

World Breastfeeding Trends Initiative (WBTi)

Has Your Nation Done Enough to **BRIDGE THE GAPS?**

84 country report on status and progress of implementation of the Global
Strategy for Infant and Young Child Feeding 2008-2016

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EXECUTIVE SUMMARY



IBFAN
defending breastfeeding



bpni
putting child nutrition
at the forefront
of social change

EXECUTIVE SUMMARY

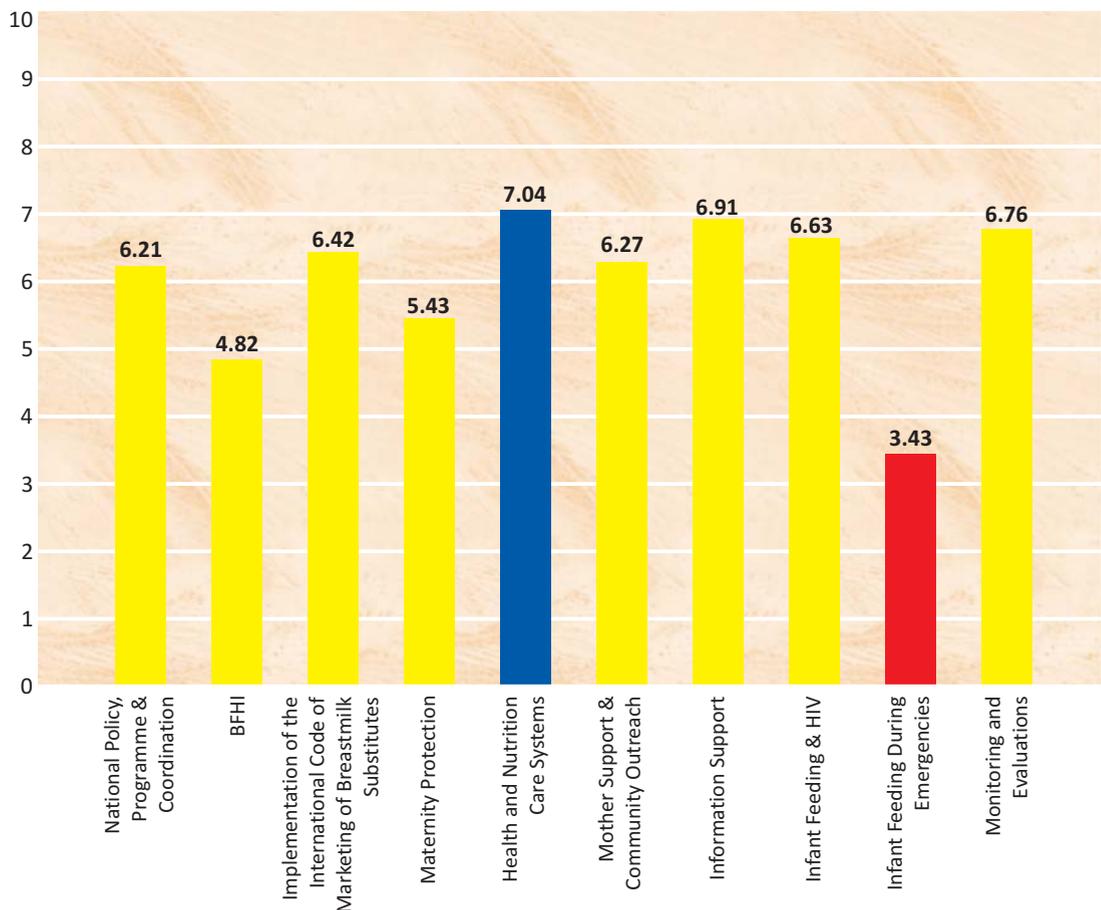
The World Breastfeeding Trends Initiative (WBTi) is an innovative tool adapted from the WHO's "Infant and Young Child Feeding - A tool for assessing national practices, policies and programmes" developed by International Baby Food Action Network (IBFAN) Asia for assessing and monitoring the state of implementation of the Global Strategy for Infant and Young Child Feeding.

The WBTi tool initiates a process in the country for change is one thing, what it does results in a national report and report card in each country by measuring inputs into the state of implementation of the Global Strategy. Findings have been helpful

in advocating for change. Further WBTi objectively scores each indicator on a maximum score of 10, and provides colour codes e.g. Red, Yellow, Blue and Green in ascending order of performance based on level of achievement.

This global report, "Has Your Nation Done Enough to Bridge the Gaps" highlights gaps in state of implementation of the Global Strategy for infant and Young Child Feeding in 84 countries. The report reveals that all indicators are doing just **average** on overall policy and programme scores as seen in Figure below. AVERAGE IS AN AVERAGE. One has to move beyond their averages to

Average score of 10 indicators on policy and programmes



achieve meaningful results on breastfeeding and infant and young child feeding practices.

Infant Feeding during Emergencies scores just 3.43 out of 10 stands the most neglected and is coded Red. It explains how we lack preparedness in an area so critical. Health and Nutrition Care Systems gets 7.04 out of 10. Coded Blue, it is the highest score. None of the indicators have achieved Green code in the 84 countries, meaning thereby they have not yet implemented the Global Strategy in its entirety, a step that is so essential.

Indicator Wise Key Findings

Indicator 1: National Policy, Programme & Coordination

This indicator scores an average of 6.21 and is coded Yellow. This indicator is important, being an over-arching for all others. On the face of it having an average of 6.21 out of 10 does not look bad, but devil lies in the detail. Coordination of such programmes is critical and report shows it does not work in more than 50% countries. Analysis also reveals majority of countries do have good policy and even plans but these are not adequately funded in about 70% countries. This is a big constraint in implementing the global strategy. As they say 'Money Makes the Mare Go' there is a specific need to finance this area if we want to bridge all the gaps. All including governments, donor agencies, bilateral's and multilaterals need to pitch in.

Indicator 2: Baby Friendly Hospital Initiative

This indicator scores an average of 4.82, the second lowest among all indicators and coded Yellow. Inadequate attention and lack of interest has led to the programme taking a back seat with only 42 countries report

having more than 50% of the hospitals achieving BFHI status. Though 68 countries report that the majority of the BFHI hospitals used 18-20 hour training as a standard practice for health workers, still only half the countries have system for reassessment in place. This indicator has a direct link to the rates of early initiation of breastfeeding and can be scaled up easily if countries put it as top priority. Evidence shows that community support (step 10 of 'Ten steps'to successful breastfeeding) appears to be essential for sustaining breastfeeding impacts of BFHI in the longer-term.

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

The average for this indicator is 6.42 and coded Yellow. Weak implementation of the International Code is a glaring gap in almost all countries. Countries having legislation need to work on effective implementation and monitoring. The subsets reveal that the Code has been legislated in only half the countries studied. Very few countries have adopted the WHA resolutions. Continued violations from baby food manufacturers pose a major threat to breastfeeding and thus the efforts to strengthen monitoring and enforcement measures are critical.

Indicator 4: Maternity Protection

This indicator is at an average of 5.43 and coded Yellow. Findings indicate a profound lack of support to women in each of the assessed countries. Only 10% of countries assessed provide more than 26 weeks of maternity leave. Women in the unorganized and informal sector which form 90% of the working women, are neglected on maternity

protection by 77% (64) countries. Breastfeeding and child care facilities at work are provided by only 46 countries. Maternity protection is the most crucial for the success of breastfeeding and has been the most neglected so far.

Indicator 5: Health & Nutrition Care System

Though this indicator has received the highest average score 7.04 and the only one coded Blue, gaps remain in the area of implementation. Major gap was inadequate training of health workers on the implementation of the International Code and their responsibility towards it, is the key to enhance infant and young child feeding practices. Adequate pre-service plan was found lacking in majority of countries which is an important link to reduce the load on in-service training.

Indicator 6: Mother Support and Community Outreach

This indicator is at an average of 6.27 and coded Yellow. All women need access to skilled counseling and daycare services at work sites. Community outreach of support to women to practice optimal breastfeeding and infant and young child feeding practices was highly inadequate, with only 17 countries having community health workers trained on skilled counselling. Only 26 countries informed that all pregnant and lactating women have access to services. Countries need to enhance counselling capacity of community health workers for better support to mothers and providing the right information.

Indicator 7: Information Support

Information Support gets an average of 6.91 and coded Yellow. This indicator is most easily achievable with the availability of vast

digital medium these days. Women lack full information support on breastfeeding and infant and young child feeding with only 42% countries having a policy.

Indicator 8: Infant Feeding and HIV

This indicator gets an average of 6.63 and coded Yellow. HIV and Infant Feeding are not fully integrated in IYCF policies and programmes with only 51 countries having developed a national policy. Lack of training of health workers, with only half the countries training their health staff in HIV and Infant Feeding. Support to mothers in making informed choice is a major gap, with less than half (37) countries having them. The situation remains unacceptable and overall, much remains to be done to ensure mothers and babies are protected and supported within a comprehensive continuum of services.

Indicator 9: Infant Feeding during Emergencies

The indicator shows glaring gaps and has the lowest average of 3.43 among the 10 indicators and coded Red. Only 21 countries have a policy that includes infant feeding during emergencies and having appointed a person responsible for infant and young child feeding during emergencies. The resources for implementation of the emergency preparedness plan has been identified in just 19 countries. Less than half the countries have built-in infant feeding in emergencies in their pre-service curriculum. This indicator seems most neglected and countries need to take an urgent call before disaster strikes. Lack of preparedness is harmful to vulnerable population like women and children.

Indicator 10: Monitoring and Evaluation

This indicator scores 6.76 and is coded Yellow. The results indicate weak monitoring and evaluation with less than half the countries having monitoring and evaluation in-built in the programmes. Only 48 countries undertake monitoring of key IYCF practices integrated in their nutrition surveillance. Monitoring is an important tool to learn and improve policy and programme and also implementation is in place.

Indicator 11-15: Infant and Young Child Feeding Practices

The average rate of initiation of breastfeeding within 1 hour of birth as reported by 80 countries is just above 50%. Exclusive breastfeeding for the first 6 months as reported by all 84 countries is 37.90%. The median duration of breastfeeding is 15.5 months. Bottle-feeding as reported by 75 countries is 39%. The percentage of breastfed babies receiving complementary foods at 6-8 months is 68.16%. Some countries do not even have national data of these indicators

WBTi

The WBTi brings people together to discuss and analyse as well as build consensus. WBTi encourages countries to go for repeat assessment after 3-5 years to analyse trends in policy, programme and practices and identify areas still needing improvement. We studied the progress over the years in 35 countries having done reassessments and found that 29 countries have made good progress, and have reported a gain in score as well as moved to the next level of color coding. This demonstrates effectiveness of WBTi and shows change is coming. For example, Afghanistan was at bottom of the

chart in South Asia with lowest WBTi score of 30 out of 150 and coded RED. After their first WBTi, they never looked back and rapidly jumped to next colours Yellow and then to Blue, and now stand at a score of 117 out of 150. Bangladesh, El Salvador and Venezuela constituted National Breastfeeding Committees with coordinators. Argentina, Bolivia, Costa Rica developed breastfeeding policies. Vietnam and Costa Rica made BFHI standards compulsory in all maternity facilities. Armenia, Bolivia, and Vietnam implemented the Code as law with full provisions. As a combination of efforts, particularly from women's rights defence groups and with many other key actors, some advances have been made by countries on maternity protection, be it extending Maternity Leave to 6 months or providing maternity benefits. Afghanistan, Bangladesh, Bhutan and Gambia have led to successful integration of breastfeeding at the curriculum level in in-service training and orientation programmes on IYCF for Government doctors and nurses as well as for students in schools and colleges. Bhutan, Gambia and Vietnam have also done training and information programme in basic IYCF to reach all women through their workers. Gambia **has integrated infant feeding into the PMTCT policy.** Afghanistan, Bangladesh, Bhutan, Costa Rica, Dominican Republic, Ecuador, Timor Leste, Vietnam and Gambia, they all showed positive response to infant feeding in emergencies in their national programmes and policies in different ways.

Analysis of practice indicator shows many countries gaining early breastfeeding relatively higher than others. It is much more likely because it requires one sector intervention. In case of exclusive

breastfeeding there has been fall in rates for 10 countries; rest have shown substantial gain or no change. Exclusive breastfeeding is complex behaviour and requires multisector interventions. Same is true about complementary feeding and bottle feeding. It is important to mention that before WBTi some countries didn't even have this indicator in their national surveys. This goes to show if national action is stimulated on policy and programmes, there is rise in practice indicator as well.

What Next?

The report makes a point that overall national planning and coordination is lacking. This should be a priority. From the Indicator number 1, which is kind of overarching all others, if there is no plan or there is a plan and no budget attached, it is likely to be neglected or result in ad-hoc actions. We recommend a two-prong approach, internationally and nationally.

International Level

WHA resolution should be adopted to call

upon Member States for action on this specific recommendation such as “budget line” for breastfeeding/IYCF interventions in the child health and/or nutrition budgets along with timeline. It should then be reported every two years to WHA.

National Level

- All countries need to strengthen their national planning and coordination process as a priority and commit to implement and bridge gaps for all indicators including BFHI, Implementation of the International Code, Infant Feeding in Emergencies and Maternity Protection in order to achieve high breastfeeding rates.
- All countries should create a budget line for breastfeeding/IYCF interventions and develop institutional mechanism to monitor and evaluate the implementation of the global strategy.
- All countries need to invest in breastfeeding policies and programmes and comprehensively implement the Global strategy in its entirety.

“The evidence on breastfeeding leaves no doubt that it is a smart and cost-effective investment in a more prosperous future. Let's ensure that every child and every nation can reap the benefits of breastfeeding.

Keith Hansen, The World Bank, Washington



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