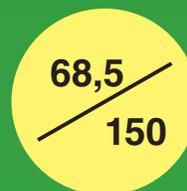


BELIZE

2016



ASSESSMENT OF THE IMPLEMENTATION OF THE GLOBAL STRATEGY FOR INFANT AND YOUNG CHILD FEEDING

Policy and programmes

INDICATOR 1: NATIONAL POLICY, PROGRAMME AND COORDINATION Key question: Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National infant and young child feeding committee and a coordinator for the committee?	3.5	INDICATOR 10: MECHANISMS OF MONITORING AND EVALUATION SYSTEM Key question: Are monitoring and evaluation systems in place that routinely collect, analyse and use data to improve infant and young child feeding practices?	4
INDICATOR 2: BABY FRIENDLY CARE AND BABY-FRIENDLY HOSPITAL INITIATIVE (TEN STEPS TO SUCCESSFUL BREASTFEEDING) Key questions: What percentage of hospitals and maternity facilities that provide maternity services have been designated as "Baby Friendly" based on the global or national criteria? What is the quality of BFHI program implementation?	3.5	Infant feeding practices	
INDICATOR 3: IMPLEMENTATION OF THE INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES Key question: Is the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions are in effect and implemented? Has any new action been taken to give effect to the provisions of the Code?	1.5	INDICATOR 11: EARLY INITIATION OF BREASTFEEDING Key question: What is the percentage of babies breastfed within one hour of birth?	68,3% 9
INDICATOR 4: MATERNITY PROTECTION Key question: Is there legislation and are there other measures (policies, regulations, and practices) that meet or go beyond the International Labour Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?	6	INDICATOR 12: EXCLUSIVE BREASTFEEDING FOR THE FIRST SIX MONTHS Key question: What is the percentage of babies 0-6 months of age exclusively breastfed in the last 24 hours?	33,2% 6
INDICATOR 5: HEALTH AND NUTRITION CARE SYSTEMS (IN SUPPORT OF BREASTFEEDING & IYCF) Key question: Do care providers in these systems undergo skills training, and do their pre-service education curriculum support optimal infant and young child feeding; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to Code are in place?	4.5	INDICATOR 13: MEDIAN DURATION OF BREASTFEEDING Key question: Babies are breastfed for a median duration of how many months?	17,2 months 3
INDICATOR 6: MOTHER SUPPORT AND COMMUNITY OUTREACH - COMMUNITY-BASED SUPPORT FOR THE PREGNANT AND BREASTFEEDING MOTHER Key question: Are there mother support and community outreach systems in place to protect, promote and support optimal infant and young child feeding.	5	INDICATOR 14: BOTTLE FEEDING Key question: What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles?	61,2% 3
INDICATOR 7: INFORMATION SUPPORT Key question: Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?	3	INDICATOR 15: COMPLEMENTARY FEEDING --- INTRODUCTION OF SOLID, SEMI-SOLID OR SOFT FOODS Key question: Percentage of breastfed babies receiving complementary foods at 6-8 months of age?	78.8% 6
INDICATOR 8: INFANT FEEDING AND HIV Key question: Are policies and programmes in place to ensure that HIV - positive mothers are supported to carry out the national recommended Infant feeding practice?	8	TOTAL 68,5	
INDICATOR 9: INFANT AND YOUNG CHILD FEEDING DURING EMERGENCIES Key question: Are appropriate policies and programmes in place to ensure that mothers, infants and young children will be provided adequate protection and support for appropriate feeding during emergencies?	2.5	In Part I, each question has possible score of 0-3 and each indicator has a maximum score of 10. Once information about the indicators is entered, the achievement on the particular target indicator is then rated i.e. Red, Yellow, Blue and Green. In Part II the information is based on random household survey that is national in scope. The data thus collected is entered into the web-based toolkit. The achievement on the particular target indicator is then rated i.e. Red, Yellow, Blue and Green. The cut off points for each of these levels of achievement were selected systematically, based on an analysis of past achievements on these indicators in developing countries. These are incorporated from the WHO's tool. Total score of infant and young child feeding practices, policies and programmes (indicators 1-15) are calculated out of 150. Countries are then rated as 0 - 45.5 Red, 46 - 90.5 Yellow, 91 - 135.5 Blue and 136 - 150 Green.	
The World Breastfeeding Trends Initiative (WBTi) is an innovative initiative, developed by IBFAN Asia, to assess the status and benchmark the progress of the implementation of the <i>Global Strategy for Infant and Young Child Feeding</i> at national level. The tool is based on two global initiatives, the first is WABA's (GLOPAR) and the second the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes." The WBTi is designed to assist countries in assessing the strengths and weaknesses of their policies and programmes to protect, promote and support optimal infant and young child feeding practices. The WBTi has identified 15 indicators in two parts, each indicator having specific significance.			

BELIZE RECOMMENDATIONS

-Conformation of a national breastfeeding committee, with legal structural support to coordinate breastfeeding programmes and to mainstream breastfeeding promotion, support and protection to governmental health, maternity and infant programmes. This breastfeeding national coordination should have clear working mechanisms, a coordinator with clear terms of reference, power to convene other related governmental institutions and ministries, ability to develop needed programmes and policies, and adequate and sufficient sustainable funding.

-Rejuvenation of the Mother Baby Friendly Hospital Initiative, including all aspects of the 2016 revision of criteria and procedures for certification and recertification processes (training, monitoring, assessment systems, comprehensive integration of HIV, International Code and other crucial aspects, practical action to implement 10 steps, mothers support groups and community involvement for follow up, and others needed) in all public hospitals and maternity wards. This should also include respectful birthing practices.

-Policy guidance to private hospitals to become Mother Baby Friendly, with clear deadlines to achieve results.

-Systems in place for periodical auto evaluation, external evaluation, sharing of experiences and sufficient flexibility to incorporate without delay good practices.

It is urgent for Belize to approve a law based on the International code of Marketing of Breastmilk Substitutes and all Relevant WHA Resolutions, including clear mechanisms for implementation, evaluation and monitoring and measures for company's accountability, including strong sanctions. The responsible organism for surveillance of this law should have the adequate human, legal and financial resources for rendering of accounts and efficient management and results.

-Belize needs to strengthen its mechanisms for compliance with the maternity protection law and national gender policy. This needs adequate human, legal and financial resources to be prioritized.

-The ILO Convention 183 ratified by Belize is a minimum standard that can be improved given the Belize efforts in achieving infant and young child health and development. Efforts to improve the rates of 6 months exclusive breastfeeding and continued breastfeeding for 2 years or more need to be accompanied by at least 6 months paid maternity leave post partum, guarantee of paid breastfeeding breaks at work for breastfeeding or extraction of breastmilk in adequate private spaces, and other motherbaby friendly policies and programmes, including the cultural changes needed for the creation of non discriminatory conditions and enabling environments for the respect of women workers rights and maternity rights.

-Women workers in non-formal settings have rights that are not been protected and it is the responsibility of the state to grantee their fulfilment. This implies the need for policies and practices to protect these workers maternity rights, including those working at household, in migration status, agricultural and domestic workers, and other women working in vulnerable conditions.

-Breastfeeding challenges include the need of human resources to advance breastfeeding at the district level, the need to generate greater fathers' (partners-family- community) support for breastfeeding mothers and the need to develop workplace strategies that support exclusive breastfeeding practices.

-Belize needs to create mechanisms to attend each one of the indicators for the implementation of the Global Strategy for Infant and Young Child Feeding and to guarantee qualified training to health professionals, social and community workers in order to create the base for nation wide inclusive and sustainable results.

-The national counselling structure that has given emphasis to prevention of HIV and early treatment of AIDS needs to be widen to provide all pregnant women with access to community-based ante-natal and post-natal support systems with counseling services on infant and young child feeding, support to initiate early breastfeeding, exclusive breastfeeding for 6 months and to maintain breastfeeding for 2 years or beyond, giving emphasis too to the introduction of nutritious home made complementary feeding.

-The full implementation of the Global Strategy for Infant and Young Child Feeding needs to become an integral practice of the Primary Health Care System and needs to strengthen community participation and reinforcement of abilities of community and civil society support groups with important experience acquired in previous decades when Belize had important support donors to consolidate them. Health workers in health facilities need to coordinate with community support agents to provide integral support to mothers and their families.

-Belize needs a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/potential conflicts of interest are avoided.

-National health/nutrition systems are to include individual counseling on infant and young child feeding; infant feeding IEC actions need to be consistent with international recommendations and include information on the risks of artificial feeding.

-The National AIDS Commission is engaged in an analysis of the situation and response to HIV in Belize. Through the analysis of data from a number of recent studies and assessments, the NAC identifies challenges, gaps and opportunities in the area of prevention. The analysis established that Belize has halted and started to reverse the spread of HIV, however pockets of continued new infections remain. Successes in the prevention of mother-to-child transmission critical have been identified, as well as key vulnerable groups that continue to play a crucial role in the determinants of the epidemic and whose sexual behavioural patterns show a continued high level of vulnerability to HIV.

HIV/AIDS national strategy needs response-frames therefore need to become more evidence-informed in targeting these groups and in designing high impact interventions that establish impact.

BELIZE RECOMMENDATIONS

-There should be analysis and provided insight into the situation parameters, the on-going response actions, a deeper root cause analysis and a mapping of the extracted remaining gaps in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV. Based on these findings the new strategic plan should delineate the priority areas that speak to the response dimensions of ending new HIV infections, improving health and wellbeing, and creating an enabling environment for the response.

The Prevention of Mother to Child Transmission is prioritized and provides antiretroviral medication to pregnant women and their newborns. Pre and post test counseling are essential components for good clinical care of mother at risk or infected with STI/HIV. Improved counseling should be integrated with all HIV testing, screening and care. Anti-retroviral drugs are freely provided to all those infected with HIV and these drugs are now provided through pharmacies to enhance access to those needing them.

-The infant feeding and HIV policy needs to give effect to the International Code and develop national related legislation. Health staff and community workers should receive training on the International Code, the HIV and infant feeding policies and the risks associated with bottle-feeding.

-Special efforts are necessary to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population, as well as to address the gender related vulnerability created by discriminatory and cultural patterns.

-Belize needs a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included

in the IFE Operational Guidance, with a responsible for national coordination with all relevant partners such as the UN, donors, military and NGOs and a response plan based that covers interventions to create an enabling environment for breastfeeding, including counseling by appropriately trained counselors, support for relactation and wet-nursing, and protected spaces for breastfeeding. It should include avoiding donations of breastmilk substitutes, bottles and teats, and standard procedures for handling un solicited donations, and procurement management and use of any infant formula and BMS, in accordance with strict criteria, the IFE Operational Guidance, and the International Code and subsequent relevant WHA resolutions. This should also be integrated into pre-service and in-service training for emergency management and relevant health care personnel.

-Infant feeding programs need to target the critical periods of child development, when irreversible damage has not yet occurred. Focusing on monitoring and evaluation systems to understand the situation and needs of children under two years of age and pregnant mothers will bring the largest benefit in terms of human development as well as the largest return on investment to the country. To enhance the Belize's human resource capacity therefore requires that inter-linkages between health and education programs be clearly articulated and that social sector programming becomes more truly integrated and child centred.

-Monitoring and evaluation components should be built into a major infant and young child-feeding programme with data on progress made in implementing the IYCF programme to be used by programme managers to guide planning and investments decisions. This data should be routinely collected and reported to key decision-makers. It should also be integrated into the national nutritional surveillance system, and/or health information system or national health surveys.

Documentos clave: Estrategia Mundial para la Alimentación del Lactante y Niño Pequeño 2002 www.who.int/nutrition/publications/gs_infant_feeding_text_spa.pdf; Declaración de Innocenti sobre la Protección, Promoción y Apoyo a la Lactancia Materna 1990 y 2005 www.amro.who.int/spanish/ad/fch/nu/innocenti_spa_05.pdf; Resoluciones AMS diversas, Consulta Técnica sobre VIH y Alimentación Infantil OMS – Declaración de Consenso del 27 de Octubre 2006 www.who.int/.../pdfs/who_hiv_infant_feeding_technical_consultation_es.pdf; Metas de Desarrollo del Milenio www.un.org/spanish/millenniumgoals; Convenio OIT Protección a la Maternidad www.ilo.org/public/spanish/region/ampro/cinterfor/temas/gender/temas/maternidad/convenio.htm; Código Internacional de Comercialización de Sucedáneos de la Leche Materna www.ibfan.org/spanish/issue/code01-es.html; Iniciativa Hospitales Amigos del Niño y la Niña www.ihan.es/ y sus nuevas guías en español http://new.paho.org/hq/index.php?option=com_

[content&task=view&id=927&Itemid=929](http://www.who.int/nutrition/publications/gs_infant_feeding_text_spa.pdf) La Estrategia Mundial para la Alimentación del Lactante y Niño Pequeño 2002 fue adoptada por la OMS y UNICEF y tiene cinco metas adicionales: política nacional sobre alimentación infantil, alcance comunitario, apoyo informativo, alimentación infantil en circunstancias especiales y monitoreo y evaluación. http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/gs_jy_cf.pdf Las Resoluciones AMS hacen un llamado a los Estados Miembros para que implementen políticas y programas que mejoren la nutrición infantil. La Resolución de mayo 2007, hace un llamado especial para implementar la Estrategia Mundial para que los donantes bi y multilaterales apoyen financieramente a los Estados Miembros. Las Resoluciones 49.15, 58.32, 61.2 claman para que los Estados eviten conflictos de intereses en sus programas de salud infantil http://www.who.int/gb/ebwha/pdf_les/A61/A61_R20-en.pdf.

The WBTi tool has been tested to date for over 120 Countries and many nations have carried out their re-assessments success to measure their progress or setbacks. This WBTi tool is a practical guide to define and guide action plans, programs and public policies. This tool has been recognized by WHO and UNICEF and has the support of regional and national donors: Swedish SIDA, Norway NORAD, and World Bank. The WBTi national processes are being coordinated in Latin America and the Caribbean by the IBFAN LAC Regional Coordination jointly with BPNI India.



Apdo. Postal 5355-1000 San José, Costa Rica
tel-fax: 506- 2224 3986
www.ibfan-alc.org - cefemina@racsa.co.cr

Apoyado por BPNI



Breastfeeding Promotion of India
putting child nutrition at the forefront of social change
BP-33 Pitampura,
Delhi 110034 INDIA
[bpni@bpni.org](http://bpni.org)
bpni.india@gmail.com



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