



NATIONAL AGENCY  
FOR FOOD AND DRUGS  
ADMINISTRATION AND CONTROL  
(NAFDAC)

THE INTERNATIONAL CODE OF MARKETING  
OF BREASTMILK SUBSTITUTES  
MONITORING TOOLKIT

# THE NEED TO MONITOR THE INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES

## **Introduction**

Optimal and appropriate infant and young child feeding (IYCF), access to health services, and proper childcare practices are essential elements for the prevention of malnutrition (under-nutrition, overweight and obesity), mortality and illness among infants and young children.

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend optimal infant and young child feeding as:

- ✓ initiation of breastfeeding within one hour of birth;
- ✓ exclusive breastfeeding for the first 6 months of life;
- ✓ continued breastfeeding for 2 years or beyond;
- ✓ introduction of adequate and appropriate complementary foods from 6 months onwards.

Every year more than 800,000 deaths in children under the age of five could be prevented by breastfeeding. Evidence shows that breastfeeding provides protection against acute childhood diseases as well as against chronic diseases later in life. Published articles also report that children who are breastfed for 12 months or more had statistically significantly higher IQ scores, more years of education and higher monthly incomes than did those who were breastfed for less than one month. Breastfeeding needs to be protected, promoted, and supported.

The Code seeks to protect and encourage breastfeeding by restricting marketing practices used to promote products for artificial feeding. The Code has eleven articles with last being monitoring. The article 11 emphasized the need to implement and monitor the Code and the roles of collective and individual actors including the government, the NGO community, professional groups, institutions, and WHO. Since the adoption of the Code in 1981, international recommendations and commitments have repeatedly called for country actions to monitor and enforce compliance with the Code, including the Global Strategy for Infant and Young Child Nutrition adopted by WHA in 2002(8), the 2012 Comprehensive Implementation Plan for Maternal Infant and Young Child Nutrition (MIYCN), and the 2nd International Conference for Nutrition (ICN2) and subsequent WHA resolutions since then up until 2018.

In 2014, 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) was commissioned to “strengthen Member States' and civil society capacity to monitor the Code; and to facilitate the development, monitoring and enforcement of national Code legislation. Nigeria developed its monitoring tools over ten years ago and has recently reviewed the monitoring tools using the netCode as a reference.

The overall goal for monitoring is to stop all promotional activities related to the marketing of breast-milk substitutes, feeding bottles and teats.

The specific objectives are to:

- ✓ Detect violations of the national measures 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
- ✓ Hold manufacturers and distributors to account for their breaches of national measure(s) and/or the Code.

## **WHAT AND WHERE AND WHEN TO MONITOR**

### ***What to monitor?***

Monitoring should cover materials, promotional and marketing activities, events, company personnel, and health care system engagement with manufacturers and distributors and any other form of engagement that manufacturers and distributors may devise to promote and market relevant products. Monitoring activities should cover the following:

- Media advertisements (TV, radio, online, print materials)
- Promotion in shops and pharmacies
- Free Samples
- Information from the manufacturer for health professionals
- Promotion in health facilities Health worker promotion
- Scholarships
- Sponsorships
- Gifts of any sort (branded gifts) for health workers, health associations and mothers

- Labels
- Promotion in communities and public places
- Company/Manufacturer/Distributor representative contact
- Sales incentives/Sales quotas
- Donations
- Any other marketing, promotional materials and activities that may undermine breastfeeding in the country

***Where to monitor?***

Monitoring activities should be conducted mainly in areas where the main targets of promotional and marketing efforts are to be found. The following are considered key settings where monitoring activities should be carried out regularly:

- Ports of entry and land borders
- Media channels and social networks a. TV, radio, billboards, other b. Internet (webpages, Facebook, Twitter, Instagram, smartphone apps, etc.) c. Printed materials (magazines, newspapers, flyers, brochures, etc.)
- Health facilities (public and private)
- Point of sale (supermarkets, stores, pharmacies, groceries)
- Public areas (day care centres, parks, theatres, cinemas, open spaces, etc.) and within communities.

***When to monitor?***

Marketing and promotional activities happen any time of the day and in a variety of settings, depending on the specific marketing target of the baby food manufacturers and distributors. For government monitoring activities, it is recommended that monitoring activities be integrated into the following regular activities:

- During inspection at Ports of entry.
- Food and drug inspection activities at point of sale
- Media monitoring related to food and drug safety and regulations and monitoring activities related to truth in advertising
- Health facility monitoring and assessments
- Programme level monitoring and supportive supervision in public health facilities and communities.

References: Protecting Infant Health, 11<sup>TH</sup> Edition, IBFAN Penang, Malaysia; The WHO Net Protocol.

# NAFDAC

## BMS CODE MONITORING TOOLKIT

**NIGERIA CODE MONITORING (NCM) FORM 1 : QUESTIONNAIRE FOR HEALTH WORKERS AND HEALTH FACILITIES (Antenatal, Maternity, Postnatal, Neonatal, Paediatrics, etc)**

This questionnaire asks for information about products within the scope of the International Code of Marketing of BMS and the National Regulations, which the facility uses. See *International Code of Marketing of BMS* and *Monitoring Manual* for explanation of what products are included within the scope of the Code. Make sure that for each product listed, there is corresponding information on how the product is obtained. Record only what happened within the last 6 months.

Name and Address of facility: .....

1a. "Is this facility "Baby Friendly"?      YES      NO

1b. "If Yes, show evidence".    "If No, skip to question 2".

(A. Ten (10) Steps for successful breastfeeding,    B. Policy,    C. Code awareness,    D. Others. (Specify.....))

2a. Does the facility have the BMS and other related products, listed below;      YES      NO

2b. How does the facility obtain the products? Give details below:

.....

3. How does the facility obtain products within the scope of the "International Code of Marketing of BMS and the National Regulations"? Give details below:

Type of product	Details of Product Brand Name*: NRN: B/no: EXD: MFD:	Company (Manufacturer)	How obtained <sup>2</sup>
3i			
3ii			
3iii			
3iv			

\*Write none if no brand name<sup>1</sup>Type of product A. Infant formula,    B. Follow-up formula,    C. Special formula,    D. Cereal,    E. Fruit/vegetable/meat puree,    F. Sweetened condensed milk,    G. Feeding Bottles,    H. Teat,    L. Pacifiers, M. Other (write under 'Type...')

<sup>2</sup>**How obtained:** A. Normal purchase, B. Linked to purchase of other products, C. With discount or at special rate, D. Without collection (when a company issues an invoice without collecting payment from the facility), E. Unsolicited company donation, F. Company donation requested by facility, G. Other donation (write under 'How...')

3. Do mothers receive free samples of products at this facility? YES NO  
 "If yes, please give details in the table below"; "If No, skip to question 5".

**Free samples: List brands of products given to mothers. Also check if the samples advertise other products within scope of the BMS Code. Record only what happened within the last 6 months.**

Company (Manufacturer)	Details of Product Brand Name*: NRN: B/no: EXD: MFD:	Type of product <sup>1</sup>	Who gives free samples? <sup>3</sup>	Sample attached? (Yes / No)
4a				
4b				
4c				

\*Write none if no brand name

<sup>3</sup>**Who gives free samples?:** A. Company rep., B. Facility personnel, C. Other (write under 'Who...')

4. Does the facility display any product, poster, pamphlet, calendar, clock or other similar items produced by companies?  
 YES NO  
 "If yes, please give details in the table below". "If No, skip to question 6".

**Product displays, posters, calendars, etc: List all items given by a company that manufactures or distributes products within the scope that refer to i) a brand within the scope, or ii) which include the name or logo of the company, or iii) are somehow related to babies, and displayed in any part of the health care system.**

Company (Manufacturer) Name	Company name / logo seen? (Yes / No)		What is the item being displayed?	What brand name and logo are seen on the item? (Write 'None' if no brand)		Where is item displayed?	Sample attached? (Yes/No)
	Name	Logo		Brand Name	Brand logo		
5b							
5c							

3. "Do company representatives visit this facility? YES NO  
 "If yes, please give details in the table below". "If No, skip to question 7".

“If yes, please give details in the table below”. “If No, skip to question 7”.

**Contact with company reps.: List any instance in which company personnel involved with marketing any product within the scope, has direct contact with a mother. Record only what happened within the last 6 months.**

Name of Company	Purpose of visit	Brand being promoted by company representative (Write ‘None’ if no brand)	Do they provide these things to mothers? ( Yes / No )			Sample attached? (Yes/No)
			Product samples	Gifts	Leaflet / Brochure	
6a						
6b						
6c						

7. Do companies provide health workers with gifts, such as desk calendars, writing pads, pencil holders, prescription pads, diaries, rulers, pens, etc.? YES NO

“If Yes, please give details in the table below”. “If No, skip to question 8”.

**Gifts to health workers:**  
**Report:**  
 i) any gift that advertises a brand within the scope or includes phrases or slogans about such products. Companies often give pens, pencil holders, diaries, prescription pads, etc., items that are likely to be seen by mothers. Also note any slogan about infants, food products, etc., associated with a company name or logo under “Description of gift”. Look out for promotional features such as fuzzy animals or cartoon vegetables which are easily identifiable with the company and its products. For example: a pencil holder with the company name and the words “Best for your baby” or an image of a cute teddy bear or “Mr Carrot”  
 ii) any personal gift. Manufacturers or distributors of products within the scope should not make personal gifts to health workers. These may include meals, flowers, cakes, cash or any kind of goods or services.  
 The Code does NOT allow companies to make contributions in the form of fellowships, study tours, research grants or sponsorship for attendance of professional meetings. Many items given at professional meetings, however, can be considered gifts. Personal gifts, even small ones, are inducements (meant to create goodwill or expectation of something in return).  
 Read Question 6. If the item or service is listed in Q6, record it there rather than under this question.  
 Record only what happened within the last 6 months.

Name of Company	Description of gift	What brand name appears on gift? (Write 'None' if no brand name)	Does company name & logo appear on gift? ( Yes / No )		Sample attached? (Yes/No)
			Name	Logo	
7i					
7ii					
7iii					

8 Has any company given sponsorship or other services? YES NO  
 "If yes, please give details in the table below". "If No, skip to question 9"

The Code forbids any form of financial or material inducement to health workers or members of their families. The following categories could be considered inducements:

- Escort/chauffeur service
- Funding for travel
- Cash grants

Anything you are not sure is an inducement (e.g. subscriptions to magazines or journals) should still be reported. Therefore, find out as much information as possible about events of professional associations such as meetings and conferences and their relationships with companies. What exactly does a company sponsoring an event pay for? What do the companies give out? Do companies have booths related to products within the scope of the Code? Do they pay for doctors' websites? Or give out free computer equipment?  
 Record only what happened within the last 6 months.

Sponsorship/ Service, etc <sup>1</sup>	Company	Description
8a		
8b		
8c		

<sup>1</sup>Sponsorship/service, etc: A. Architectural planning/consultation, B. Escort/chauffeur services, C. Funding for research, D. Funding for travel, E. Cash grants, F. Equipment, G. Printing, H. Office supplies (e.g. pens, pads, flashlights, coffee cups), I. Fellowships and awards, J. Sponsorship of meetings/conferences/training, K. Educational videos promoting products, L. Hosting of company events in the facility M. Others (write under 'Sponsorship / Services')

**NIGERIA CODE MONITORING (NCM) FORM 2: INTERVIEW WITH PREGNANT WOMEN/MOTHERS OF INFANTS AND YOUNG CHILDREN AGE 0 - 36 MONTHS**

PLACE & ADDRESS OF INTERVIEW .....

AGE OF MOTHER .....

General note: This Form is intended for Pregnant women and Mothers with children within the age of 0 - 36 months. Where possible, please send a specimen, scan or photo of Products covered by the *International Code of Marketing of BMS and the National Regulations* with this Form. Mark them with the same form number as you have written on the top right corner of this form. Indicate also to which question a specimen or photo relates. (For example: KAD/DNM/1001 – Q7.a).

- 1) Age of the baby: ..... months
- 2) Does the baby consume any infant formula and any other milk? YES NO  
 "If yes, please give details in the table below"; "If No, skip to question 5".
- 3) What brand of formula or milk do you use and why?

Brand	Why do you use this brand? <sup>1</sup>
3a	
3b	
3c	

<sup>1</sup>Why do you use this brand? :A. Doctor's recommendation; B. Nurse's recommendation; C. Nutritionist's recommendation; D. Another health worker's advice; E. Own experience with previous child; F. Advertisements; G. Relative's or friend's recommendation; H. Other (write under 'Why....')

- 4.) What brand of cereals, porridges or other foods do you use and why?

Brand/TYPE	Why do you use this brand? <sup>1</sup>
4a	
4b	
4c	

<sup>1</sup>Why do you use this brand? :A. Doctor's recommendation, B. Nurse's recommendation, C. Nutritionist's recommendation, D. Another health worker's advice, E. Own experience with previous child F. Advertisements, G. Relative's or friend's recommendation, H. Other (write under 'Why....').

- 5.) Has a company representative contacted you? YES NO



**Contact by company rep.: Record only if it was a company rep. for a product within the scope. This may include contacts during pregnancy.**

Name of Company	Place of visit <sup>1</sup>	Purpose <sup>2</sup>	Remarks
5a			
5b			
5c			

<sup>1</sup>**Place of visit:** A. Health facility, B. Pharmacy, C. Home, D. Shop, E. Social Media, F. Online Marketing G. Others (write under 'Place of visit')

<sup>2</sup>**Purpose:** A. Give information about infant feeding, B. Recommend use of a specific brand, C. Recommend use of a bottle, D. Give sample, E. Give present, F. Other (write under 'Purpose')

6.) Have you received any free sample of a product under the scope of the International Code of Marketing of BMS and the National Regulations? YES NO  
 "If yes, please give details in the table below"; "If No, skip to question 7".

Company	Brand	Type of product <sup>1</sup>	How/where <sup>2</sup>	Who gave it to you? <sup>3</sup>	Sample attached? (Yes / No)
6a					
6b					
6c					

<sup>1</sup>**Type of product** A. Infant formula, B. Follow-up formula, C. Special formula, D. Cereal, E. Fruit/vegetable/meat puree, F. Sweetened condensed milk, G. Feeding Bottle, H. Teat, L. Other (write under 'Type of product')

<sup>2</sup>**How/Where:** A. Health facility, B. Pharmacy, C. Home, D. Shop, E. Mall, F. Antenatal G. Postnatal, H. Other (write under 'Where/how')

<sup>3</sup>**Who gave it to you?** : A. Company rep., B. Health worker, C. Pharmacist, D. Shop personnel, E. Other (write under 'Who ....')

7. "Have you received any booklets or other gifts in this facility? YES NO  
 "If yes, please give details in the table below"

**Gifts: list any item that**  
 < is given by a company that manufactures or distributes products within the scope and  
 < refers to a brand within the scope, **OR**

< includes the name of the manufacturer or distributor and is related to babies.

Also list the company materials for mothers that offer information about the feeding of infants and young children. You will find that mothers receive booklets, leaflets, stickers or magnets at ante -natal classes, through mail, etc. Those materials often have toll-free telephone numbers to call for advice on infant feeding.

Type of gift <sup>2</sup>	Company	Where/When <sup>3</sup>	Who gave it to you? <sup>4</sup>	Sample attached? (Yes / No)
7a				
7b				
7c				

<sup>1</sup>Type of gift: A. Feeding bottle, B. Bib, C. Nappy, D. Toy, E. Decoration, F. Nappy and bottle bag, G. Gift pack, H. Booklet, Other (write under 'Type of Gift')

<sup>2</sup>Where/When: A. Health facility, B. Pharmacy, C. Home, D. Shop, E. Mall, F. Antenatal G. Postnatal, H. Other (write under 'Where/When')

<sup>3</sup>Who gave it to you? : A. Company rep., B. Health worker, C. Pharmacist, D. Shop personnel, E. Other (write under 'Who ....')

**NIGERIA CODE MONITORING (NCM) FORM 3: MANUFACTURERS/IMPORTERS/DISTRIBUTORS OF BREASTMILK SUBSTITUTES (BMS) & OTHER RELATED PRODUCTS**

**General note: This form is intended to monitor compliance with International Code of Marketing of BMS and the National Regulations on BMS by Manufacturers/Importers of Breastmilk Substitutes & Related Products**

Name & Address..... Tel. No:..... Email:.....

**1. What product do you manufacture, import or distribute? Are your products registered with NAFDAC? Yes/No ?**

Manufacturer's/Importer's/distributor's name & address	Type of Product*	Details of Product Brand Name* NRN B/no MFD EXD	Status of Licence	Observations
1a				
1b				
1c				

\*Type of product **A.** Infant formula, **B.** Follow-up formula, **C.** Special formula, **D.** Cereal, **F.** Sweetened condensed milk, **G.** Bottle, **H.** Teat, **L.** Other (write under 'Type...') **\*\*Write 'None' if no brand \*\*\*Current or Expired**

2a) Are your staff engaged in any activity in health facilities?

Yes                      No

If yes, specify: .....

2b) Was there any written request for the activity by the health facility?

Yes                      No

If No, Why? .....

3a) Are your company personnel involved in the marketing of BMS and other related products to Mothers, Health Institutions,

Pharmacies, Supermarkets and other retail outlets?

Yes                      No

3b) Are they trained on the International Code of Marketing of BMS and the National Regulations?

Yes                      No

**4) Do you supervise your Personnel on the marketing of BMS and related products and practices to ensure compliance with the provisions of the International Code of Marketing of BMS and the National Regulations on BMS?**

**Section 11 of the National Regulations states that; Manufacturers and distributors of the Products shall be responsible for the monitoring of their marketing and practices for compliance within the provisions of these Regulations. Report any manufacturer/importer that violates the provisions of these Regulations.**

5) How do you dispose of your bonus samples?

A. Pregnant women B. Nursing mothers C. Health professionals D. Orphanage E. Organization F. Religious houses

G. Work places H. Others ((specify).....

6) Do you use volume of sales of BMS product to determine sales bonus for your staff?

Yes No

If no, why?.....

7) Do you have other incentives attached to volume of sales for your staff?

Yes No

If yes, specify: .....

8) Do you have special incentives e.g. "Best seller of the year" etc, for distributors and marketers of your Breastmilk Substitutes?

Yes No

If yes, why? .....

9) Are there available records/ facilities to indicate that the product conforms to quality standard.

- A. Batch formulation Records
- B. Regular Quality control analytical records
- C. Qualified Personnel
- D. Plant sanitation
- E. Clean records of food handlers test
- F. \*\*HACCP practice
- G. Reliable sources of raw materials
- H. Relevant import documents

10) What happens in case of reported adverse reaction of infants and young children to your product?

- A. Rapid recall system established
- B. No recall system
- C. Do you notify NAFDAC?

Yes No

If no, why? .....

11) Is self-auditing/inspection being carried out?

Yes No

If no, why? .....

If yes, provide evidence?.....

12) Do you ensure compliance with **International Code of Marketing of BMS and the National Regulations on BMS?**

Yes No

If no, why? .....

If yes, how do you ensure compliance?.....

13) Are you aware of the labelling requirements of the **International Code of Marketing of BMS and the National Regulations on BMS.**

Yes No

If yes, how do you ensure compliance with these standards? .....

**NIGERIA CODE MONITORING (NCM) FORM 4: EMPLOYEES OF MANUFACTURERS/IMPORTERS OF BREASTMILK SUBSTITUTES (BMS) & RELATED PRODUCTS**

**General note: This form is intended to monitor compliance with International Code of Marketing of BMS and the National Legislations on BMS by Employees of Manufacturers/Importers of Breastmilk Substitutes & Related Products**

**Name and Address of Employees of Manufacturer/Importer:** .....

.....

**Tel. No:**..... **Email:**.....

**Section 5, sub -section 5 of the International Code of Marketing of BMS and the National Legislations on BMS states that; Persons employed in marketing of Breastmilk Substitutes under this regulations shall not, as part of their job responsibilities, perform educational functions in relation to pregnant women or mothers of infants and young children. Report any Employee of the manufacturer/importer that violated the provisions of these regulations.**

1) Does your job responsibility include performing educational functions in relation to pregnant women or mothers of infants and young children?

Yes No

2) Are you involved in the marketing of BMS and other related products?

Yes No

Employer's (Manufacturer's/Importer's) name & address	Brand name	Type of Product*	Observations
2a			
2b			
2c			

\*Type of Product: A . Infant Formula B. Follow on milk C. Complementary Food D. Feeding Bottles E. Teat/Pacifier.

3) Are you trained on the International Code of Marketing of BMS?

Yes No

4) Are you given sales bonus or incentives related to the volume of sales of BMS and other related products?

Yes No

5) Where do you advertise/promote your product?.....

A. Health Facilities B. Pharmacies/Shop/Supermarkets/Patent medicine shop C. Child Care Institutions (e.g. Nurseries & Creches) D. Magazine/Newspaper E. Book F. TV/Radio G. Rural Communities H. Markets, I. Religious houses J. Schools K. Work place L. Commercial vehicles M. Bill boards N. Motor parks O. Others (specify) .....

6) Are you engaged in any other activities in health facilities apart from marketing of Breastmilk substitute and related products? Yes No

7) Was there any written request for the activity by the health facility?

Yes    No

8) Does your company offer any form of incentives e.g. “Best seller of the year” etc., for distributors of Breastmilk substitutes and

related products?

Yes    No

If yes,

why?.....

9) Are you aware of the Codex Alimentarius Standard for Follow-up formula and foods suitable for infants and young children older than six months of age.

Yes    No

If yes, how does your organization ensure compliance with these standards? .....

**NIGERIA CODE MONITORING (NCM) FORM 5: FOR MEDIA ORGANIZATIONS/AGENCIES**

**General note: This form is intended to monitor compliance with International Code of Marketing of BMS and the National Regulations on BMS-by Media Organizations/Agencies including Online media**

**Name and Address of Employees of Media House:**.....  
 .....

**Tel. No:**.....

**Email:**.....

**Staff category:** 1. Top Management 2. Middle cadre 3. Junior Staff

1) Has any personnel from BMS products manufacturer/marketing company visited in the last 6 months:  
                     Yes      No                      Don't know

2) If yes, how many visits has been made in the last 6 months?: -----  
 If No, skip to question 4

3a) What was the purpose of the visit?  
     A. To seek direct contact with staff  
     B. Give product information to staff  
     C. Give gifts to staff  
     D. Give free samples to staff  
     Others (Specify) -----  
     -----

3b) Which company made the visit? -----  
 -----

3c) Was the visit requested by staff?  
                     Yes      No

4) Have you personally received any gift for your own use not including baby milk, food, bottles or teats from companies in the last 6months?  
                     Yes      No

5) If Yes, how many times were gifts received? -----

5a) What was the gift received during each visit?

1st visit	2nd visit	3rd visit	4th visit	5th visit

*1. Stationery 2. Food 3. Money 4. ICT material/allied 5. Clothing/Accessories 6. Others (specify)*

5b) Which company gave it to you? -----

6) Is it possible for me to see the gift?  
                     Yes      No



6a) If Yes, does the gift carry brand name?

Yes No

6b) Does company name or logo appear on the gift?

Yes No

6c) Any sample attached?

Yes No

7) Did you advertise baby foods or other related products in the last six months?

Yes No

7a) What products were advertised?

- A. Infant formula
- B. Follow-up/Follow-on formula
- C. Complementary foods
- D. Special Formula
- E. Feeding bottle
- F. Teat
- G. Pacifier
- H. Others

7b) Which company approached you for advert? -----

7c) Who sponsored the advert?

- A. Paid advert
- B. Government sponsored
- C. NGO sponsored
- D. Company sponsored
- E. As your contribution to healthcare
- F. Others (specify) -----

8) Has the facility received any sample of product in the last six months?

Yes No

8a) How many samples were received in the last six months? -----

8b) What was the sample?

- A. Infant formula
- B. Follow-up formula
- C. Complementary foods
- D. Feeding Bottle
- E. Teat
- F. Pacifier
- G. Others

8c) Which company manufactured the sample?

.....

8d) Is it possible to see it?

Yes No

If no

why.....

8e) What was the brand name of the sample?

.....

8f) From which age was the product intended?

- A. 0-6mth
- B. After 6mths

9) What were these samples used for?

- A. For pregnant women/mothers of infants and young children age 0 - 36 months
- B. Personal use
- C. Others (specify)

.....

9) Are you aware of exclusive breastfeeding for babies?

Yes No

If Yes, Explain?

.....

11a) Are you aware of the **International Code of Marketing of BMS and the National Regulations on BMS**

Yes No

11b) If Yes, Concerning Advertisement of Breastmilk Substitutes and Related Products, what is the provision of the Regulations.

- 1. Advertisement Allowed.....
- 2. Advertisement prohibited.....

**NIGERIA CODE MONITORING (NCM) FORM 6: NURSERIES AND CHILD CARE INSTITUTIONS**

**This form asks for information about the visits of personnel of baby milk companies to the facility. Make sure that for each visiting company the list of products donated or received is obtained.**

**Record only what happened within the last 6 months.**

Name and Address of Nursery/ Child care facility : .....

**1) Has any company representative from Infant Food company visited here in the last six months?**

Visiting Company (Manufacturer)	Purpose of Visit	Personnel Met	Any gifts or donations made? <sup>1</sup>
1a			
1b			
1c			

<sup>1</sup>Gifts and Donations: Infant formula, Teats , Feeding bottles, pacifiers

**2) How many visits have been made in the last six months?.....**

Identify the company personnel who visited the nursery/child care institutions in the last six months and obtain evidence of their visits and activities.

Name of visiting company personnel	When did they visit	Purpose of visit	Was visit requested?	Any donations or gifts
2a				
2b				
2c				

**3. Have you received any other gifts for your own use not including baby milk, food, bottle or teats from companies in the last six months? Yes or No? If Yes, give details in Table below.**

\_\_\_\_\_

The personal gifts should not include gifts that have been given to the Nursery or Child Care institution but personal gifts to the personnel of the nursery or child care institution.

Name of Gift	Company (Manufacturer) Name	How many times gifts were received	Does it carry brand name?		Is there a logo?	Sample attached? (Yes/No)
3a						
3b						
3c						

4. Has this facility received any sample of product in the last six months?

The nature of the samples given to the facility must be identified and the quantity given must be stated. Make efforts to sight the products if possible.

How many samples received	Name of Company	Any Brand name on the samples?	What age was the product intended for?			What were the samples used for?
4a						
4a						
4c						

**NIGERIA CODE MONITORING (NCM) FORM 7: PROMOTION IN RETAIL OUTLETS**

General note: This form is intended to cover all Pharmacies, Supermarkets, Patent Medicine Stores, Provision Stores & Open Markets.

Name and Address of shop: .....

Name of shop owner: .....

1a) Has any company sent promoters to the shop to advise you on infant feeding or on particular products.

1b) Has any company sent promoters to the shop to advise consumers on infant feeding or on particular products? If yes, give details in the box below.

Contact by marketing personnel: Article 5 forbids company reps. (or promoters, i.e. people hired by the company to push particular products) from seeking direct and indirect contact with the consumer. Report all personal approaches/contacts by promoters with a view to selling or giving information about infant feeding.

	Brand name	Type of Product*	Observations
1a			
1b			
1c			

\*Type of Product: A . Infant Formula B. Follow on milk C. Complementary Food D. Feeding Bottles E. Teat/Pacifier

2. Are any of the following promotional techniques<sup>1</sup> used to promote sales of infant foods/bottles/teats in this shop? If yes, give details in the box below.

Article 5 forbids point-of-sale advertising, giving samples, or any other device to induce sales directly to the consumer at the retail level. Where possible, please include specimens or photos with this Form. Mark them with the same reference as you have written at the top right-hand corner of this Form. Indicate also which question a specimen or photo relates to. (For example: LAG/PCN/2001 - Q.2.a)

Manufacturer's name	Brand name	Promotional Techniques *	Sample attached? ( Yes / No)

2a			
2b			
2c			

**\*Promotional Techniques:** A . Discount to Shop owner B. Discounts to customers C. Advertisement of new products D. Special displays E. Coupons F. Samples, G. Gifts with purchase H. Posters on display I. Product information J. Special sales K. Tie-in-sales (buy one, get two, etc) L. Product launch M. Shelf-talkers N. ATM Card Incentives O. Others (write under "Promotional Technique"....)

**NIGERIA CODE MONITORING (NCM) FORM 9: Checklist For Posters And Leaflets And Brochures**

**General note:**

This is intended to monitor advertisement in form of leaflets, brochures and posters on Breast milk substitutes and related products within the scope of the code.

Where possible, please attach a specimen or photo of the material with this Form. Mark it with the same reference as you have written at the top right-hand corner of this Form.

**Heading/Title of the material**-----

**1. To what product does the material refer?**

Company	Type of product <sup>1</sup>	Brand name (Write 'None' if no brand)

<sup>1</sup>**Type of product** A. Infant formula B. Follow-up formula C. Special formula D. Cereal E. Fruit/vegetable/meat puree  
F. Sweetened condensed milk G. Bottle H. Teat L. Other (write under 'Type...')

**2. Type of material:**

- A. Booklet
- B. Leaflet
- C. Banner
- D. Electronic information display
- E. Poster
- F. Calendar
- G. Growth Chart
- H. Billboards
- I. Other (write here).....

**3. Where was the material found/observed?**

- A. Teaching Hospital
- B. General hospital
- C. Maternity Centers
- D. Pediatric hospital
- E. Clinic
- F. Health centers.
- H. Federal Medical Centres
- I. Pharmacy
- J. Vehicles
- K. Other (write here).....

**4. Name of the place where the material was found/observed:** .....

**Date of publication (if available):** .....

**Is the place:** A. public B. private

**5. If the material reaches mothers, please select the relevant option below and describe further if necessary**

- A. Via company rep.
- B. Via health worker
- C. Other

Details: .....

.....

**2. Write down any promotional messages i.e. information which is NOT scientific and factual, if any**

.....

.....

**3. The Code requires certain information for materials about infant formula, follow-up formula, complementary foods and bottles & teats. If the material is not about any of these products, go to Question 9.**

Tick 'Missing' if the information is not found. Tick 'Present' if it is there.

	Missing	Present
a. a statement on the benefits and superiority of breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
b. a statement on the negative effect on breastfeeding of introducing partial bottle feeding.	<input type="checkbox"/>	<input type="checkbox"/>
c. a statement on the difficulty of reversing the decision not to breastfeed.	<input type="checkbox"/>	<input type="checkbox"/>
d. a statement on maternal nutrition, and the preparation for and maintenance of breastfeeding.	<input type="checkbox"/>	<input type="checkbox"/>

**4. Additional requirement for infant formula. If the product is not infant formula, go to Question 9.**

Tick 'Missing' if the information is not found. Tick 'Present' if it is there.

	Missing	Present
a. a statement on the proper use of infant formula	<input type="checkbox"/>	<input type="checkbox"/>
b. a statement on the social and financial implications of the use of infant formula.	<input type="checkbox"/>	<input type="checkbox"/>
c. a statement on the health hazards of inappropriate foods or feeding methods	<input type="checkbox"/>	<input type="checkbox"/>
d. a statement on the health hazards of unnecessary or improper use of formula or other Breastmilk substitutes.	<input type="checkbox"/>	<input type="checkbox"/>

**9. Contents of the material:**

a. Write down any statement which implies that bottle feeding is equivalent or superior to breastfeeding, if any.

.....

.....

b. Describe pictures or text which idealize the use of Breastmilk substitutes, if any.

.....

.....



Additional details and comments. (Please use this part to describe anything not covered by the questions. Use this space also to write the promotional text in its original language for your answers to Questions 6 and 9)

.....  
.....

**NIGERIA CODE MONITORING (NCM) FORM 10: LABELS OF INFANT AND FOLLOW UP FORMULAE, COMPLEMENTARY FOODS, FEEDING BOTTLES, TEATS, PACIFIERS AND OTHER BREASTMILK SUBSTITUTES**

**General note:**

**This Form is intended for monitoring labels for infant formula labels (0 -6months), for Follow up Formula (6 -36months), Complementary Foods and other Breast Milk Substitutes . Also for monitoring** Feeding bottles and teats are products within the scope of the Code. It is a violation to promote these products in the mass media, retail outlets or the healthcare system  
**Where possible, please include a specimen or photo of the material with this Form. Mark it with the same reference as you have written at the top right-hand corner of this Form.**

**Company:** .....

**Product type:**

- |                   |                    |                        |                          |
|-------------------|--------------------|------------------------|--------------------------|
| Infant meal       | Follow up formulae | Powder Milk            | Sweetened Condensed Milk |
| Soy-based formula | Non Milk cereal    | Liquid Milk            | Fruit/veg/meat puree     |
| Special formula   | Milk Cereal        | Regular Infant formula | Water for Babies         |
| Bottle, teat      | Others.....        |                        |                          |

**Brand name:** .....

**Made in (country):** .....

**Details of Product:**

MAN. Date; .....

Expiry Date; .....

Batch No; .....

NAFDAC Reg. No; .....

**1.) i. Regarding infant formula:**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| a. the words “important notice” or similar   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. the statement that breastfeeding is best  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. a warning about the health hazards of inappropriate preparation                   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. a statement that the product should be used only on the advice of a health worker | <input type="checkbox"/> | <input type="checkbox"/> |
| e. instructions for preparation in a clear and easy-to-follow manner                 | <input type="checkbox"/> | <input type="checkbox"/> |
| f. the text in English and three (3) national languages (Hausa, Igbo & Yoruba)       | <input type="checkbox"/> | <input type="checkbox"/> |
| g. an easily readable expiry date (check lid or bottom of tin)                       | <input type="checkbox"/> | <input type="checkbox"/> |
| h. advice on storage conditions  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. batch number (often on bottom of product)   | <input type="checkbox"/> | <input type="checkbox"/> |

- a. the ingredients and composition
- b. Picture of baby or teddy bear
- l. Possible contamination of intrinsic bacteria, “Cronobacter (Enterobacter) Sakazakii”

**ii. The Code does NOT allow idealising material on the labels of infant formula.**

- a. Write down terms like “maternalised”, “humanised,” or similar, if any.

.....

- b. Write down other text which discourages breastfeeding or idealises the use of infant formula, if any

.....

- c. Describe photos, drawings, or other representations of an infant, if any. (Please attach photo of offending label)

.....

- d. Describe other pictures or drawings which may idealise the use of infant formula, if any. (Please attach photo of offending label)

.....

**iii. Any Nutritional Claim?**

Yes No

If Yes, give details.....

**2) Follow-up formula, Complimentary foods and other BMS products**

**Does the label**

- a. indicate recommended age for use?

Yes No

If yes, what is it? ..... month(s)

- b. suggest that a bottle be used with this product?

Yes No

- c. carry pictures, drawing or other representation of an infant? (If yes, please attach photo of the offending label?)

Yes No

- d. of Follow-up formula resembles the company's infant formula labels?

Yes No

- e. of Follow-up formula indicate or suggest in any way that the product could be used for babies under six months?

Yes No

**3) Labels on feeding bottles and teat**

**Does the label:**

- a. carry a photo, drawing or other representation of an infant or young child, or a parent bottle feeding a baby? (If yes, please attach photo of offending label)

Yes No

b. contain any other drawing, image or text which idealises the use of the product?

Yes No

If yes, describe .....

c. promote breastmilk substitutes?

Yes No

If yes, describe .....

d. have text which suggests similarity of the product to the breast or nipple?

Yes No

If yes, describe .....

**4) Details and comments:** (Please use this part to describe anything not covered by the questions)

.....  
.....  
.....  
.....  
.....  
.....

**NIGERIA CODE MONITORING QUICK & EASY FORM**

**General note:**  
**This Form is intended for use to report a Code violation or a particular company practice which discourages breastfeeding if you prefer not to do a full Code report using the 10 National Code Monitoring forms.**

Have you noticed any company practices lately which violate the International Code, subsequent WHA resolutions and the 2017 Regulations or which discourage breastfeeding? If so, help us collect the information by photocopying and completing the form below and sending it to – NAFDAC, HQ Abuja, or the nearest NAFDAC office in the States.

Name (optional).....

Address.....

Phone No.....

E-mail.....

The above information is necessary to enable NAFDAC to double-check the information you have given, if necessary. Your identity will be kept confidential.

**Description of Code violation** (please answer all questions, especially the when, where, who, what and how)

1. Short Description (Heading or slogan found on company materials).....
2. **When** was the violation observed?(dd/mm/yyyy).....
3. **Where?**(place, city and state).....
4. **Who** is violating the Code and how?.....

Company	Brand	Type of product <sup>1</sup>	Type of violation <sup>2</sup>

<sup>1</sup>**Type of product:** A. Infant formula B. Follow-up formula C. Complementary food D. Bottle & teat E. Other (please specify)

<sup>2</sup>**Type of violation:** A. Advertisement B. Commercial promotion in health facility C. Company contact with mothers D. Donation of products to health facilities E. Free sample F. Gift to health worker G. Gift to mothers H. Inadequate I. Promotion in shops J. Sponsorship K. Other (please explain, use another sheet of paper if necessary)

If specimen or picture is attached, tick here

5. Observation/Details (Please use another sheet of paper if necessary):

- This form may be returned to NAFDAC by post or via email. An electronic version can be downloaded from the NAFDAC website [www.nafdac.gov.ng](http://www.nafdac.gov.ng)
- Where possible, include actual specimen, photographs or scanned images of Code violations with your form
- Samples should be identified and matched to the correct forms especially when you do more than one report.

**MONITORING GUIDE (Lagos State as a Case Study)**

S/N	State	Senatorial District	Monitoring Site	Classification	Required No. of Sites to visit
1	Lagos	Lagos East	Health Facilities/Health workers	Rural	2
				Urban	2
2	Lagos	Lagos West	Health Facilities/Health workers	Rural	2
				Urban	2
3	Lagos	Lagos Central	Health Facilities/Health workers	Rural	2
				Urban	2
4	Lagos	Lagos East	Mothers	Rural	10
				Urban	10
5	Lagos	Lagos West	Mothers	Rural	10
				Urban	10
6	Lagos	Lagos Central	Mothers	Rural	10
				Urban	10
7	Lagos	Lagos East	Manufacturers/Importers/Distributors	Rural	1
				Urban	1
8	Lagos	Lagos West	Manufacturers/Importers/Distributors	Rural	1
				Urban	1
9	Lagos	Lagos Central	Manufacturers/Importers/Distributors	Rural	1
				Urban	1
10.	Lagos	Lagos East	Employees of Manufacturers/ Importers	Rural	1
				Urban	1
11.	Lagos	Lagos West	Employees of Manufacturers/ Importers	Rural	1
				Urban	1
12.	Lagos	Lagos Central	Employees of Manufacturers/Importers	Rural	1
				Urban	1
13.	Lagos	Lagos East	Media Organizations /Agencies	Rural	1
				Urban	1
14.	Lagos	Lagos West	Media Organizations /Agencies	Rural	1
				Urban	1
15.	Lagos	Lagos Central	Media Organizations /Agencies	Rural	1
				Urban	1
16.	Lagos	Lagos East	Nurseries and Child Care Institutions	Rural	1
				Urban	1
17.	Lagos	Lagos West	Nurseries and Child Care Institutions	Rural	1
				Urban	1

18.	Lagos	Lagos Central	Nurseries And Child Care Institutions	Rural Urban	1 1
19	Lagos	Lagos East	Pharmacies/ Supermarkets/ Provision Stores/ Patent Medicine	Rural Urban	1 (1 PMS or Provision store) 1 (1 Pharmacy or Supermarket)
20	Lagos	Lagos West	Pharmacies/ Supermarkets/ Provision Stores/ Patient Medicine	Rural Urban	1 (1 PMS or Provision store) 1 (1 Pharmacy or Supermarket)
21	Lagos	Lagos Central	Pharmacies/ Supermarkets/ Provision Stores/ Patient Medicine	Rural Urban	1 (1 PMS or Provision store) 1 (1 Pharmacy or Supermarket)
22	Lagos	Lagos East	Open Market	Rural Urban	1 1
23	Lagos	Lagos West	Open Market	Rural Urban	1 1
24	Lagos	Lagos Central	Open Market	Rural Urban	1 1
25	Lagos	Lagos East	Advertisement on (BMS) and Related Products	Rural Urban	1 1
26	Lagos	Lagos West	Advertisement on (BMS) and Related Products	Rural Urban	1 1
27	Lagos	Lagos Central	Advertisement on (BMS) and Related Products	Rural Urban	1 1
28	Lagos	Lagos East	Posters, Leaflets and Brochures	Rural Urban	1 1
29	Lagos	Lagos West	Posters, Leaflets and Brochures	Rural Urban	1 1
30	Lagos	Lagos Central	Posters, Leaflets and Brochures	Rural Urban	1 1
31	Lagos	Lagos East	Labels of BMS & other related products	Rural Urban	1 1
32	Lagos	Lagos West	Labels of BMS & other related products	Rural Urban	1 1
33	Lagos	Lagos Central	Labels of BMS & other related products	Rural Urban	1 1



World Health  
Organization



alive&thrive  
nourish. nurture. grow



Save the Children.

