

# **National Status on Global Strategy on Infant and Young Feeding of Nepal**

## *Gaps and Recommendation*

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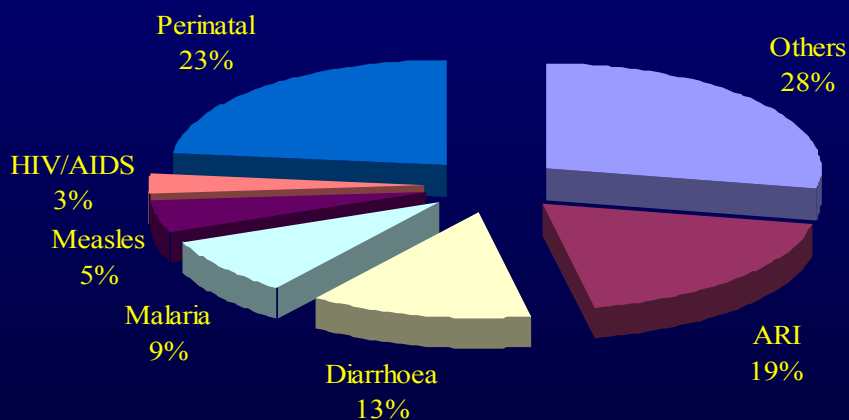
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## **Background**

- ❖ Malnutrition is responsible for 60% of 10.9 million deaths annually in <5 yr old children
- ❖ Over 2/3 of these deaths are associated with inappropriate feeding practices
- ❖ Malnourished children are more frequently sick and suffer life-long consequences of impaired development
- ❖ Rising incidences of overweight and obesity are also cause for concern

## Major causes of under five deaths (globally in 2000)



## Overview on Health and Nutrition Situation of Nepal

Background indicator		Result	Source and Date
Population	Million	23.2	Population Census 2001, Central Bureau of Statistics
	% Urban	14.2	
	% Rural	85.8	
	% Children under 1	2.17	
	% Children Under 5	12.11	

## Overview on Health & Nutrition Situation in Nepal

Background indicator	Result	Source and Date
Infant Mortality Rate (per 1000)	64.4	NDHS 2001
Low Birth Weight	30-50%	Community studies
Under weight (< 5 yrs)	48.3%	NDHS 2001
Wasting (< 5 yrs)	9.6%	NDHS 2001
Stunting (< 5yrs)	50.5%	NDHS 2001
Households with clean water supply	11.2%	BCHIMES 2001

## Prevalence of Malnutrition

**Protein Energy Malnutrition 54%**

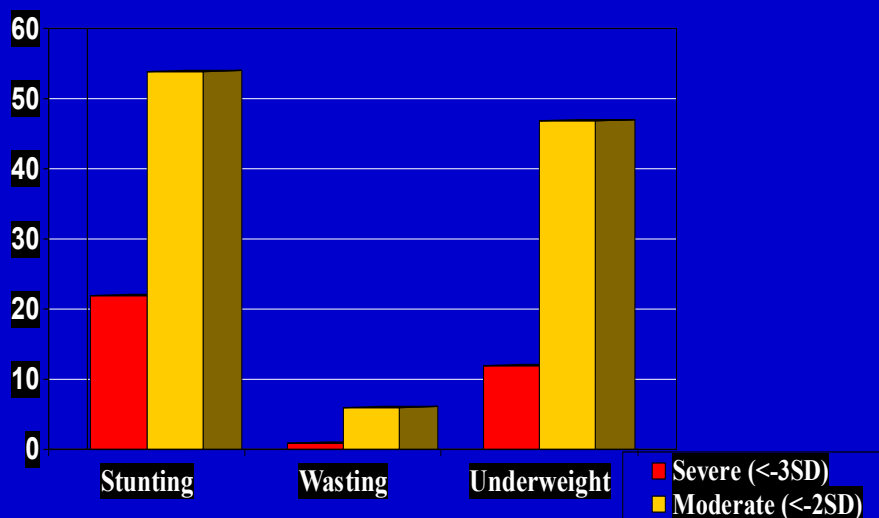
**Anemia 78%**

**Vitamin A Deficiency 32%**

**IDD 35%**

## Prevalence of Malnutrition

% of children



## INFANT AND YOUNG CHILD FEEDING PRACTICES IN NEPAL

## **Percentage of babies breastfed within an hour of birth in Nepal**

- ❖ 31.1% babies are breast fed within one hour of birth
- ❖ 98% babies in Nepal are ever breastfed

*Source : Nepal Demographic Health Survey (NDHS) 2001*

## **Percentage of babies 0 - < 6 months of age exclusively breastfed in Nepal**

- ❖ 68.3% babies 0 - < 6 months of age exclusively breastfed in Nepal
- ❖ 72.8% babies 0 - < 4 months of age exclusively breastfed in Nepal
- ❖ 54.2% babies 4 - < 6 months of age exclusively breastfed in Nepal

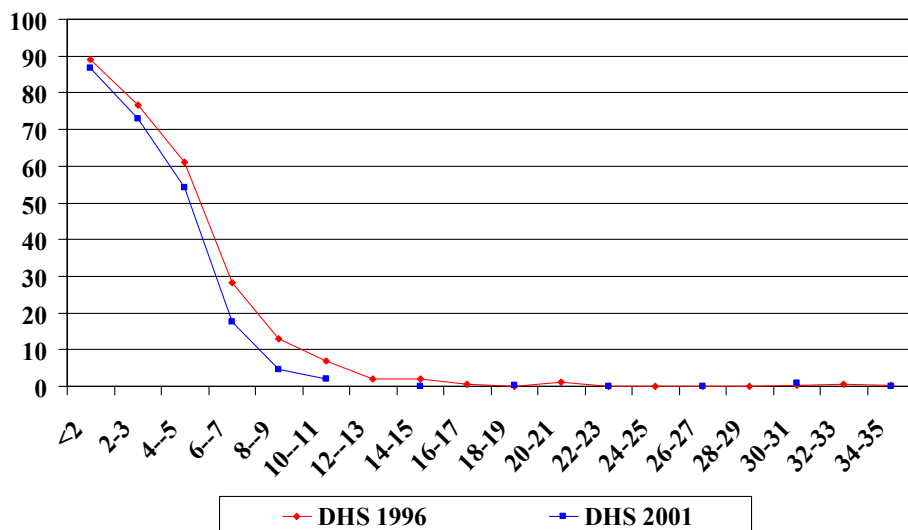
*Source : Nepal Demographic Health Survey (NDHS) 2001*

## Breastfeeding Status by Child Age (percent)

Child Age (months)	Exclusive BF	BM and Water Only	BM and Complement. Food
0-3	81.8	2.2	15.6
4-6	51.8	5.7	42.5
7-9	17.6	7.1	74.0

Source: NFHS 1996

## Trends in exclusive breast-feeding

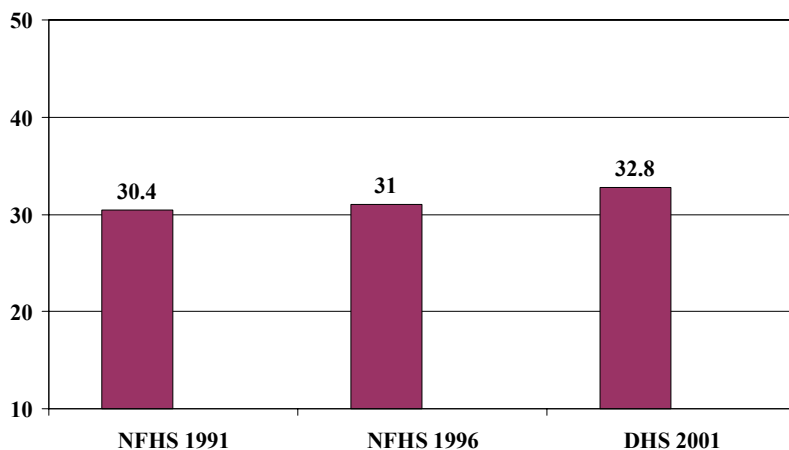


## Median duration of breastfeeding of children under 36 months of age in Nepal

- ❖ 33 months is the median duration of breastfeeding of children under 36 months of age

*Source : Nepal Demographic Health Survey (NDHS) 2001*

### Trend in median duration of breast-feeding



## **Percentage of breastfed babies 0 - < 12 months of age who received any food or drink (even breast milk) from bottles in Nepal**

- ❖ 3.5% of breastfed babies 0 - < 12 months of age received any food or drink (even breast milk) from bottles.

*Source : Nepal Demographic Health Survey (NDHS) 2001*

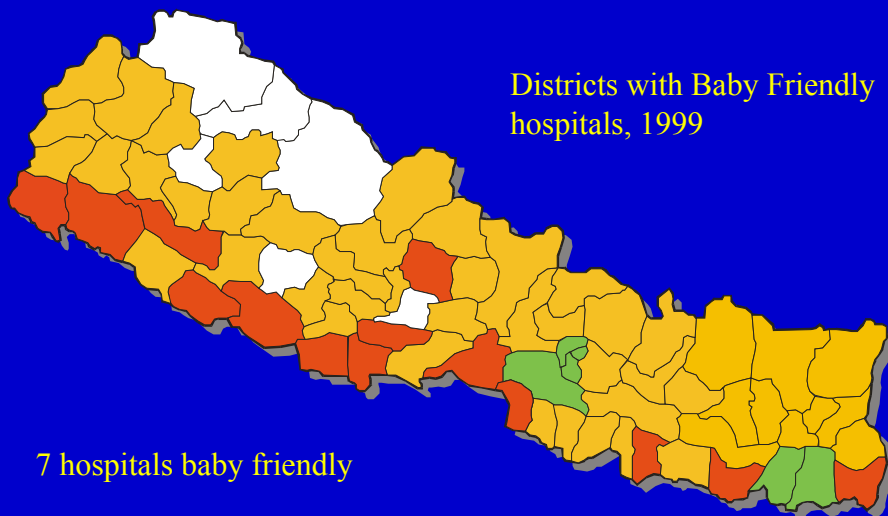
## **Baby Friendly Hospital Initiative**

- ❖ Initiated in 1993
- ❖ Resource Committee established
- ❖ Senior nurses and doctors have been trained in Breastfeeding in 22 hospitals
- ❖ 10 of the 22 trained hospitals assessed in 1995:
  - 7 declared Baby Friendly and given certificate

## Baby Friendly Hospital Initiative

- ❖ Reassessment conducted in 1997
- ❖ 13 hospitals assessed:
  - Trained and found Baby Friendly
  - Trained but not found Baby Friendly
  - Not trained
- ❖ Based on the findings from the assessment, a policy meeting conducted in Dec 1997
- ❖ The policy meeting agreed on the future directions

## Baby Friendly Hospital Initiative



## **Percentage of breastfed babies 6 - < 10 months of age who received complementary foods in Nepal**

- ❖ 66.2% of breastfed babies 6 - < 10 months of age also received complementary foods in Nepal

*Source : Nepal Demographic Health Survey (NDHS) 2001*

## **NATIONAL INFANT AND YOUNG CHILD FEEDING POLICIES**

- ❖ National coordinator responsible for breast feeding or infant feeding
- ❖ Covers guidelines for HIV and infant feeding and counseling
- ❖ Policy incorporated in other relevant program(IMCI)
- ❖ Some articles of the International Code of Marketing implemented
- ❖ Paid Maternity leave - variable

## **National Infant and Young Child Feeding Program**

- ❖ Official national infant and young child feeding program – in process
- ❖ Identified targets or measurable objectives
- ❖ Making progress toward achieving those target and objectives
- ❖ The national program is multi-sectoral and involves regional and local components

### **National IYCF Program contd.....**

- ❖ There is a national BFHI Coordinator
- ❖ National BFHI training program in principle

### **Mother-Friendly Childbirth Strategies:**

- ❖ A national mother-friendly strategy has been developed
- ❖ Program that promotes mother-friendly birth procedures & breastfeeding
- ❖ Program official responsible for promoting birth procedures standards and guidelines developed
- ❖ Trained in “mother-friendly” practices

**❖ Health provider (pre-service) education:**

Some components of IYCF in curricula of Medical & Nursing school and programs like Midwifery, public health and nutrition education program

**❖ Community Outreach and Support:**

Some activities in the communities to protect, promote and support optimal IYCF

**Information, Education & Communication (IEC)**

- ❖ There is a comprehensive national IEC strategy
- ❖ A national IEC campaign or program using electronic, print and event media
- ❖ IEC programs that include infant & young child feeding are being actively implemented
- ❖ Individual counseling and group education services available within in the health care system
- ❖ The content of IEC message is technically and clinically sound
- ❖ The focus and wording of messages
- ❖ A mechanism is in place, involving all major players

## **CONTRACEPTIVE SUPPORT FOR BREASTFEEDING WOMEN**

- ❖ Family planning and MCH policies include adequate advice concerning contraceptive methods, including LAM
- ❖ Family Planning and MCH counselors have adequate training
- ❖ Programs provide guidance and support for breastfeeding women
- ❖ Contraceptive methods, breastfeeding education and counseling session

## **HIV AND INFANT FEEDING**

- ❖ Health staff and community workers receive training on HIV and infant feeding policies
- ❖ Antenatal VCCT is available and offered routinely
- ❖ Locally appropriate infant feeding counseling provided to HIV positive mothers
- ❖ Mothers are supported, counseling & follow-up to make these decisions as safe as possible
- ❖ Special efforts are made to counter misinformation on HIV and infant feeding

## **RESEARCH FOR DECISION MAKING**

- ❖ Needed information is gathered, from existing studies and other data sources
- ❖ Research on priority topics is financed by the national infant and young child feeding program &/or by other appropriate donors
- ❖ Research results are routinely disseminated to key decision makers
- ❖ Research results are used to guide policy and program

## **MONITORING AND EVALUATION**

- ❖ Adequate baseline and follow-up data are collected
- ❖ Evaluation result reported to key decision makers other data sources
- ❖ Monitoring practice is built into a broader nutritional surveillance

## ***Protection, Promotion and Support for Breastfeeding***

### **Gaps:**

- ❖ Lack of knowledge and skill both at community and institutional level
- ❖ Use of prelacteal feeds, Lack of family support
- ❖ Lack of baby friendly environment
- ❖ Insufficient maternity leave
- ❖ Aggressive commercial promotional practices
- ❖ Lack of proper legal recognition and implementation of policies

### **Recommendation**

- ❖ Develop awareness program for grass root level thru' media, role play, traditional healers and TBAs
- ❖ Provision of pre-service and in-service training
- ❖ Discourage harmful cultural practices and misbeliefs
- ❖ Promote mother & baby friendly environment
- ❖ Implement, strengthen and monitor the "*Breast Milk Substitute (Marketing Control) Act*"
- ❖ Advocate for the ratification of ILO convention 103 maternal leave for 16 weeks
- ❖ Increase awareness on breastfeeding in relation with HIV positive mothers at all levels.

## ***COMPLEMENTARY FEEDING***

### **Gaps:**

- Lack of knowledge, practice and attitude
- Low energy density food & low feeding frequency
- Poor hygiene, food taboos
- Inappropriate feeding practice
- Lack of enabling environment
- Lack of time for mothers and care givers
- Lack of media motivation
- Lack of monitoring and implementation of policies
- Poverty

### **Recommendation:**

❖ Develop local level visual dietary guidelines

❖ Create awareness for behavior change thru' campaign

Nutrition week – growth monitoring & food demonstration

Media – radio, TV, Pamphlets, street play

Integrate food demonstration & counseling in successful campaigns like Vit. A

Mobilize political leaders, teachers and traditional healers for campaigning

- Strongly implement the use of growth chart for monitoring growth and counseling
- Promote and support community based programs
- Explore innovative approaches through fortification and dietary modification
- Develop mandatory standards on commercial production of complementary foods, its fortification and marketing practices
- Build capacity of health workers to identify, treat and rehabilitate malnourished children, and refer when necessary

*Feeding during emergencies and unusual settings(e.g. conflict, natural calamities & refugee camps and displaced people)*

**Gaps:**

- ❖Lack of policies during these eventualities
- ❖Lack of dissemination of information even if such policies or program exists
- ❖Lack of coordination and funds

## **Recommendation**

- ❖ Develop and implement plan to conduct nutrition surveillance to detect malnutrition and devise effective interventions
- ❖ Develop an Emergency Preparedness Plan(EPP) for both natural and human induced calamities
- ❖ Ensure access to relevant information on minimal nutritional requirements
- ❖ Ensure effective delivery of nutritious food in an emergency response
- ❖ Develop guidelines to ensure that food distribution program meet minimum nutrition standard

*Thank you*



# National Assessment of the Status of Global Strategy for Infant and Young Child Feeding and finding GAPS

*With the use of Web based toolkit (APPAR Toolkit developed by IBFAN Asia Pacific)*

## Nepal

### Part I

- (1) Percentage of babies breastfed with one hour of birth
- (2) Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours  (see annex-1 in the main document)
- (3) Babies are breastfed for a median duration of how many months?
- (4) Percentage of breastfed babies less than <12 months old receiving other foods or drink from bottles  (see annex-1 in the main document)
- (5) Percentage of breastfed babies receiving complementary foods at 6-9 months of age  (see annex-2 in the main document)

### Part II

#### **(6) National Policy, Programme and Coordination**

**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 committee and coordinator?** (See annex-3 in the main document)

6.1) A national infant and young child feeding / breastfeeding policy has been officially adopted/approved by the government

6.2) The policy promotes exclusive breastfeeding for first six months and appropriate and adequate complementary feeding thereafter along with continued breastfeeding for two years and beyond.

6.3) A national plan of action developed with the policy

6.4) The plan is adequately funded

6.5) There is a National Breastfeeding Committee

6.6) The national breastfeeding (infant and young child feeding) committee meets and reviews on a regular basis

6.7) The national breastfeeding (infant and young child feeding) committee links with all other sectors like health, nutrition, information etc. effectively

6.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference

**Summarize which aspects of IYCF policy, program and coordination are good and which need improvement and why? Any further analysis needed and recommendations for action (Upto 500 characters)**

IYCF policy has been just approved by the Government National Plan of Action. The policy mentions no plan of action and it is not funded adequately. It is recommended that there should be a national plan of action of the policy and there should be adequate fund for it.

**(7) Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)**

**(7A) What percentage of hospitals and maternity facilities that provide maternity services have been designated "Baby Friendly" based on the national criteria?**

7.1) Percentage of hospitals and maternity facilities that provide maternity services have been designated "Baby Friendly" for implementing ten steps to successful breastfeeding

6.9%

**(7B) What is the skilled training input in BFHI programme?**

7.2) Percentage of BFHI designated hospitals that have been certified after a minimum recommended training of 18 hrs for its entire staff working in maternity services.

No data

**(7C) What is the quality of BFHI programme implementation?**

7.3) BFHI programme relies on training of health workers

7.4) A standard monitoring system is in place

7.5) An assessment system relies on interviews of mothers

7.6) Reassessment systems have been incorporated in national plans

**Summarize how the country is doing in achieving Baby friendly targets in quantity and quality both. List any aspects of the initiative needing improvement and why? Any further analysis needed and recommendations for action (Upto 500 characters)**

There has been no activity in achieving baby friendly targets for last 10 years and hence the dismal number of hospital certified as Baby Friendly. There has been no regular follow-up assessment as well. Not enough health workers have been trained in breastfeeding. It is therefore high time that the training of health workers conducted as soon as practicable there by increasing the number of Baby Friendly Hospitals.

## **(8) Implementation of the International Code**

**Is the International Code of Marketing of Breastmilk substitutes in effect and implemented? Has any new action been taken to give effect to the aims and principles of the code?**

8.1) No action taken / planned or no information

8.2) The best approach is being studied

8.3) Law drafted, awaiting final approval

8.4) Some articles of the code as a voluntary measure

8.5) *Code as a voluntary measure*  *to be deleted*

8.6) Some articles of Code as law

8.7) All articles of the Code as law, monitored

8.8) All articles of the Code as law, monitored and enforced

8.9) New / additional legislation to protect breastfeeding to give effect to the aims and principles of the code exist

**Summarize which aspects of the Code compliance have been achieved and which need improvement and why? Any further analysis and recommendations for action (Upto 500 characters)**

The code of marketing of breast milk substitute though in place has not been in effect. Only some articles of code is in place as law. The code of marketing should be strictly monitored and committee to look after such activity should be formed.

**(9) Maternity Protection**

**Is there legislation that meets International Labor Organization (ILO) standards for protecting and supporting breastfeeding among working mothers?**

9.1) Women covered by the legislation are allowed at least 14 weeks of paid maternity leave

9.2) Women covered by the convention are allowed at least one paid breastfeeding break daily

9.3) Private sector employers of women in the country give atleast 14 weeks paid maternity leave and paid nursing breaks

9.4) There is language in national legislation that encourages work site accommodation for breastfeeding and/or childcare in work places in the formal sector

9.5) Women in informal / unorganized sector are provided same protection

9.6) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period

9.7) The ILO MPC No 183 has been ratified

9.8) The ILO MPC No 183 has been enacted

**Summarize which aspects of the legislation are good and which need improvement and why? Any further analysis needed and recommendations for action (Upto 500 characters)**

There is no uniformity of maternal leave in governmental and non-governmental organization. The ILO MPC No. 183 not been enacted. There should be uniformity in providing maternity leave in all organizations, governmental and non-governmental and a minimum of 14 weeks of maternity leave should be provided. The ILO MPC 183 should be enacted.

## (10) Health and Nutrition care

**Do workers in these systems undergo skills training, and do their pre-service education curriculum support optimal infant and young child feeding; Do these services support birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to Code are in place?** (See annex-4 in the main document)

10.1) A review of health provider schools and pre-service education programmes in the country indicates that infant & young child feeding curricula or session plans are adequate/inadequate

Adequate  Inadequate  No-reference

10.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care

yes  to some degree  No

10.3) There are in-service training programmes providing knowledge and skills related to infant & young child feeding for relevant health/nutrition care providers.

yes  to some degree  No

10.4) Health workers are trained with responsibility towards Code implementation as a key input. yes  to some degree  No

10.5) Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.) yes  to some degree  No

10.6) These in-service training programmes are being provided throughout the country  
yes  to some degree  No

10.7) Child health policies allow mothers and babies to stay together when one of them is sick  
yes  to some degree  No

**Summarize which aspects of health and nutrition are good and which need improvement and why? Identify areas needing further analysis and recommendations for action. (Upto 500 characters)**

The curricula of health workers do not adequately cover infant and young infant feeding. There is to some degree mother friendly child birth procedures and are trying to reach all the health facilities. Infant feeding is taught in IMCI package but has recovered 25 of 75 districts of Nepal. There is need to revise the curricula of all the health workers in order to include the infant feeding. In service training should be provided to all level of health providers.

**(11) Community Outreach**

**Are there community outreach and support mechanisms in place to protect, promote and support optimal infant and young child feeding? (See annex-5 in the main document)**

11.1) Women have access to counseling services on infant and young child feeding in the community during pregnancy?

yes  to some degree  No

11.2) Women have access to infant and young child feeding counseling after birth yes  to some degree  No

11.3) The infant and young child feeding counseling services have national coverage

yes  to some degree  No

11.4) Counseling services are integrated into an overall infant and child health strategy (inter-sectoral and intra-sectoral).

yes  to some degree  No

11.5) Counselors are trained in skills

yes  to some degree  No

**Summarize which aspects of community outreach are good and which need improvement and why? Identify areas needing further analysis and recommendations for action. (Upto 500 characters)**

There is to some degree access to counseling on infant feeding during and after pregnancy. There is need to train more counselors on infant feeding and such training package should be integrated into national child health strategy.

## **(12) Information Support**

**Are comprehensive Information, education and communication (IEC) strategies for improving infant and young child feeding practices (breastfeeding and complementary feeding) being implemented?**

12.1) There is a comprehensive national IEC strategy for improving infant and young child feeding

Yes  To some degree  No

12.2) IEC programmes (either governmental or non-governmental) that include infant and young child feeding are being actively implemented at local levels

Yes  To some degree  No

12.3) Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach

Yes  To some degree  No

12.4) The content of IEC messages is technically correct, sound, based on national or international guidelines

Yes  To some degree  No

12.5) A national IEC Campaign or programme using electronic and print media and activities has channeled messages on infant and young child feeding to targeted audiences in the last 12 months

Yes  To some degree  No

**Summarize which aspects of the Information, education and communication (IEC) programme are good and which need improvement and why? Identify areas needing further analysis and recommendations for action (Upto 500 characters)**

There is to some degree national IEC materials covering infant and young child feeding. The IMCI program also covers to some extent on this aspect. There should be a national IEC strategy for infant and young child feeding and this should be implemented from community level. To promote IEC strategy electronic and print media should be utilized.

## **(13) Infant Feeding and HIV**

**Are appropriate policies and programmes in place to ensure that mothers with HIV are informed about risks and benefits of different infant feeding options and supported in their infant feeding decisions? (See annex 6 in the main document)**

13.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV

Yes  To some degree  No

13.2) The infant feeding and HIV policy gives effect to the International Code/National Legislation

Yes  To some degree  No

13.3) 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 counseling and support

Yes  To some degree  No

13.4) Antenatal VCCT is available and offered routinely to couples that are considering pregnancy and to pregnant women and their partners

Yes  To some degree  No

13.5) Locally appropriate infant feeding counseling in line with current international recommendations is provided to HIV positive mothers

Yes  To some degree  No

13.6) Mothers are supported in their infant feeding decisions with further counselling and follow up to make these decisions as safe as possible

Yes  To some degree  No

13.7) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support breastfeeding in the general population

Yes  To some degree  No

13.8) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission on infant feeding practices and health outcomes for mothers and infants, including those who are HIV negative or of unknown status

Yes  To some degree  No

13.9) The Baby-friendly hospital initiative provides guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers

Yes  To some degree  No

**Summarize which aspects of HIV and infant feeding programming are good and which need improvement and why? Identify areas needing further analysis and recommendations for action (Upto 500 characters)**

National PMCT guideline has just been implemented in few selected hospitals that include HIV and feeding strategy. So most of the health workers have not received training on HIV and feeding policies. Hence there is need to implement PMCT in all hospital and all health workers should be trained in HIV and feeding policies.

**(14) Infant Feeding During Emergencies**

**Are appropriate policies and programmes in place to ensure that mothers, infants and children will be provided adequate protection and support for appropriate feeding during emergencies?** (See annex 7 in the main document)

14.1) A policy that addresses key issues related to infant and young child feeding in emergencies has been endorsed or developed

Yes  To some degree  No

14.2) Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed

Yes  To some degree  No

14.3) A contingency plan to undertake activities to facilitate exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed

Yes  To some degree  No

14.4) Resources identified for implementation of the plan during emergencies.

Yes  To some degree  No

14.5) Appropriate 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

Yes  To some degree  No

**Summarize which aspects of emergency preparedness are good and which need improvement and why? Identify areas needing further analysis and recommendations for action (Upto 500 characters)**

There are no policies that address issues related to infant and young child feeding in emergencies and hence there is need to develop policies regarding the same during the time of emergencies.

**(15) Monitoring and Evaluation**

**Are monitoring and evaluation data routinely collected and used to improve infant and young child feeding practices?**

15.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities

Yes  To Some degree  No

15.2) Monitoring and Management Information System (MIS) data are considered by programme managers as part of the planning and management process

Yes  To Some degree  No

15.3) Adequate baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities

Yes  To Some degree  No

15.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers, both at national and regional/local levels.

Yes  To Some degree  No

15.5) Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys

Yes  To Some degree  No

**Summarize which aspects of monitoring and evaluation are good and which need improvement and why? Identify areas needing further analysis and recommendations for action (Upto 500 characters)**

There are no monitoring and evaluation mechanism to study the status of infant and young child feeding practices. There is need to develop such strategy to look into the broader aspect of infant and young child feeding.

End of Questionnaire