



World Breastfeeding Trends Initiative (WBTi)

Assessment Report





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Report



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The World Breastfeeding Trends Initiative (WBTi)

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Introduction

Infants and young children are the most nutritionally vulnerable groups, as many of the health problems experienced in later life are also expressions of earlier life conditions. Achieving and maintaining good health during the childhood year can be one of the most effective ways of preventing selected diseases in adult-hood.

Nutrition in early year of life is a major determinant of growth and development, and it influences adult health.

Human milk is the incomparable first food for infants; it contains nutrients that are unequally adapted to meet the growth needs of the infant in amore easily digested form. Breastfeeding is much more than suitable nutrients; its benefits to both mother and infant have been extensively studied and documented. Breastfeeding lowers the infant mortality, especially that caused by diarrhoeal diseases and acute respiratory infections, it also reduces the risk of childhood asthma, especially if exclusive breastfeeding is practiced for the first four months of life. Moreover, it protects young children aganst pneumonia, especially in the first months of life. It is the optimal feeding method in infancy, as“ formula fed infants may be at risk for overfeeding, which might lead to overweight, even up to adolescent age” .Besides, an increased risk of type 1 diabetes mellitus is associated with early dietary exposure to cow’s milk-containing formula, and short duration of exclusive breastfeeding, early cow’s milk exposure may be an important determinant of subsequent type 1 diabetes and may increase the risk approximately 1.5 times.

World Health Organization, in May 2001 discussed issues related to infant feeding in the World Health Assembly(WHA); they recommended that the infant should exclusively breastfed for six months.

About WBTi

World Breastfeeding Trends Initiative (WBTi)

Background

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 Global Strategy for Infant and Young Child Feeding 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.

Part-I deals with policy and programmes (indicator 1-10)	Part –II deals with infant feeding practices (indicator 11-15)
<ol style="list-style-type: none">1. National Policy, Programme and Coordination2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)3. Implementation of the International Code of Marketing of Breastmilk Substitutes4. Maternity Protection5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)6. Mother Support and Community Outreach7. Information Support8. Infant Feeding and HIV9. Infant Feeding during Emergencies10. Mechanisms of Monitoring and Evaluation System	<ol style="list-style-type: none">11. Early Initiation of Breastfeeding12. Exclusive breastfeeding13. Median duration of breastfeeding14. Bottle feeding15. Complementary feeding

Once assessment of gaps is carried out, the data on 15 indicators is fed into the questionnaire using the WBTi web based toolkit© which is specifically designed to meet this need. The toolkit objectively quantifies the data to provide a colour- coded rating in Red, Yellow, Blue or Green. The

toolkit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

Each indicator used for assessment has following components;

- The key question that needs to be investigated.
- Background on why the practice, policy or programme component is important.
- A list of key criteria as subset of questions to be considered in identifying achievements and areas needing improvement, with guidelines for scoring, colour-rating, and ranking how well the country is doing.

Part I: A set of criteria has been developed for each target, based on Global Strategy for Infant and Young Child Feeding (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005). For each indicator, there is a subset of questions. Answers to these can lead to identify achievements and gaps in policies and programmes to implement Global Strategy for Infant and Young Child Feeding . This shows how a country is doing in a particular area of action on Infant and Young Child Feeding.

Part II: Infant and Young Child Feeding Practices in Part II ask for specific numerical data on each practice based on data from random household survey that is national in scope.

Once the information about the indicators is gathered and analyzed, it is then entered into the web-based toolkit through the ' WBTi Questionnaire'. Further, the toolkit scores and colour- rate each individual indicator as per **IBFAN Asia's Guidelines for WBTi**

Background

In the last two decades, a great progress has been made in child health in kingdom of Bahrain. This progress is reflected by the steadily declining of infant mortality rate from 20.2/1000 in 1999 to 7.6/1000 in the year 2013. One of the main strategic goals of the Ministry of Health (M.O.H) is to reach the highest standard of health for all, and to provide the maximum levels of health care with concentration on the primary health care especially for children below six years of age.

Moreover, the promotion of breastfeeding is an important issue to prevent many health problems. The Kingdom of Bahrain was one of the leading countries in the region that implemented all provisions of the International Code of Marketing of Breast milk Substitutes at the national level through the Decree No 4 (1995). Recently the law was reviewed, updated and a number of amendments were introduced.

All MOH Maternity hospitals were accredited by UNICEF as Baby Friendly since 1993, aiming to promote breastfeeding practices among mothers with effective adaptation of national breastfeeding policy. This BFHI has made a considerable impact on the predominance of breastfeeding in the country since the early nineties.

Moreover, Bahrain had adopted the ILO Maternity Protection Convention 183 and the Bahraini legislation allows working mothers to get 60 days of paid maternity leave and 2 hours child care for 2 years.

Assessment process followed by the country

- IBFAN Arab world organized a workshop with support of BPNI/India. Arun Gupta and JP Dadhich were the resource persons. The training was hosted by Al Ain Hospital on 15-16 November 2009. 30 participants from 11 Arab countries (including Bahrain) took part in this 2 day-training.
- In 2014 the second regional WBTi Training Workshop was held by IBFAN Asia in collaboration with International Baby Food Action Network (IBFAN) Arab World in the premises of World Health Organization (WHO) , Regional Office for the Eastern Mediterranean (EMRO) in Cairo and attended by Dr Nadia Gharib .
- A series of meeting between the contributors of this report and a consensus was made about the report. The soft copy of the report was shared by the e mail for a final revision to all contributors.

List of the partners for the assessment process

- ❖ Dr Nadia Garieb, Chief of Nutrition Section, Ministry of health, kingdom of Bahrain.
- ❖ Dr Ghada alziyani, Head of MCH, Ministry of health, kingdom of Bahrain.
- ❖ Dr Ghada sayed, IBFAN Arab World regional coordinator, International Board Certified Lactation Consultant, Consultant of paediatrics.

Assessment Findings

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 ?*

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results ✓ <i>Check any one</i>
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	1	✓
1.2) The policy recommended exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	1	✓
1.3) A national plan of action developed based on the policy	2	✓
1.4) The plan is adequately funded	2	✓
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1	✓
1.6) The national breastfeeding (infant and young child feeding) committee meets , monitors and reviews on a regular basis	2	✓
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5	✓
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level.	0.5	✓
Total Score	10/10	10

Information Sources Used:

1. Constitution of Bahrain and MOH; Amiri Decree law No. 4, 1995 Concerning the control on the use, Marketing and Promotion of Breast Milk Substitutes. **Appendix1**
2. Ministerial order No. 5 /1996 for establishing national committees for Breastfeeding. **Appendix2**
3. Ministerial order No.12/2008 to re-organizing Breastfeeding committee. **Appendix3**
4. Ministerial order No.2/2011 to re-organizing Breastfeeding committee. **Appendix4**

Conclusions:

In favors To support Breastfeeding , there is a strong policy developed in 1995 (law no 4/1995)

Gaps :

Lake of Monitoring and evaluation for Breastfeeding code plans and activities

Recommendations :

Breastfeeding code plans and activities need to be evaluated

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding¹)

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?*

Guidelines – Quantitative Criteria

2.1) **3** out of **13** total hospitals (Both public and private)and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly “in the last 5 years **23.1%**

Guidelines for scoring		
Criteria	Scoring	Results
		√ Check only one which is applicable
0	0	
0.1 - 20%	1	
20.1 - 49%	2	✓
49.1 - 69%	3	
69.1-89 %	4	
89.1 - 100%	5	
Total rating	2 / 5	2

¹ **The Ten Steps To Successful Breastfeeding:**The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The steps for the United States are:

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breastmilk, unless medically indicated.
7. Practice “rooming in”-- allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

Guidelines – Qualitative Criteria

Quality of BFHI programme implementation:

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results √ Check that apply
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme ²	1.0	✓
2.3) A standard monitoring ³ system is in place	0.5	✓
2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5	✓
2.5) An assessment system relies on interviews of mothers.	0.5	✓
2.6) Reassessment ⁴ systems have been incorporated in national plans with a time bound implementation	1.0	✓
2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5	✓
2.8) HIV is integrated to BFHI programme	0.5	✓
2.9) National criteria are fully implementing Global BFHI criteria (See Annex 2.1)	0.5	✓
Total Score	5/5	
Total Score	7/10	7

Information Sources Used:

1. Nutrition section (Public health).
2. Breast feeding committee. **Appendix 2,3,4,&5**
3. Government and private hospitals. **(personal communication)**
4. Health centers. **(personal communication)**

Conclusions:

- *In February 1992 baby friendly hospital initiative strategy have been adopted in maternity hospitals in ministry of health. All the Ministry of Health Maternity Hospitals were accredited as baby friendly hospitals since 1993 by the implementation of the Ten Steps to successful breastfeeding, with implementation of the International Code of Marketing of Breastmilk Substitutes and fostering optimal feeding and care for those infants that are not breastfed.*

² IYCF training programmes such as IBFAN Asia’s ‘4 in1’ IYCF counseling training programme, WHO’s Breastfeeding counseling course etc. may be used.

³ **Monitoring** is a dynamic system for data collection and review that can provide information on implementation of the *Ten Steps* to assist with on-going management of the *Initiative*. It can be organized by the hospitals themselves or at a higher level in the system. Data should be collected either on an ongoing basis or periodically, for example on a semi-annual or yearly basis, to measure both breastfeeding support provided by the hospitals and mothers’ feeding practices.

⁴ **Reassessment** can be described as a “re-evaluation” of already designated baby-friendly hospitals to determine if they continue to adhere to the *Ten Steps* and other babyfriendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for the purpose of evaluating on-going compliance with the *Global Criteria* and includes a reassessment visit by an outside team. Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.#

However ,on average 7-8 steps from “ten steps to successful breastfeeding” been achieved by most Hospitals (public& private)and health centers in Bahrain.(25 Health centers)

Gaps:

- 1. Continuous training programs*
- 2. Lack of monitoring system for the ten steps of BFHI.*

Recommendations:

- 1. Introduce training system as well monitoring system for BFHI.*
- 2. Regulation for evaluation for ten steps for BFHI*

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 resolution are in effect and implemented? Has any new action been taken to give effect to the provisions of the Code?*

<i>Guidelines for scoring</i>		
Criteria <i>(Legal Measures that are in Place in the Country)</i>	Scoring	Results
3a: Status of the International Code of Marketing		✓ <i>(Check that apply. If more than one is applicable, record the highest score.)</i>
3.1 No action taken	0	
3.2 The best approach is being considered	0.5	
3.3 National Measures awaiting approval (for not more than three years)	1	
3.4 Few Code provisions as voluntary measure	1.5	
3.5 All Code provisions as a voluntary measure	2	
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	3	
3.7 Some articles of the Code as law	4	
3.8 All articles of the Code as law	5	✓
3.9 Relevant provisions of WHA resolutions subsequent to the Code are included in the national legislation ⁵		
a) Provisions based on at least 2 of the WHA resolutions as listed below are included	5.5	
b) Provisions based on all 4 of the WHA resolutions as listed below are included	6	
3b: Implementation of the Code/National legislation		✓ <i>Check that apply</i>
3.10 The measure/law provides for a monitoring system	1	✓
3.11 The measure provides for penalties and fines to be imposed to violators	1	✓
3.12 The compliance with the measure is monitored and violations reported to concerned agencies	1	✓
3.13 Violators of the law have been sanctioned during the last three years	1	✓
Total Score (3a + 3b)	9/10	9

⁵ Following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.

1. Donation of free or subsidized supplies of breastmilk substitutes are not allowed (WHA 47.5)
2. Labeling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
3. Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
4. Labels of covered products have warnings on the risks of intrinsic contamination and reflect the FAO/WHO recommendations for safe preparation of powder infant formula (WHA 58.32, 61.20)

Information Sources Used:

- *Amiri Decree: Monitoring the use, marketing, and promotion of breast-milk substitutes No 4 (1995). Appendix I*
- *Public health (Nutrition section , Food hygiene Section).*

Conclusions:

- *Bahrain has all provisions of the International Code of Marketing of Breast milk Substitutes implemented at the national level through Amiri Decree: Monitoring the use, marketing, and promotion of breast-milk substitutes No 4 (1995).*
- *Recently (2012) the law was reviewed, updated and a number of amendments were introduced but decision under study (Implementing Regulations/ executive).*
- *The aspects need to reviewed the Penalties to insure more restriction to the marketing companies, also needs to give more authorities for the concern committee to monitor the market.*
- *Ongoing Workshops about the code; (monitoring the use, marketing, and promotion of breast-milk substitutes No 4 (1995) for health workers from different levels & sectors; health inspectors, Family physician, MCH nurses.*

Gaps:

- *In 2012-2013 an update for the code” Amiri Decree No 4/1995” has been carried out. However still under review in legal affair authorities of Ministry Of Health .Definitely this needs to be Expedited.*

Recommendations:

- *Support International as well national reinforcement of final approval code. ” Amiri Decree No 4/1995”update.*
- *Strict penalties need to be considered for the code violators.*

Indicator 4: Maternity Protection

Key question: *Is there a legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labor Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?*

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results Check ✓ that apply
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave a. Any leave less than 14 weeks b. 14 to 17weeks c. 18 to 25 weeks d. 26 weeks or more	0.5 1 1.5 2	✓
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. a. Unpaid break b. Paid break	0.5 1	✓
4.3) Legislation obliges private sector employers of women in the country to <i>(more than one may be applicable)</i> a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	0.5 0.5	
4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector. <i>(more than one may be applicable)</i> a. Space for Breastfeeding/Breastmilk expression b. Crèche	1 0.5	✓
4.5) Women in informal/unorganized and agriculture sector are: a. accorded some protective measures b. accorded the same protection as women working in the formal sector	0.5 1	✓
4.6) . <i>(more than one may be applicable)</i> a. Information about maternity protection laws, regulations, or policies is made available to workers. b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	0.5 0.5	✓ ✓
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	
4.9) There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	✓
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	✓
Total Score:	5.5/ 10	5.5

Information Sources Used :

1. *Bahrain constitution.*
<http://www.ilo.org/dyn/natlex/docs/ELECTRONIC/68652/73580/F575258090/BHR68652.pdf>
2. *Amiri Decree law No. 4, 1995 Concerning the control on the use, Marketing and Promotion of Breast Milk Substitutes.*
3. *Decree law No. 23, 1976 The issuance of the labor law in the private sector, as amended.*
4. *Decree Law No. 3, 1982 on public security forces, as amended system*
5. *Decree No. 20, 2000 The issuance of the National Guard Law*
6. *Decree No. 48, 2010 Issued and amended the Civil Service Law*
<https://www.csb.gov.bh/en/civil-service-legislation/civil-service-law/law-48-20101.html>
7. *Decree-Law No. 5 ,2002 Agreeing to adhere to the Convention on the Elimination of All Forms of Discrimination against Women.*
8. *Amiri Decree Low No. 35, 2006 Concerning to allows worker mothers to get 60 days of paid maternity leave and 2 hours child care for 2 years. Appendix6*

Conclusions:

- *We do have in Bahrain many laws to Maternity protection.*
- *Bahrain had adopted the ILO Maternity Protection Convention 183 and the Bahraini legislation allows worker mothers to get 60 days of paid maternity leave and 2 hours child care for 2 years*

Gaps:

1. *There is no Crèche in work places in the formal sector until now.*
2. *lack of Legislation for working women in private sector.*

Recommendations:

- *Apply the law to all private sectors equally.*
- *Needs to study providing Crèche in work places in the governmental and private sector.*
- *Social Affairs should be enroll in maternity programs.*
- *The paid maternity leave should be at least 14 weeks.*

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?

Guidelines for scoring			
Criteria	Scoring		
	Adequate	Inadequate	No Reference
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country ⁶ indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
	✓		
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care. (See Annex 5b Example of criteria for mother-friendly care)	2	1	0
	✓		
5.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. ⁷	2	1	0
	✓		
5.4) Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country.	1	0.5	0
	✓		
5.5) Infant feeding and young feeding information and skills are integrated, as appropriate, into training programmes focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women's health, NCDs etc.)	1	0.5	0
	✓		
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. ⁸	1	0.5	0
	✓		
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick.	1	0.5	0
	✓		
Total Score:	10/10		

⁶ Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

⁷ The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

⁸ Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

Information Sources Used:

1. *Nutrition section*
2. *MCH department/ Ministry of Health. (personal communication)*
3. *College of Health Sciences (personal communication)*
4. *RCSI Medical University of Bahrain (personal communication)*
5. *Ministry of Education (personal communication)*
6. *OBS and GYN department/Salmaniya Medical Complex (personal communication)*

Conclusions:

- 1- *There is good educational system related to mother and child health and nutrition.*
- 2- *In Bahrain we do have good Health service cover mother and child needs pre-labor and after labor.*

Gaps:

1. *Lack of continuous training for private (Clinics & Hospitals) as well government .*
2. *Lack of monitoring system in some private (Clinics & Hospitals)*

Recommendations:

1. *Maintain a continuous training system for related private and government sectors.*
2. *Update curriculum High schools and colleges of related information.*
3. *Develop a systematic monitoring program in coordinate with related sectors, especially when it related to private (Clinics & Hospitals).*

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 .

<i>Guidelines for scoring</i>			
Criteria	✓ Check that apply		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based ante-natal and post-natal support systems with counseling services on infant and young child feeding.	2 ✓	1	0
6.2) All women receive support for infant and young child feeding at birth for breastfeeding initiation.	2 ✓	1	0
6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage.	2 ✓	1	0
6.4) Community-based counseling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/Nutrition Policy.	2 ✓	1	0
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	1 ✓	0
Total Score:	9/10		

Information Sources Used :

1. Nutrition section.
2. OBS and GYN department/Salmaniya Medical Complex (**personal communication**)
3. MCH department/ Ministry of Health. (**personal communication**)

Conclusions:

Over all there is a good supporting community health system in Bahrain.

Gaps:

1. Lack of good social (MSG) & quality of their training.
2. lack of understanding of voluntariness concept, defiantly that reflect the number of volunteers.

Recommendations:

1. Building awareness among different public groups about the role of voluntariness.
2. Encourage Volunteers to play an important role in supporting maternity programs

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?*

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	√	<i>Check that apply</i>	
	Yes	To some degree	No
7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts or interest are avoided.	2 ✓	0	0
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1 ✓	.5	0
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding	1 ✓	.5	0
7.3) IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding	2 ✓	1	0
7.4. IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence	2 ✓	1	0
7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF). ⁹	2 ✓	0	0
Total Score:		10/10	

Information Sources Used :

- *Nutrition section*
- *MCH department/ Ministry of Health. (personal communication)*
- *Nursing/ Ministry of Health. (personal communication)*

Conclusions:

- 1- *We do have good national health /nutrition information distributed well. Among concerned.*
- 2- *Annually Bahrain celebrate world breastfeeding week by organizing educational campaigns about infant and young child feeding depending the World Breastfeeding Week title.*

⁹ to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;

Gaps :

1. *Lack of educational campaigns on IYCF among non-government.*
2. *Lack of focus in health & nutrition information presented to Adolescents.*

Recommendations:

1. *Focus in strategic health & nutrition educational programs among non-government and Adolescents.*
-

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?

<i>Guidelines for scoring</i>			
Criteria	Results		
	Yes	To some degree	No
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV	2 ✓	1	0
8.2) The infantfeeding and HIV policy gives effect to the International Code/ National Legislation	1 ✓	0.5	0
8.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5 ✓	0
8.4) HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5 ✓	0
8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.	1 ✓	0.5	
8.6) Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible.	1	0.5 ✓	0
8.7) HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake.	1	0.5	0 ✓
8.8) Special efforts are made 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.	1	0.5	0 ✓
8.9) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5 ✓	0
Total Score:	6/10		

Information Sources Used:

- MCH department/ Ministry of Health. (*personal communication*)
- Nursing/ Ministry of Health. (*personal communication*)

Conclusions : Through last 5 years there was few cases HIV positive mother has been detected around 5 cases in the main government hospital.

Gaps : There is No provision of ARVs in line with the international recommendations.

Recommendations: Adopt WHO recommendations through provision of ARVs for HIV positive breastfeeding mothers.

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?*

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	√	Check that apply	
	Yes	To some degree	No
9.1) The country has 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	2	1	0
			✓
9.2) Person(s) tasked with responsibility for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
			✓
9.3) An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers:	1	0.5	0
a) basic and technical 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			✓
b) measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsolicited 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	1	0.5	0
			✓
9.4) Resources have been allocated for implementation of the emergency preparedness and response plan	2	1	0
			✓
9.5) a) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	1	0.5	0
			✓
b) Orientation and training is taking place as per the national emergency preparedness and response plan	1	0.5	0
			✓
Total Score:	0/10		

Information Sources Used : *MCH department/ Ministry of Health. (personal communication)*

Conclusions : *Currently there is No emergency plan for infant and young child feeding at a national level*

Gaps: *There is no emergency national plan for infant and young child feeding.*

Recommendations: *Developed a emergency national plan. This could be Responsibility working related group from Breastfeeding committee*

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?

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	Check that apply		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1 ✓	0
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions	2	1 ✓	0
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2 ✓	1	0
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2 ✓	1	0
10.5) Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2 ✓	1	0
Total Score:	8/10		

Information Sources Used :

- Nutrition section
- MCH department/ Ministry of Health. (*personal communication*)

Conclusions : Recently MCH surveillance program has been establish(2012). Considered as a means of monitoring and evaluation that defiantly support related international program.

Gaps: Lack of sustained coordinate system between related sectors.

Recommendations : Maintain a sustained MCH surveillance program

Indicator 11: Early Initiation of Breastfeeding

Key question: What is the percentage of baby's breastfed within one hour of birth? **39.8%**

Indicator 11	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Initiation of Breastfeeding (within 1 hour)	0.1-29%	3	Red
	29.1-49%	6	Yellow
	49.1-89%	9	Blue
	89.1-100%	10	Green

Data Source :

Musaiger AO(1), Abdulkhalek N ,Nutr Health. 2000;14(4):257-63. *Breastfeeding and weaning practices in Bahrain: the role of mothers' education..*

Summary Comments :

There is no new studies showing the percentage of babies breastfed within one hour of birth, however we think currently the percentage more than 39.8%.

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: What is the percentage of babies 0<6 months of age exclusively breastfed¹⁰ in the last 24 hours? **30%**

Indicator 12	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
	0.1-11%	3	Red
	11.1-49%	6	Yellow
	49.1-89%	9	Blue
	89.1-100%	10	Green

Data Source :

Gharib N, Al-Salehi S, Al-Amer M. "Assessment of Breastfeeding Status in Bahrain document under progress 2012 and 2014". Nutrition Section, Ministry of Health, Bahrain.

Summary Comments :

In the last few years, a great progress has been made in child health in kingdom of Bahrain. This progress is reflected by the steadily increase of Exclusive Breastfeeding for the First Six Months rate from 7.2% in 2010 to 30% in the year 2014.

Indicator 13: Median Duration of Breastfeeding

Key question: Babies are breastfed for a median duration of how many months? **7.6 months**

Data Source ::

Al-Sairafi M., Al-Dallal Z., Moosa K. Breastfeeding Patterns and Practices in the Kingdom of Bahrain (Children Aged 0–24 Months) Ministry of Health; Juffair, Kingdom of Bahrain: 2002.

Summary Comments

Few percent of Bahraini women tend to rely on breastfed during the first two years of babies life, While Median Duration of Breastfeeding between 6 to 7 months

Indicator 13	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Median Duration of Breastfeeding	0.1-18Months	3	Red
	18.1-20 ”	6	Yellow
	20.1-22 ”	9	Blue
	22.1-24 or beyond ”	10	Green

Indicator 14: Bottle feeding

Key question: What percentage of breastfed babies less than 6 months old receives other foods or drinks from bottles? **28.1%**

Data Source :

Gharib N, Al-Salehi S, Al-Amer M. “Assessment of Breastfeeding Status in Bahrain document under progress 2012 and 2014”. Nutrition Section, Ministry of Health, Bahrain.

Indicator 14	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Bottle Feeding	29.1-100%	3	Red
	4.1-29%	6	Yellow
	2.1-4%	9	Blue
	0.1-2%	10	Green

Indicator 15: Complementary feeding --- Introduction of solid, semi-solid or soft foods

Key question: Percentage of breastfed babies receiving complementary foods at 6-9 months of age?
98.6%

Indicator 15	WHO's	IBFAN Asia Guideline for WBTi	
	<i>Key to rating</i>	<i>Scores</i>	<i>Colour-rating</i>
Complementary feeding (6-9 months)	0.1-59%	3	Red
	59.1-79%	6	Yellow
	79.1-94%	9	Blue
	94.1-100%	10	Green

Reference:

Gharib N, Al-Salehi S, Al-Amer M. "Assessment of Breastfeeding Status in Bahrain document under progress 2012 and 2014". Nutrition Section, Ministry of Health, Bahrain.

Summary Part I: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Programme and Coordination	10
2. Baby Friendly Hospital Initiative	7
3. Implementation of the International Code	9
4. Maternity Protection	5.5
5. Health and Nutrition Care Systems	10
6. Mother Support and Community Outreach	9
7. Information Support	10
8. Infant Feeding and HIV	6
9. Infant Feeding during Emergencies	0
10. Monitoring and Evaluation	8
Total	74.5

IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated out of 100.

Scores	Colour- rating
0 – 30.9	Red
31 – 60.9	Yellow
61 – 90.9	Blue
91 – 100	Green

Summary Part II: Infant and young child feeding (IYCF) practices

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	39.8%	6
Indicator 12 Exclusive Breastfeeding for first 6 months	30%	6
Indicator 13 Median duration of Breastfeeding	7.6 months	3
Indicator 14 Bottle-feeding	28.1%	6
Indicator 15 Complementary Feeding	98.6 %	10
Score Part II (Total)		31

IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding Practice (indicators 11-15) are calculated out of 50.

Scores	Colour-rating
0 – 15	Red
16 - 30	Yellow
31 - 45	Blue
46 – 50	Green

Total of Part I and Part II (indicator 1-15): IYCF Practices and Policies and Programmes
 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:

Part I: IYCF Policies and Programmes	74.5
Part II: Infant and young child feeding (IYCF) practices	31
Total	105.5%

Scores	Colour- rating
0 – 45.5	Red
46 – 90.5	Yellow
91 – 135.5	Blue
136 – 150	Green

Key Gaps

- *Widespread promotion of breastmilk substitutes in Bahrain markets.*
- *Lack of support for breastfeeding at home, in the community, and in workplaces.*
- *Lack of commitment and resources for behaviour change programmes needed to support Breastfeeding programmes.*
- *Interpersonal skills of community health workers need more attention during training.*
- *Lack of Monitoring and evaluation of code of Marketing of Breastmilk Substitutes*

Key Recommendations:

- *Understand why both individual and community empowerment and social transformation are necessary to achieve and sustain improvements in exclusive breastfeeding practices.*
- *Know the major elements of interventions to improve rates of exclusive breastfeeding.*
- *Providing information and services.*
- *Focus on the health of the child and mother*
- *Strengthening of mother support groups, to empower individuals to participate in such groups.*
- *Supportive supervision and training in communication skills for community health workers and healthworkers, to make sure they use appropriate messaging in training sessions that should be designed to empower the community to support exclusive breastfeeding.*