



The World Breastfeeding Trends Initiative (WBTi)

Name of the Country Afghanistan

YEAR : 2008

Indicator 1: Early Initiation of Breastfeeding

Key question: *Percentage of babies breastfed within one hour of birth*

Guideline:

Indicator 1	WHO's Key to rating %	Existing Status %
Initiation of Breastfeeding <i>(within 1 hour)</i> 36.7		✓ <i>Check appropriate box</i>
	0-29	
	30-49	✓
	50-89	
	90-100	

Source of data:

Johns Hopkins University
 Bloomberg School of Public Health
 Afghanistan Health survey 2006

Summary Comments

Since 2005 after introducing breastfeeding counselling course we have more consolors, from 10 steps of succful breastfeeding at least 7-8 steps are implementing at the maternity hospitals and national breastfeeding communication campaign is under process. We hope by next survey, the rate of early initiation of breastfeeding become increase.

Indicator 2: Exclusive breastfeeding for the first six months

Key question: *Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours?*

Guideline:

Indicator 2	WHO's Key to rating %	Existing Situation %
Exclusive Breastfeeding <i>(for first 6 months)</i> 83%		✓ <i>Check appropriate box</i>
	0-11	
	12-49	
	50-89	✓
	90-100	

Source of data:

Johns Hopkins University
Bloomberg School of Public Health
Afghanistan Health survey 2006

Summary Comments:

This question was alone and asking only breastfeeding within past 24h, without having follow up question to know the exact rate. the previous (2003) data is showing 30-35% rate of EXBF.

Indicator 3: Median duration of breastfeeding

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

Guideline:

Indicator 3	WHO's Key to rating	Existing Situation in Months
<i>Median Duration of Breastfeeding</i> 18 M		✓ <i>Check appropriate box</i>
	0-17 Months	
	18-20 "	✓
	21-22 "	
	23-24 "	

Source of data:

Formative researches in 4 provinces MoPH/UNICEF/NGOs (2002- 2003).

Summary Comments

When the mothers become pregnant for second child they are stopping breastfeed, and have believes there milk becomes dirty and harmful for their babies.

Indicator 4: Bottle feeding

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

Guideline:

Indicator 4	WHO's Key to rating	Existing Situation %
Bottle Feeding (<6 months) NA		✓ <i>Check appropriate box</i>
	30-100%	
	5-29%	
	3-4%	
	0-2%	

Source of data:

Johns Hopkins University
 Bloomberg School of Public Health
 Afghanistan Health survey 2006

Summary Comments

This question was not included on the health survey 2006 we don't have the data. But from our information during the years 2002 the maternity and paediatrics hospitals pharmacist ordered bottles, teas, and pacifiers. But now they are not ordering any more these items, encouraging all mothers to breastfeed.

Indicator 5: Complementary feeding

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

Guideline:

Indicator 5	WHO's Key to rating %	Existing Situation %
Complementary Feeding (6-9 months) 28.4 %		✓ <i>Check appropriate box</i>
	0-59	✓
	60-79	
	80-94	
	95-100	

Source of data:

Johns Hopkins University
Bloomberg School of Public Health
Afghanistan Health survey 2006

Summary Comments:

Based on formative research 2002-2003 there are different practices on introduction of complementary feeding, there are too early (40 days after birth) or too late initiation (after 2 years) of complementary feeding. By support of ministry of agriculture and FAO we developed the complementary feeding guidelines which is field tested, introduced to health care provider, agriculture and Ministry of rural rehabilitation extension workers.

COMPARISON WITH 2005 ASSESSMENT (Only for South Asian Countries)

Table: Indicators 1-5: Trends in Infant feeding practices

Indicator	Status in the last assessment in 2005	Current status (2006) National Health Survey MoPH/Johns Hopkins
1. Percentage of babies breastfed within one hour of birth	N/A	36.7 %
2. Percentage of babies of 0<6 months of age exclusively breastfed in the last 24 hours	30-35	83 %
3. Babies are breastfed for a median duration of how many months	18M	18 Months
4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles	40	N/A
5. Percentage of breastfed babies receiving complementary foods at 6-9 months of age	28.4	28.4

Indicator 6: *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 Coordinator?

Criteria of Indicator 6	Scoring	Results ✓ <i>Check any one</i>
6.1) A national Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2	✓
6.2) The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	2	✓
6.3) A National Plan of Action has been developed with the policy	2	✓
6.4) The plan is adequately funded	1	✓
6.5) There is a National Breastfeeding Committee	1	✓
6.6) The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	✓
6.7) The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5	✓
6.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	✓
Total Score	10/ 10	

Information and Sources Used:

Public nutrition department of MoPH, UNICEFo, who

Gaps:

1. Lack of long term strategic action plan
2. Inadequate Nutrition technical expertise
3. Inadequate knowledge and appreciation of benefit of Exclusive BF and CF among Policy makers, health workers and community
4. Poor coordination mechanism

Recommendations:

1. Develop long term strategic/action plans
2. Advocate for institutionalize nutrition technical expertise including IYCF.
3. Accelerate BFCC, National BF campaigns, systematic capacity building on IYCF HF and community levels
4. Improve coordination efforts with related stakeholders at national and provincial level

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

Key Question:

7A) What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?

7B) What is the skilled training inputs and sustainability of BFHI?

7C) What is the quality of BFHI program implementation?

7A) Quantitative

7.1) *What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?*

Criteria	Score	Results ✓ Check any one
0 - 7%	1	
8 – 49%	2	*21% ✓
50 – 89%	3	
90 - 100%	4	
Rating on BFHI quantitative achievements:	2/4	

* total number of maternity hospitals and wards (38), total 8 of them are implementing BFHI.

7B) Qualitative

7.2) *What is the skilled training inputs and sustainability of BFHI?*

BFHI designated hospitals that have been certified after a minimum recommended training of 18 hours for all its staff working in maternity services

Criteria	Score	Results ✓ Check any one
0-25%	1	
26-50%	1.5	21% ✓
51 –75%	2.5	
75% and more	3.5	
Total Score	1.5/3.5	

Qualitative

7C) What is the quality of BFHI program implementation?

Criteria	Score	Results ✓ Check that apply
7.3) BFHI programme relies on training of health workers	.5	✓
7.4) A standard monitoring system is in place	.5	
7.5) An assessment system relies on interviews of mothers	.5	
7.6) Reassessment systems have been incorporated in national plans	.5	
7.7) There is a time-bound program to increase the number of BFHI institutions in the country	.5	
Total Score	.5/2.5	
Total Score 7A, 7B and 7C	4/10	

Information and Sources Used:

Public nutrition department of MoPH/UNICEF.

Gaps:

1. Poor Hospitals management, low commitment and motivation of hospital staff
2. high load of hospitals clients /Low number of health care provider
3. high torn over of Hospital staffs
4. Weak supervision and monitoring

Recommendations:

1. Straightening Supervision and monitoring efforts, address attitude issues among health car providers on BFHI, orientation session for Hospital managers and staff
2. Advocacy to address hospital management issue
3. Organize initial and refresh trainings sessions for health provider
4. technical support from IBFAN-South Asia for strengthen BFHI

Indicator 8: *Implementation of the International Code*

Key Question: Are the *International Code of Marketing of Breastmilk Substitutes* and subsequent WHA resolution given effect and implemented? Has any new action been taken to give effect to the provisions of the Code?

Criteria	Scoring	Results ✓ <i>Check those apply. If more than one is applicable, record the highest score.</i>
8.1) No action taken	0	
8.2) The best approach is being studied	1	
8.3) National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable	2	
8.4) National measures (to take into account measures other than law), awaiting final approval	3	
8.5) Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions	4	
8.6) Some articles of the Code as a voluntary measure	5	
8.7) Code as a voluntary measure	6	
8.8) Some articles of the Code as law	7	
8.9) All articles of the Code as law	8	
8.10) All articles of the Code as law, monitored and enforced	10	✓
Total Score:	10/10	

Information and Sources Used:

MoPH/MoJ

Gaps:

1. low Technical capacity for implementation of the code
2. low technical capacity for developing the M & E system
3. low awareness on code between health care providers

Recommendations:

1. Support from IBFAN for establishing the implementation system for MoPH.
2. Capacity building tools and conducting training for health care providers by IBFAN South Asia.

Indicator 9: *Maternity Protection*

Key Question: Is there 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?

Criteria	Score	Results Check <input checked="" type="checkbox"/> that apply
9.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave		
a. Any leave less than 14 weeks	0.5	✓
b. 14 to 17weeks	1	
c. 18 to 25 weeks	1.5	
d. 26 weeks or more	2	
9.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.		
a. Unpaid break	0.5	
b. Paid break	1	✓
9.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	
9.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector.	1	✓
9.5) Women in informal/unorganized and agriculture sector are:	1	
a. accorded some protective measures	0.5	
b. accorded the same protection as women working in the formal sector	1	✓
9.6)		
a. Information about maternity protection laws, regulations, or policies is made available to workers	0.5	✓
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.'	0.5	✓
9.7) Paternity leave is granted in public sector for at least 3 days.	0.5	✓
9.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	0
9.9) There is legislation providing health protection for	0.5	✓

pregnant and breastfeeding workers and the legislation provides that 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.		
9.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5	✓
9.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5	
9.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5	✓
Total Score:	6.5/10	

Information and Sources Used:

MoPH (Human Resource General Directorate) and Ministry of labour and social affairs.

Gaps:

1. High Number of Deliveries and low number of skilled birth attendants
2. Poor Family support and traditional and cultural barriers
3. Weak antenatal and post natal care follow up
4. Low maternal care practice facilities.
5. Inadequate maternity leave at all organizations

Recommendations:

1. Advocacy to promote and increase skilled birth attendance schools and
2. Promote social mobilization and community awareness Increase care practice facilities
3. Advocacy to promote paid maternity leave
4. Establish family support groups at community level
5. National awareness campaign (maternity protection)

Indicator 10: *Health and Nutrition Care System*

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?

Criteria	Results ✓ <i>Check that apply</i>		
	Adequate	Inadequate	No Reference
10.1) A review of health provider schools and pre-service education programmes in the country ¹ indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
		✓	▲
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.	2	1	0
		✓	
10.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. ²	2	1	0
		✓	
10.4) Health workers are trained with responsibility towards Code implementation as a key input.	1	0.5	0
		✓	
10.5) Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrhoeal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1	0.5	0
		✓	
10.6) These in-service training programmes are being provided throughout the country. ³	1	0.5	0
			✓
10.7) Child health policies provide for mothers and babies to stay together when one of them is sick	1	0.5	0
	✓		
Total Score:	5/10		

Check here

Information and Sources Used:

MoPH policy and planning general directorate and Public nutrition, child and adolescent health/HIV/AIDS directorates.

¹ 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.

² 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.

³ 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.

Gaps

- 1. Inadequate/poor reflection of nutrition, particularly IYCF component into the current BPHS and EPHS**
- 2. Low technical and financial resources for nutrition programs at national and provincial level.**

Recommendations

- 1. Advocate for integration of nutrition including IYCF component into BPHS and EPHS**
- 2. Seeking/ Encourage IBFAN, WABA and other regional and global partners for further coordination, technical and financial support.**
- 3. Systematic capacity building at Health and community**

Indicator 11: *Mother Support and Community Outreach*

Key Question: Are there mother support and community outreach systems in place to protect, promote and support optimal infant and young child feeding?

Criteria	Results ✓ <i>Check that apply</i>		
	Yes	To some degree	No
11.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	2	1	0
		✓	
11.2) All women have access to support for infant and young child feeding after birth.	2	1	0
		✓	
11.3) Infant and young child feeding support services have national coverage.	2	1	0
		✓	
11.4) Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectoral and intra-sectoral).	2	1	0
			✓
11.5) Community-based volunteers and health workers possess correct information and are trained in counselling and listening skills for infant and young child feeding.	2	1	0
		✓	
Total Score:	4/10		

Check here

Information and Sources Used:

MoPH/ BASICS/UNICEF/WHO

Gaps:

1. Lack of a define package of community nutrition outreach intervention including IYCF and mother support group
2. Limited community nutrition intervention
3. Cultural & traditional barriers

Recommendations:

1. Develop a define package of community nutrition outreach intervention including IYCF
2. Develop mother support group package and establish
3. Accelerate social mobilization and community awareness efforts
4. Promote community participation and ability

Indicator 12: *Information Support*

Criteria	Results		
	Yes	To some degree	No
12.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.	2	1	0
	✓		
12.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2	1	0
	✓		
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.	2	1	0
		✓	
12.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2	1	0
	✓		
12.5) A national IEC campaign or programme ⁴ using electronic and print media and activities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months.	2	1	0
		✓	
Total Score:	8/10		

Check here

Information and Sources Used:

MoPH (IEC, Public nutrition directorate)/ UNICEF, WHO

Gaps:

1. Delay on finalization of IYCF National communication and behavior change strategy
2. Low priority on IYCF social mobilization and community participation
3. Low coordination and information sharing mechanism among health and nutrition service providers

Recommendations:

1. finalization and implementation of IYCF national communication and behavior change Strategy
2. Advocacy to prioritize IYCF social mobilization and community participation
3. Promote coordination mechanism between health and nutrition service providers and community

⁴ An IEC campaign or programme is considered “national” if its messages can be received by the target audience in all major geographic or political units in the country (e.g., regions or districts).

Indicator 13: *Infant Feeding and HIV*

Key Question: Are policies and programmes in place to ensure that HIV - positive mothers are informed about the risks and benefits of different infant feeding options and supported in carrying out their infant feeding decisions?

Criteria	Results ✓ <i>Check that apply</i>		
	Yes	To some degree	No
13.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2	1 <input checked="" type="checkbox"/>	0
13.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0 <input checked="" type="checkbox"/>
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 counselling and support.	1	0.5 <input checked="" type="checkbox"/>	0
13.4) 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 <input checked="" type="checkbox"/>	0
13.5) Infant feeding counselling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.	1	0.5 <input checked="" type="checkbox"/>	0
13.6) Mothers are supported in making their infant feeding decisions with further counselling and follow-up to make implementation of these decisions as safe as possible.	1	0.5 <input checked="" type="checkbox"/>	0
13.7) 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 <input checked="" type="checkbox"/>	0
13.8) 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 <input checked="" type="checkbox"/>
13.9) The Baby-friendly Hospital Initiative incorporates provision of 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.	1	0.5	0 <input checked="" type="checkbox"/>
Total Score:	3.5/10		

Information and Sources Used:

MoPH/UNICEF/WHO

Gaps:

1. Poor reflection of infant feeding and HIV in Nutrition policy
2. Lack of information on infant feeding and HIV (3in1)
3. Poor coordination among HIV and nutrition department in MoPH

Recommendations:

1. Accelerate infant feeding and HIV integrated policy
2. Develop and adopt 3 in 1 training Module Seeking technical support from Regional and global expertise on development
3. Improve coordination with related departments.

Indicator 14: *Infant Feeding during Emergencies*

Key Question: 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?

Criteria	Results		
	Yes	To some degree	No
14.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies	2	1	0
		✓	
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	2	1	0
			✓
14.3) An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed	2	1	0
		✓	
14.4) Resources identified for implementation of the plan during emergencies	2	1	0
		✓	
14.5) Appropriate teaching 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.	2	1	0
			✓
Total Score:	3/10		

Check here

Information and Sources Used:

MoPH-UNICEF

Gaps:

1. Lack of training module/package for nutrition training sessions on infant feeding during emergencies.
2. Lack of nutrition emergency preparedness and response unit in Nutrition department
3. Lack of data collection system in emergency situations

Recommendations:

1. Encourage IBFAN to provide training packages and support its implementation and adaptation
2. Advocate to link nutrition emergency in early warning and response system

Indicator 15: Monitoring and Evaluation

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

Criteria	Results		
	Yes	To some degree	No
15.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
	✓		
15.2) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.	2	1	0
		✓	
15.3) Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	2	1	0
	✓		
15.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers	2	1	0
	✓		
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.	2	1	0
	✓		
Total Score:	9/10		

Check here

Information and Sources Used:

MoPH/unicef and other partners

Gaps:

1. Lack of nutrition surveillance, monitoring and reporting system within existed health and nutrition services.
2. limited technical expertise and resources

Recommendations:

1. Establish and promote nutrition surveillance, monitoring and reporting system and link with the existed HMIS
2. Advocate for capacity building and resources to address the issue.