



World Breastfeeding Trends Initiative (WBTi)

Assessment Report





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Report



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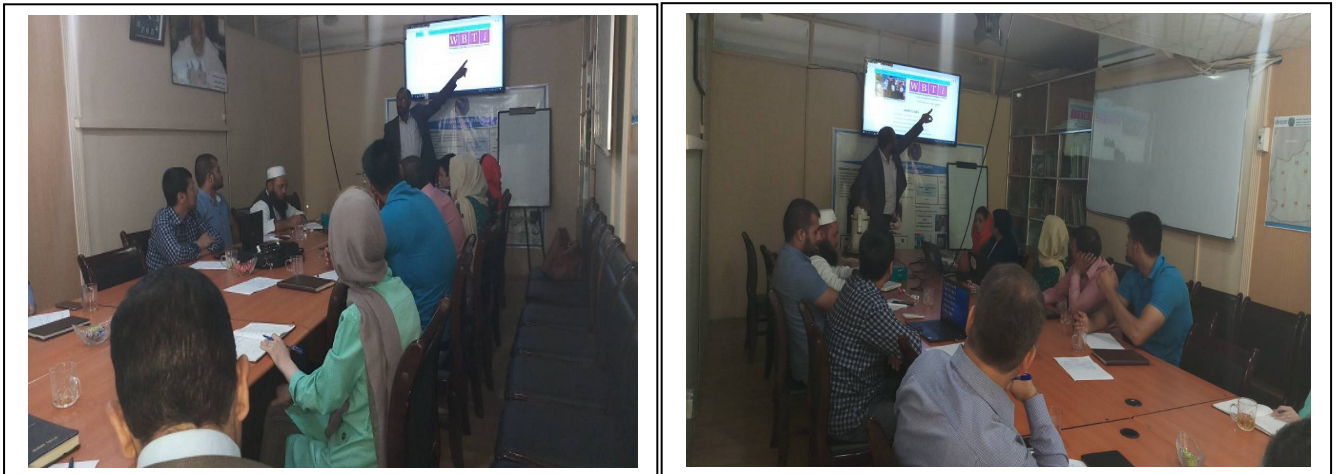
Website : www.worldbreastfeedingtrends.org



The World Breastfeeding Trends Initiative (WBTi)

Name of the Country: Afghanistan
Year :2018

Photo of WBTi Orientation workshop and meeting



Introduction

World Breastfeeding Trends Initiative (WBTi) is a unique tool, which tracks 10 indicators of policy and programmes that support women to be successful in breastfeeding. It helps a country to assess and report gaps as well as launch a 'Call to Action' for the Governments to bridge the gaps. WBTi encourages re-assessment every 3 to 5 years to study trends, WBTi provides objective scoring and colourcoding to its 10 indicators of policy & programmes. Each indicator is scored out.

Abravations

PND	Public Nutrition Directorate
BPHS	Basic Package of Health services
EPHS	Essential Package of Hospital Services
BFHI	Baby Friendly Hospital Innitiative
BMS	Breast milk Sabstitutes
IYCF	Infant and Young Child Feeding
TWG	Technical Working Group
<i>MoU</i>	<i>Memorandum of Understanding</i>
<i>AMA</i>	<i>Afghanistan Midwifery Association</i>
<i>MOWA</i>	<i>Ministry of Women Affairs</i>
<i>MoE</i>	<i>Ministry of Education</i>
<i>MoIC</i>	<i>Ministry of Information and Culture</i>
<i>HF</i>	<i>Health Facility</i>
<i>HMIS</i>	<i>Health Managemetn Information System</i>
CBNP	Community Based Nutrition Package
IDP	internal displaced person

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:

Nutrition is a foundation of human health, physical and cognitive development as well as social and economic productivity and nutritional status is the most important outcome indicator to measure progress against poverty and malnutrition. There is overwhelming evidence that children who are well nourished in early childhood especially the first 1,000 days (from conception to the age of two years) escape stunting and are likely to be more developed and have better life chances, they live longer and healthier, they do better in school, and they grow into more productive adults and pass-on good practices on to future generations and become more responsible parents to their children. At the country level, reductions in stunting have the potential to increase overall economic productivity.

In Afghanistan, majority of children will not reach to their full potential if opportunities and investment are not explored and executed to improve their nutritional status. The NNS result shows that 40.9% of children under five years old are stunted implying that 4 out of 10 children may not reach full mental or physical capacity. These children most likely already have irreversible physical, mental, and social development damage that will reduce school achievement, lower economic productivity and poorer maternal reproductive outcomes in adulthood. In addition, 9.5% are wasted, and 24.6% are underweight putting them at greater risk of diseases and death. 9.2% of women in reproductive age are undernourished while on the other hand the rate of obesity among women is increasing. Institution of breastfeeding within the first hour of life is estimated at 69% and only 58% of children 0-6 months are exclusively breastfed. Only 41.3% of children of 6-23 months receive complementary food with minimum accepted quality and frequency. Despite the increased use of micronutrients, 26% of children and 24% of women are still iron deficient and remains a “very high public health concern”. Afghanistan also faces a huge challenge of persistent high levels of micronutrient deficiency- iron, iodine, zinc and vitamin A which are vital for health and development in women and children. It is estimated that half of the burden of anemia in women is due to iron deficiency. The Islamic Republic of Afghanistan is committed to end maternal and child malnutrition in the country and recognizes the need for a comprehensive multi-sectoral response mechanism with technical, financial and political support at all levels including community level. In this context.

Assessment process followed by the country

Assessment of World Breastfeeding Trend Initiative processing for fifth time (2005, 2008, 2012, 2015 and 2018), it is a participatory process which current data has been used in all indicators. The main body for working on WBTi was Public Nutrition Directorate and IYCF taskforce members.

Members of Infant and Young Child feeding task force meeting invited by Dr. Noorullah Ulfat (Through leadership of Dr. Ludin, Director of Public Nutrition and country coordinator of WBTi Afghanistan) on March 2018, and briefed them on new assessment of 2018, the updated WBTi tools shared with all IYCF members and they worked on formats of WBTi and entered data from new data of National Nutrition Survey 2013. Although there are several other surveys conducted but each of them had some of concerns, such as DHS or AHS, which the Nutrition data has been collected in

IDPs instead of fix clusters, and also they announced that Nutrition data collectors are coming to the camps, everyone tried to show that they are malnourished and their mothers are weak and not able to feed their babies, it is due to collecting the emergency aids, so the data was not acceptable for Nutrition team, therefore only National Nutrition Survey 2013 data is still valid. All indicators have been divided on IYCF members and each member worked on specific WBTi indicator for several weeks and after that the result of work shared with IYCF taskforce meeting members, then the gaps and recommendations reviewed by all IYCF taskforce members and Director of Public Nutrition of MoPH, for more improvement the WBTi report shared with Provincial Nutrition officers and Nutrition partners for finalization of the report, then the report shared with Global WBTi team and they have shared their comments several time for verification.

These processes took 11 months in 4 workshops and 15 individual meetings, 5 taskforce meetings .three times discussed in IYCF TWG meeting, meetings.

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 ?*

Guidelines for scoring		
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	

Information Sources Used(please list):

1. *IYCF TWG*
2. *National IYCF guideline*
3. *National nutrition strategy*
4. *IYCF strategy*

Conclusions(Summarize which aspects of IYCF policy, program and coordination are appropriate; which need improvement and why; and any further analysis needed):

Gaps*(List gaps identified in the implementation of this indicator) :*

1. Inadequate information of BPHS implementing NGOs regarding appropriate implementation of breastfeeding programs, such as BFHI.
2. Scatter community based programs on breastfeeding programs.
3. Less attention and coordination among MOPH and BPHS/ EPHS implementing NGOs regarding implementation and monitoring of some of IYCF programs, such as controlling of marketing of BMS.

Recommendations (List actions recommended to bridge the gaps):

1. Support implementation of CBNP to Improve IYCF counseling at community level.
2. Support coordination with other stakeholders in implementation and monitoring of IYCF

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) 83 out of 126 total hospitals (both public & private)and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly” in the last 5 years
65.87 %

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	3/ 5	

Guidelines – Qualitative Criteria

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

Quality of BFHI programme implementation:

Guidelines for scoring		
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	4/5	
Total Score	7/10	

Information Sources Used (please list):

1. IYCF TWG

Conclusions (Summarize how the country is doing in achieving Baby Friendly Hospital Initiative targets (implementing ten steps to successful breastfeeding) in quantity and quality both. List any aspects of the initiative needing improvement and why and any further analysis needed):

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.

Gaps (*List gaps identified in the implementation of this indicator*) :

highturn over of trained Hospital staff, due to new projects and private sector with high salary, hospitals staff leave the job and joint with projects and private sector

1. Low knowledge of BPHS implementer's regarding BFHI programing
2. Inappropriate standard monitoringsystem at country level.

Recommendations (*List action recommended to bridge the gaps*):

1. Provision of regulare orientation sessions to managers of NGOs andhealth facility/clinicstaff on BFHI.
2. Strengtheningstandard monitoring system at country level.
3. Regulareadvoacacy events and encouraging BPHS,EPHS and relevant healthworkers.

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 (Legal Measures that are in Place in the Country)	Scoring	Results
3a: Status of the International Code of Marketing		✓ (Check that apply. If more than one is applicable, record the highest score.)
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		✓ Check that apply

⁵Following 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)

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)	10/10	

Information Sources Used (please list):

1. BMS code Gazzete
2. IYCF TWG
3. National BMS Regulation committee meeting

Conclusions: *(Summarize which aspects of Code implementation have been achieved, and which aspects need improvement and why. Identify areas needing further analysis)* **at policy level the BMS code Gazet developed and approved as well as approve the implementing procedure of BMS Code, at implementing level weak coordination among all ministries, low awareness of BMS national traders, open boarder of Afghanistan with neibores, cause weak implementation of BMS Code.**

Gaps: *(List gaps identified in the implementation of this indicator) :*

1. Inappropriate multi-sectoral committee engagement on BMS advocacy events

Recommendations: *(List action recommended to bridge the gaps):*

1. Strengthen multi- sectoral coordination mechanism among other ministries and unions

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 <ul style="list-style-type: none"> a. Any leave less than 14 weeks b. 14 to 17 weeks 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. <ul style="list-style-type: none"> 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> <ul style="list-style-type: none"> a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks. 	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> <ul style="list-style-type: none"> a. Space for Breastfeeding/Breastmilk expression b. Crèche 	1 0.5	✓ ✓
4.5) Women in informal/unorganized and agriculture sector are: <ul style="list-style-type: none"> 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.	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	✓
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:	7/10	

Information Sources Used (please list):

1. Official letter from ministry of labor
2. IYCF TWG meeting
3. IYCF policy

Conclusions (Summarize which aspects of the legislation are appropriate, and which aspects need improvement and why. Identify areas needing further analysis) :One official letter from ministry of labor passed regarding maternity leave for mothers and breastfeeding break.

Gaps (List gaps identified in the implementation of this indicator) :

1. Inadequate maternity leave.
2. Lack of public awareness and Information about maternity protection laws and regulations.
3. Inappropriate and lack of breastfeeding nursing rooms for working mothers.

Recommendations (List action recommended to bridge the gaps):

1. Advocacy to promote extension of paid maternity leave for more than 13 weeks
2. Develop additional awareness campaign on maternity protection issues and concerns.
3. Provide training package about maternity protection laws and female support for high level managers of the organizations

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		
	√ Check that apply		
	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	1	0.5	0

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.

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.)			✓
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:	9/10		

Information Sources Used (Please list):

1. BPHS
2. IYCF national guideline
3. CBNP
4. BPHS

Conclusions: (Summarize which aspects of health and nutrition care system are appropriate and which need improvement and why. Identify areas needing further analysis.) **IYCF training is integrated in to national governemtnNutriton training package.**

Gaps: (List gaps identified in the implementation of this indicator) :

1. Advocacy to expand the policies providing for mothers and babies to stay together when one of them is sick.
2. Although IYCF component is included in Midwifery and medical university curricula but still there is need to add it in private universities too.

Recommendations: (List action recommended to bridge the gaps):

1. Advocate and coordinate to accelerate expansion of the CBNP implementation.
2. Advocacy to include Breastfeeding topics in private universities .

⁸Training 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.

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	Scoring		
	✓ 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 (please list):

1. *IYCF TWG, BPHS package*
2. *IYCF guideline, Community base nutrition package.*
3. *CBHC guideline*

Conclusions (*Summarize which aspects of a health and nutrition care system are adequate and which need improvement and why. Identify areas needing further analysis*) : **CBNP package is developed, it is contains coppios topic of IYCF component.**

Gaps (List gaps identified in the implementation of this indicator) :

1. Due to cultural barriers **All women are not have access to recieve support for infant and young child feeding at birth for breastfeeding initiation**

Recommendations (List action recommended to bridge the gaps):

1. Advocacy and coordination to accelerate the implementation of CBNP program, increase awrness regarding breasteeding in first hour of birth at community level to to reach **All women counseligon infant and young child feeding at birth.**

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		

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;

Information Sources Used (please list):

1. *Approved IEC material*
2. *IYCF strategy*
3. *National IYCF guideline*
4. *IYCF TWG*

Conclusions (*Summarize which aspects of the IEC programme are appropriate and which need improvement and why. Identify areas needing further analysis*) : **Information system is an integrated part of all health implementing contracts.**

Gaps (*List gaps identified in the implementation of this indicator*) :

1. inappropriate use of IEC material in other sectors such as schools.
2. inappropriate commitment of private Health Workers to conduct Health Education

Recommendations (*List action recommended to bridge the gaps*):

1. The use of IEC material must follow up during supervision and monitoring.
 2. Coordinate with private implementer on proper use of IEC material as well as printing of IEC material.
 3. Increase HE sessions with limited and appropriate messages in private Health Facility .
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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		
	✓ <i>Check that apply</i>		
	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	0
	✓		
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:		8/10	

Information Sources Used (please list):

1. *IYCF TWG*
2. *national IYCF guideline*
3. *BPHS*
4. *IYCF strategy, national nutritioin strategy*

Conclusions (*Summarize which aspects of HIV and infant feeding programming are appropriate, and which aspects need improvement and why. Identify areas needing further analysis*) :

Gaps (*List gaps identified in the implementation of this indicator*) :

1. The monitoring mechanism is not properly supported to regularly collect the national level data of the lactating mothers with HIV infection.
2. Low awareness of community regarding HIV due to stigma around HIV testing.

Recommendations (*List action recommended to bridge the gaps*):

1. Advocacy plan must be developed for monitoring of lactating mother with HIV infection.
2. Include topic of breastfeeding for HIV 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: 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
	✓		
	1	0.5	0
	✓		
9.4) Resources have been allocated for implementation of the	2	1	0

emergency preparedness and response plan	✓		
9.5)	1	0.5	0
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.		✓	
b) Orientation and training is taking place as per the national emergency preparedness and response plan	1	0.5	0
		✓	
Total Score:	9-/10		

Information Sources Used (please list):

1. *Nutrition cluster, IYCF TWG*
2. *National IYCF Guideline*
3. *IYCF strategy*
4. *National nutrition strategy*

Conclusions (*Summarize which aspects of emergency preparedness and response are appropriate and which need improvement and why. Identify areas needing further analysis*) :

Gaps (List gaps identified in the implementation of this indicator) :

1. The number of staff on nutrition in emergency is not enough
2. Inappropriate information of agencies on response to emergencies regarding E-IYCF.

Recommendations (List actions recommended to bridge the gaps):

1. The non health partners should be oriented on IYCF in emergency.
2. Advocate to link nutrition emergency in early warning and response system

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:	10/10		

Information Sources Used (please list):

1. Surveillance register
2. Nutrition monitoring check list
3. Surveillance system data base.

Conclusions *(Summarize which aspects of monitoring and evaluation are appropriate and which need improvement and why. Identify areas needing further analysis) :*

Gaps *(List gaps identified in the implementation of this indicator) :*

1. Limitation of highly level technical expertise and resources on proper monitoring of IYCF practices

Recommendations (List actions recommended to bridge the gaps):

1. Advocate for capacity building and resources to address all IYCF programs and practices_

Indicator 11: Early Initiation of Breastfeeding

Key question: What is the percentage of babies breastfed within one hour of birth? **69.4%**

Guideline:

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

Data Source (including year): National nutrition survey 2013

Summary Comments : Early initiation of breastfeeding is important for both mother and child. The first liquid secreted by the breast, known as colostrum, is produced during the first few days after delivery. Colostrum is highly nutritious and contains antibodies that provide natural immunity to the infant. It is recommended that children be fed colostrum immediately after birth (within one hour). Almost all (98.0%) newborn were breastfed as reported by mothers. However 69.4% of infants were breast fed for first time within one hour of birth while 89.9% of newborns started breastfeeding within one day after birth. There was no notable difference observed for initiation of breast feeding with delivery assistance, place of delivery and mother education .

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? 58.4 %.

Guideline:

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

Data Source (including year): national nutrition survey 2013.

Summary Comments :

The survey finding revealed that more than half (58.4%) of the infants aged 0-5 months were exclusive breastfed, however 76.3% infants in same age group were predominantly breastfed. Around 59.9% infants 0-23 months of age were breastfed currently with solid, semi-solid or soft foods and 55.2% were appropriately breastfed.

¹⁰Exclusive breastfeeding means the infant has received only breastmilk (from his/her mother or a wet nurse, or expressed breastmilk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (2)

Indicator 13: Median Duration of Breastfeeding

Key question: *Babies are breastfed for a median duration of how many months?* **23%**

Guideline:

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

Data Source (including year): national nutrition survey 2013

Summary Comments :

Among children under age three, the median duration is 23 months for any breastfeeding, 6

months for exclusive breastfeeding, and 7 months for predominant breastfeeding .

There is no gender difference in the duration of any breastfeeding between boys and girls. Infants in rural areas receive a longer duration of any breastfeeding, exclusive breastfeeding and predominant breastfeeding than infants in urban areas. The median duration of exclusive breastfeeding is longer among infants from the Northern region (5 months) and Central Highlands region (4 months) than in other regions.

The adequacy of infant feeding in children under 24 months old is provided in Table 5.5. Different criteria for adequate feeding are used depending on the age of the child. For infants aged 0-5 months, exclusive breastfeeding is considered as adequate feeding, while infants aged 6-23 months are considered to be adequately fed if they are receiving breast milk and solid, semi-solid or soft food.

Indicator 14: Bottle feeding

Key question: *What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles?* **28%**

Guideline:

Indicator 14	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
Bottle Feeding (0-12 months)		Scores	Colour-rating
	29.1-100%	3	Red
	4.1-29%	6 ✓	Yellow
	2.1-4%	9	Blue
	0.1-2%	10	Green

Data Source (including year):

Summary Comments :

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

Key question: *Percentage of breastfed babies receiving complementary foods at 6-8 months of age?* **41.3%**

Guideline

Indicator 15	WHO's	IBFAN Asia Guideline for WBTi	
Complementary Feeding(6-8 months)	<i>Key to rating</i>	<i>Scores</i>	<i>Colour-rating</i>
	0.1-59%	3 ✓	Red
	59.1-79%	6	Yellow
	79.1-94%	9	Blue
	94.1-100%	10	Green

Data Source (including year): national nutrition survey 2013

Summary Comments :

findings of NNS 2013 shows the percentage of children aged 6-23 months who received foods from 4 or more food groups during last 24 hours preceding the survey. About 29.2% of the female children received foods from 4 or more food groups as compared with 26.1% of male children. Children of illiterate mothers (26.4%) were less likely to receive foods from 4 or more food groups as compared to children of mothers with higher education (34.3%), similar pattern was observed among poorest (16.9%) and richest households (37.4%).

But the findings of NNS 2013 shows that only 16.3% children aged 6-23 months received minimum acceptable diet. Children of illiterate mothers (14.9%) and children from poorest households (10.0%) were less likely to receive a minimum acceptable diet as compared to mothers with higher education (29.6%) and children from richest households (25.0%).

Gaps:

- weak implementation of IYCF counseling at private hospitals
- not all Hospitals included to BFHI strategy
- weak public awareness campaign and communication for Breastfeeding promotion

Summary Part I: IYCF Policies and Programmes

Targets:	Score (89Out of 10)
1. National Policy, Programme and Coordination	10
2. Baby Friendly Hospital Initiative	7
3. Implementation of the International Code	10
4. Maternity Protection	7
5. Health and Nutrition Care Systems	9
6. Mother Support and Community Outreach	9
7. Information Support	10
8. Infant Feeding and HIV	8
9. Infant Feeding during Emergencies	9
10. Monitoring and Evaluation	10

IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated 89 out of 100.

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

Conclusions (Summarize the achievements on the various programme components, what areas still need further work)¹¹ :

¹¹In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

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

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	69.4 %	9
Indicator 12 Exclusive Breastfeeding for first 6 months	58.4 %	9
Indicator 13 Median duration of Breastfeeding	23 %	10
Indicator 14 Bottle-feeding	28 %	6
Indicator 15 Complementary Feeding	41.3 %	3
Score Part II (Total)		37

IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding Practice(indicators 11-15) are calculated 37 out of 50.

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

Conclusions (*Summarize which infant and young child feeding practices are good and which need improvement and why, any further analysis needed*)¹² :

¹²In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

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 125.5 out of 150. Countries are then rated as:

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

Key Gaps:

1. Inappropriate advocacy event to increase funding opportunities for IYCF programs
2. Inadequate knowledge and appreciation of benefit of Complementary feeding among Policy makers, private health workers and community workers.
3. inappropriate trained mother support groups at community level.
4. Weak public awareness on dangerous of bottle feeding
5. Inappropriate engagement of other sectors on IYCF indicators
6. Poor education level of community.
7. Lack of capacity on assessors for BFHI assessment

Recommendations:

1. Advocacy meetings and workshops for policy makers ,management and leadership.
2. Seeking/ Encourage IBFAN, WABA and other regional and global partners for further coordination, advocacy, technical and financial support.
3. Systematic capacity building of health staff at both HF and community level of public and private sectors
4. Accelerate on implementation of CBNP
5. implementation of Nutrition communication strategy
6. Advocacy for fund raising for systematic IYCF communication campaign and printed materials
7. Training of BFHI assessors
8. Orientation of BFHI to private sector.

Thanks