the country in which the product is sold	Yes: All label information is written in one or more of the appropriate languages used in the context.  No: e.g., not all label information is written in the appropriate languages used in the context OR No label information is written in the appropriate languages used in the context.	<input type="radio"/> Yes <input type="radio"/> No
7.3. Contains any nutrition and/or health claims	Yes: A nutrition claim is a suggestion that a food has particular nutritional properties including, but not limited to, the energy value, the content of protein, fat and carbohydrates, and the content of vitamins and minerals (do not count nutrition fact panels). A health claim is any representation that states, suggests or implies that a relationship exists between a food or a constituent of that food and health. e.g., contains words similar to "clinically proven", links to growth, development, and health; contains claims related to specific ingredients and nutrients	<input type="radio"/> Yes <input type="radio"/> No Specify: <div style="background-color: #e6eef2; height: 40px; width: 100%;"></div>
7.4. Conveys an endorsement by a health worker or health professional body		<input type="radio"/> Yes <input type="radio"/> No
7.5. Includes the recommended or appropriate age of introduction		<input type="radio"/> Yes <input type="radio"/> No
7.6. Includes the recommended or appropriate age of introduction	Yes: e.g., ways to attend company sponsored/organized events or social groups; links to company sponsored/ developed forums and websites; ways to connect to company social media accounts.	<input type="radio"/> Yes <input type="radio"/> No Specify: <div style="background-color: #e6eef2; height: 20px; width: 100%;"></div>

7.7. Contains promotional devices to induce sales of the company's products under the scope	Yes: e.g., information about, or an image of, a free gift or toy; "extra 20% free"; a web link that offers free samples/ gifts following the purchase of the products under the scope; vouchers for further product purchases.	<input type="radio"/> Yes <input type="radio"/> No Specify:
7.8. Includes a list of the ingredients		<input type="radio"/> Yes <input type="radio"/> No
7.9. Displays nutritional composition of the product		<input type="radio"/> Yes <input type="radio"/> No
7.10. Contains storage instructions	Yes: E.g., "store in a cool dry place"; "use contents within 4 weeks of opening"; "close tin tightly after each use".	<input type="radio"/> Yes <input type="radio"/> No
7.11. Contains batch number		<input type="radio"/> Yes <input type="radio"/> No
7.12. Shows the date before which the product should be consumed (expiration date)		<input type="radio"/> Yes <input type="radio"/> No
<b>ADDITIONAL CRITERIA FOR BABY MILK PRODUCTS (IF NOT A MILK PRODUCT, SKIP TO 9.1)</b>		
8.1. Includes the words "Important Notice" or their equivalent		<input type="radio"/> Yes <input type="radio"/> No
8.2. Includes a statement on the superiority of breastfeeding	Yes: e.g., "Breastfeeding is best for your baby and protects against diarrhoea and respiratory infections"; "Exclusive breastfeeding provides the best food for your baby for the first six months of life, and remains an important part of the baby's diet up to the age of two years or beyond".	<input type="radio"/> Yes <input type="radio"/> No
8.3. Contains text or images that may idealize the use of breast-milk substitutes	Yes: Includes nutrition and health claims, or other text/claims conveying endorsement of the product or the benefits, quality, necessity, superiority etc. of the product. E.g., "the first choice of doctors for common feeding problems"; "comfort proteins helps bring out the very best in babies"; "increases intelligence, performance, artistic skills..." Pictures of any infant or young child being bottle-fed; any representation of animals, toys, cartoon characters, or brand mascots; images that idealise the product such as hearts, flowers/landscapes.	<input type="radio"/> Yes <input type="radio"/> No Specify:
8.4. Contains text or images that may discourage or undermine breastfeeding	Yes: Includes text that undermines a mother's ability to breastfeed, text that refers to negative aspects associated with breastfeeding, e.g., "breast milk is best for babies except where special medical conditions exist"; "... a mother must breastfeed her baby if she is in a position to do so"; "Every mother who can breastfeed should be encouraged to do so." Images showing breastfeeding in a negative light.	<input type="radio"/> Yes <input type="radio"/> No Specify:
8.5. Contains information that implies or creates a belief that breast-milk substitute products are equivalent or superior to breast milk	Yes: Any text stating/implying that the product is similar to or, comparable with breast milk or has similar benefits to breastfeeding e.g. "gold standard" "Closer to breast milk than any other formula"; "Even the baby' stools will be softer and similar to those of breastfed infants" or terms such as "humanised"; "maternalized" or similar.	<input type="radio"/> Yes <input type="radio"/> No Specify:

<b>8.6.</b>	Contains a statement that the product should be used only on the advice of a health worker	Yes: e.g., "The decision to use an infant formula should be done under the guidance of a healthcare professional"	<input type="radio"/> Yes <input type="radio"/> No
<b>8.7.</b>	Contains a statement on the need for health worker advice on the proper method of use	Yes: e.g., "The decision to use infant formula should be done under the guidance of a healthcare professional, who will advise you on how to use infant formula properly"	<input type="radio"/> Yes <input type="radio"/> No
<b>8.8.</b>	Contains a warning against the health hazards of inappropriate preparation and usage	Yes: e.g., "Failure to follow manufacturers' instructions may cause serious illness. Using unboiled water or unboiled feeding utensils can make your baby sick. Over-diluting or over-concentrating the product is hazardous to your baby's health."	<input type="radio"/> Yes <input type="radio"/> No
<b>8.9.</b>	<b>IF IN POWDERED FORM</b> , contains a warning that powdered baby milk products may contain pathogenic microorganisms		<input type="radio"/> Yes <input type="radio"/> No
<b>8.10. IF IN POWDERED FORM</b> , contains instructions for appropriate preparation:			
<b>a.</b>	The label shows clear graphic instructions illustrating the method of preparation		<input type="radio"/> Yes <input type="radio"/> No
<b>b.</b>	Instructions show the use of hygienic practices, e.g., clean hands, preparation surfaces		<input type="radio"/> Yes <input type="radio"/> No
<b>c.</b>	Instructions show the need to boil water and sterilise utensils		<input type="radio"/> Yes <input type="radio"/> No
<b>d.</b>	Instructions show necessity for powdered formula to be prepared one feed at a time		<input type="radio"/> Yes <input type="radio"/> No
<b>e.</b>	Instructions show necessity for powdered formula to be prepared one feed at a time		<input type="radio"/> Yes <input type="radio"/> No
<b>f.</b>	Instructions show the need to cool the formula before feeding if using hot water for reconstitution		<input type="radio"/> Yes <input type="radio"/> No
<b>g.</b>	Instructions show that left-overs of the product need to be discarded immediately		<input type="radio"/> Yes <input type="radio"/> No
<b>ADDITIONAL CRITERIA FOR COMPLEMENTARY FOODS</b>			
<b>9.1.</b>	Includes a statement on the importance of continuing breastfeeding for at least 2 years		<input type="radio"/> Yes <input type="radio"/> No
<b>9.2.</b>	Contains statement that the product should not be given to infants under 6 months	No: e.g., provides illustration which indicates that a child under 6 months old may be ready for his gentle first food, etc.	<input type="radio"/> Yes <input type="radio"/> No
<b>9.3.</b>	Contains text or images suggesting that the product should be given to infants under 6 months		<input type="radio"/> Yes <input type="radio"/> No Specify: <div style="background-color: #e0e0e0; height: 20px; width: 100%; margin-top: 5px;"></div>
<b>9.4.</b>	Suggests that a feeding bottle be used with this product		<input type="radio"/> Yes <input type="radio"/> No

<p><b>9.5.</b> Contains text or images that may discourage or undermine breastfeeding</p>	<p>Yes: Includes text that suggests breastfeeding is no longer important, text that refers to negative aspects associated with breastfeeding, e.g., “all your baby needs for growing up healthy”. Images showing breastfeeding in a negative light.</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  Specify:  <input type="text"/></p>
<p><b>9.6.</b> Contains information that implies or creates a belief that complementary foods are equivalent or superior to breast milk</p>	<p>Yes: Includes text that suggests breastfeeding is no longer important, text that refers to negative aspects associated with breastfeeding, e.g., “all your baby needs for growing up healthy”. Images showing breastfeeding in a negative light.</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  Specify:  <input type="text"/></p>
<p><b>9.7.</b> Colour schemes, designs, brand names, slogans, or mascots are similar to those of breast-milk substitute products made by the same manufacturer</p>		<p><input type="radio"/> Yes  <input type="radio"/> No  Specify:  <input type="text"/></p>
<b>ADDITIONAL CRITERIA FOR FEEDING BOTTLES AND TEATS</b>		
<p><b>10.1.</b> Contains images or texts that idealize the use of feeding bottles and teats</p>	<p>Yes: Pictures or text suggesting similarity to the breast or nipple</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  Specify:  <input type="text"/></p>

## FORM 8. DESK REVIEW OF PROMOTIONS ON THE MEDIAS

	Responses
1. Media source	<input type="radio"/> TV <input type="radio"/> Internet (SKIP TO Q6)
2. Date Day/Month/Year	<input type="text"/> <input type="text"/> <input type="text"/>
3. Time of the day	<input type="text"/> <input type="text"/> hours <input type="text"/> <input type="text"/> minutes
4. Transmission time	<input type="text"/> <input type="text"/> minutes <input type="text"/> <input type="text"/> seconds <input type="radio"/> Unable to measure the time
5. Channel	<input type="text"/> (SKIP TO Q 10)
6. Media source	<input type="radio"/> Manufacturer of baby food products <input type="radio"/> Mothers' magazines/online forums <input type="radio"/> Online retailers
7. Type of channel	<input type="radio"/> Website <input type="radio"/> Facebook <input type="radio"/> Twitter <input type="radio"/> YouTube <input type="radio"/> Instagram <input type="radio"/> Other (specify) <input type="text"/>
8. File number for pictures or screen-shots	From <input type="text"/> To <input type="text"/>
9. Link for the website	<input type="text"/>
10. Type of promotion	<input type="radio"/> Advertisement <input type="radio"/> Information note <input type="radio"/> Interview <input type="radio"/> News report <input type="radio"/> Opinion/analysis/debate <input type="radio"/> Viral marketing encouraging mothers to contact their peers about specific product or brand <input type="radio"/> Sweepstakes and promotions <input type="radio"/> Club memberships <input type="radio"/> Incentives of products purchase Other (specify) <input type="text"/>

- 
11. Product types mentioned in the promotion  
**(CHECK ALL THAT APPLY)**
- Infant formula (0+ months)
  - Follow up/on formula (6 + months)
  - Growing up milk (12 + months)
  - Any other milk for children 0-<36 months
  - Any other food or liquid for infants (0-6 months)
  - Commercial complementary food or liquid (6+months)
  - Feeding bottles or teats
  - Not a specific product
- 

12. Company  
**(WRITE "MULTIPLE" IF MORE THAN ONE MENTIONED; WRITE "N/A" IF NO COMPANY MENTIONED)**
- 

13. Brand  
**(WRITE "MULTIPLE" IF MORE THAN ONE MENTIONED;  
WRITE "N/A" IF NO BRAND MENTIONED)**

14. What language(s) were used in this material?

- 
15. Does the material convey messages about the benefits of specific products?
- Yes
  - No (END)
- 

16. IF YES FOR Q16, What messages (check all that apply)?

- New/improved
  - Convenient
  - Similar to breast milk
  - Healthy
  - Nutritious
  - Protects against diseases
  - Enhances child growth
  - Enhances child intelligence
  - Enhances child development
  - Helps build the immune system
- Other (specify)

- 
17. If complementary foods are being promoted, are the colour schemes, designs, brand names, slogans, or mascots similar to those of breast-milk substitute products made by the same manufacturer
- Yes
  - No
-







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