



World Breastfeeding Trends Initiative (WBTi)

Assessment Report





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Report



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The World Breastfeeding Trends Initiative (WBTi)

BELGIUM

2015



Introduction

Since we are concerned regarding breastfeeding and the way it is supported and protected we believe it is important to give it full attention.

Until now VBBB drafted short reports based on the GLOPAR project. So gradually we could notice scores going from 13/50 in 1996 'very bad' to 26/50 in 2012 still 'average'. The growing score was caused by the breastfeeding committee(2002), the start of the BFHI (2007).

With the WBTi it is now possible to have a more refined image of the situation and also to compare better with other countries. Therefore VBBB didn't hesitate to being involved in this initiative.

With this report we hope to point at the gasps and to formulate suggestions to fill these gasps. Some of them are obvious and will probably be resolved in the near future. Some other suggestions will need a lot of lobbying and insistence but we hope that this report will provide good expectations.

Els Flies for VBBBvzw

With a warm thank you to the colleagues participating in collecting and discussing the details for this actual report.

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

Belgium is part of the EU and therefore documents and programmes are generally based on ET recommendations. Documents and resolutions of WHO and UNICEF give usually more breastfeeding focused information, but these are not always the directives that are used in texts or the law.

With a population of little more than 11.000.000 about 100.000 infants are born each year.

Little information with regard to breastfeeding is spread. And 'exclusive breastfeeding' is not always what is meant by WHO and UNICEF.

By installing a system to invite and support hospitals to go into Baby Friendly a large step is made, but the goal of all hospitals implementing the Ten Steps and the International Code of Marketing of Breastmilk Substitutes is still not reached. Work to do...

If figures and details appear in reports these reports are only released a year or more later and thus don't show recent findings. Therefore a keen system needs to be installed!

Anyway there is more interest in the importance of breastfeeding, but sometimes the media are like misunderstanding or spreading information that is not correct whereby one is puzzled regarding the aim and the measures of BFHI.

By this interest questions on breastfeeding are inserted in questionnaires and mentioned in reports from various services and organisations. A general and for all the country used method is not yet in place. This is a major goal for the Federal Breastfeeding Committee (FBVC – CFAM).

Policies and programmes may vary in the different parts of the country since different governments may use a different approach. For documents also different languages are used. Only few documents exist in English.

Right in the very beginning we drafted this timeline/planning schedule. It was possible to keep on it.

	topic	timeline
planning	WBTi & WBCi Training Geneva	13-15 May
	contact colleagues organisations	21 May
	forward information to colleagues	30 May
	edit timeline & planning	8 June
	contact colleagues: occasion by other meeting	11 June
	contact colleagues: telephone /mail	June
	identifying the process with regard to the 1 - 15 indicators	June
assessment	collect data	June - September
	scoring in template	August – September
results	information sources conclusions gaps recommandations	September - October
	feed data into templates and ratings	September – October
report	draft report: templates, ratings, sources, conclusions, gaps, recommendations	November
	final edition report	1 st week of December
	data & report to WBTi coordinating office	2 nd week of December
	translation or report into Dutch & French	December
	finalising results on web portal press release, contact with governments,	end of December
	printed report (if necessary and affordable)	very end of December

On **7 September a meeting** was held in Antwerp where the participants (see next page) brought together as much details as possible. It was a good opportunity to discuss and point out what 'figure' had to be mentioned in the schemes going with the questionnaires.

We took the **opportunity** to bring the report and the already found or still to find details into the attention of interested people:

- bureau meeting FBVC-CFAM - 5 November
- plenary meeting FBVC -CFAM - 19 November
- booth at festive conference FBVC-CFAM & BFHI - 8 December (photo)

Media:

- facebook VBBB - December
- short information on the report to be in magazine VBBB - July & December
- flyer (for use and distribution in the booth on 8 December)

To facilitate the gathering of details and documents for the report VBBB took immediate contact with colleagues from organisations member of the FBVC (the Belgian Federal Breastfeeding Committee). They showed their interest to be involved.

These colleagues are: Liliane Schaner – Infor-allaitement asbl
Gerd Van Kogelenberg – Borstvoeding vzw
Christine Van den Broecke-Schneider – LLL België-Vlaanderen vzw
Christina Oates-de Schepper – LLL Belgique asbl

Assessment Findings



Indicator 1: National Policy, Programme and Coordination

Key question: *Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National infant and young child feeding committee and a coordinator for the committee ?*

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results ✓ <i>Check any one</i>
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	1	0
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	0
1.3) A national plan of action developed based on the policy	2	0
1.4) The plan is adequately funded	2	0
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1	1
1.6) The national breastfeeding (infant and young child feeding) committee meets , monitors and reviews on a regular basis	2	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	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	0,5
Total Score	__/10	4/10

Information Sources Used (please list):

1. The participants use the information known as members of the federal Breastfeeding Committee (FBVC)
2. A general policy is not existing; there are plans on which actions are planned such as this

national plan:  Borstvoeding-project van nationaal plan-jul _____  Allaitement-projet de plan national-juillet06 _____

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. *There is a plan, but not based on a Breastfeeding Policy*_____
- 2. *There is growing interest from various organisations but no general policy nor plan.*
- 3. _____
- 4. _____

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

- 1. *Our country urgently needs a national BF Policy (not only for BFHI as currently in the drafting process by the Working Group BFHI in Fed. Breastfeeding Committee)*_____
- 2. _____
- 3. _____
- 4. _____

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) 27 out of 97 total hospitals (both public & private)and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly” in the last 5 years **27,84%**

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

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:

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results √ Check that apply
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme ²	1.0	1
2.3) A standard monitoring ³ system is in place	0.5	0,5
2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5	0,5
2.5) An assessment system relies on interviews of mothers.	0.5	0,5
2.6) Reassessment ⁴ systems have been incorporated in national plans with a time bound implementation	1.0	1
2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5	0,5
2.8) HIV is integrated to BFHI programme	0.5	0
2.9) National criteria are fully implementing Global BFHI criteria (See Annex 2.1)	0.5	0,5
Total Score	____/5	4,5
Total Score	____/10	6,5

Information Sources Used (please list):

1. ____Federal BF committee: coordination BFHI and working group BFHI_____
2. ____a training programme supports hospitals preparing for BFHI assessment_
- 3.

<http://health.belgium.be/eportal/Myhealth/Food/TheFederalBreastFeedingCommitt/BabyFriendlyHospitalInitiative/index.htm?fodnlang=n#.VnLIVTFIjIV>

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.#

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):

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

- 1. _____an acceptable HIV Policy_____
- 2. _____a Federal BFHI Policy for use in (candidate) BFHI Hospitals (is under construction)
- 3. _____clear numbers and yearly details available ‘on the spot’
- 4. _____

Recommendations (List action recommended to bridge the gaps):

- 1. _____to write an acceptable Federal HIV Policy_____
- 2. to continue the draft of a Federal BFHI Policy for use in the candidate BFHI Hosptials
- 3. _____
- 4. _____

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

Key question: *Is the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolution are in effect and implemented? Has any new action been taken to give effect to the provisions of the Code?*

<i>Guidelines for scoring</i>		
Criteria <i>(Legal Measures that are in Place in the Country)</i>	Scoring	Results
3a: Status of the International Code of Marketing		✓ <i>(Check that apply. If more than one is applicable, record the highest score.)</i>
3.1 No action taken	0	
3.2 The best approach is being considered	0.5	
3.3 National Measures awaiting approval (for not more than three years)	1	
3.4 Few Code provisions as voluntary measure	1.5	
3.5 All Code provisions as a voluntary measure	2	
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	3	
3.7 Some articles of the Code as law	4	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	5,5
b) Provisions based on all 4 of the WHA resolutions as listed below are included	6	

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

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

3b: Implementation of the Code/National legislation		✓ <i>Check that apply</i>
3.10 The measure/law provides for a monitoring system	1	0
3.11 The measure provides for penalties and fines to be imposed to violators	1	1
3.12 The compliance with the measure is monitored and violations reported to concerned agencies	1	0
3.13 Violators of the law have been sanctioned during the last three years	1	0
Total Score (3a + 3b)	___/10	6,5 / 10

Information Sources Used (please list):

1. ___ *State of the Code by Country – IBFAN-ICDC*



KB 18_02_91 -
Bijzondere voeding.p

2. ___

Conclusions: (*Summarize which aspects of Code implementation have been achieved, and which aspects need improvement and why. Identify areas needing further analysis*) : **see under Gaps and Recommendations:**

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

1. ___ *only the EU directives are converted into national law* _____
_ *Federal Agency for the Safety of the Food Chain FASFC* <http://www.favv.be/home-en/>
2. _____
3. _____

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

1. ___ *full implementation of the International Code* _____
2. ___ *have a monitoring system in place and penalties for violations* _____
3. _____
4. _____

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 17weeks c. 18 to 25 weeks d. 26 weeks or more 	0.5 1 1.5 2	1
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	1
4.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	1
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	1
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	1
4.6) . <i>(more than one may be applicable)</i>	0.5	0,5

a. Information about maternity protection laws, regulations, or policies is made available to workers.	0.5	0,5
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.		
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	0,5
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	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	0,5
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	1
Total Score:	___/10	8,5/10

Information Sources Used (please list):

1. *_Telephone contacts with people also involved in the Fed. BF committee*
2. *[http://www.werk.belgie.be/Results.aspx?adv=0&showR=1&word=moederschap&path=Start pagina Themas Welzijn op het werk&folder=159&folderName=in Welzijn op het werk](http://www.werk.belgie.be/Results.aspx?adv=0&showR=1&word=moederschap&path=Startpagina+Themas+Welzijn+op+het+werk&folder=159&folderName=in+Welzijn+op+het+werk)*
3. *<http://www.werk.belgie.be/defaultTab.aspx?id=330#AutoAnchor0>*
4. _____

Conclusions (Summarize which aspects of the legislation 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. *__14-15 weeks Maternity Leave_____*
2. *___? Informal, unorganized and agricultural sector? Mothers are protected but don't know where to turn if the employer neglects her rights if she is not officially employed.*
3. _____
4. _____

Recommendations (List action recommended to bridge the gaps):

1. _____
2. _____
3. _____

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?

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	Adequate	Inadequate	No Reference
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country ⁶ indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
		1	
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
	2		
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
	2		
5.4) Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country.	1	0.5	0
		0,5	
5.5) Infant feeding and young feeding information and skills are integrated, as appropriate, into training programmes	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.

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.)		0,5	
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. ⁸	1	0.5	0
			0
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick.	1	0.5	0
	1		
Total Score:	----7--/10		

Information Sources Used (Please list):

1. *__appropriate training is provided by the Ministry of Health for BFHI Hospitals and for Hospitals preparing for BFHI_____*
2. _____
3. _____

Conclusions: (Summarize which aspects of health and nutrition care system are appropriate and which need improvement and why. Identify areas needing further analysis.)

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

1. _____
2. *__content is depending on the training programme and the profession (5.5)_____*
3. _____
4. _____

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

1. *__The implementation of the recommendation published by the Fed. BF committee a on the training of all professionals working with mother and child _____*
2. _____



Opleidingsadvies_na tableau_compétence
_overleg_BFI_14_novs_nov_2013_FR.pdf

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

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
	2		
6.2) All women receive support for infant and young child feeding at birth for breastfeeding initiation.	2	1	0
		1	
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
	2		
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
			0
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	1	0
	2		
Total Score:	--7--/10		

Information Sources Used (please list):

1. *Fed. BF Committee (FBVC-CFAM)* _____
2. *BF organisations* _____
3. _____
4. _____

Conclusions (*Summarize which aspects of a health and nutrition care system are adequate and which need improvement and why. Identify areas needing further analysis*):

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

1. _____
2. *health workers: not all health workers have an adequate training* _____
3. _____
4. _____

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

1. *see the publication of the Fed. BF Committee (p 22)* _____
2. _____
3. _____
4. _____

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
			0
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1	.5	0
	1		
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding	1	.5	0
		0,5	
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
		1	
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
	2		
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
			0
Total Score:	----4,5--/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. brochure K&G and ONE
2. _____
3. _____
4. _____

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

We are not sure that all materials distributed are free of commercial influence...

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

1. 7.2a information is not always correct
2. risks of artificial feeding not enough mentioned
3. _____
4. _____

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

1. We urgently recommend the full implementation of the International Code of Marketing of Breastmilk Substitutes
2. _____
3. _____
4. _____

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:	---/10		

Information Sources Used (please list):

1. *_Contacts only refer to existing documents*



2. *_officially is used the WHO document*
3. *_no further specific information found as for now*

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. _____
2. _____
3. _____
4. _____

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

1. *_A clear, updated and for our country useful document*
2. _____
3. _____
4. _____

Indicator 9: Infant and Young Child Feeding during Emergencies

Key question: *Are appropriate policies and programmes in place to ensure that mothers, infants and young children will be provided adequate protection and support for appropriate feeding during emergencies?*

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	✓	Check that apply	
	Yes	To some degree	No
9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance	2	1	0
9.2) Person(s) tasked with responsibility for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
9.3) An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers:	1	0.5	0
a) basic and technical interventions to create an enabling environment for breastfeeding, including counseling by appropriately trained counselors, support for relactation and wet-nursing, and protected spaces for breastfeeding			
b) measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and procurement management and use of any infant formula and BMS, in accordance with strict criteria, the IFE Operational Guidance, and the International Code and subsequent relevant WHA resolutions	1	0.5	0

9.4) Resources have been allocated for implementation of the emergency preparedness and response plan	2	1	0
9.5)			
a) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	1	0.5	0
b) Orientation and training is taking place as per the national emergency preparedness and response plan	1	0.5	0
Total Score:	-----/10		

Information Sources Used (please list):

1. *__since Belgium is a small country any emergency can be solved in the next city or village, so to speak: no measuers seem to exist.*
2. *__documents on emergencies only mention who is in charge (army, or polilce force, red cross, civil protection,...*
3. *__on what policy is shelter for refugees based?... no information.*
4. *Substitutes are easily provided... for who turns to public assistance...*

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. *__consent on a policy on providing information and support, instead of substitutes*
2. _____
3. _____
4. _____

Recommendations (List actions recommended to bridge the gaps):

1. *__having a policy based on documents as for example:*



Information for
foodbanks.pdf

2. _____

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?

Guidelines for scoring			
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
		1	
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
		1	
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2	1	0
		1	
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2	1	0
		1	
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
			0
Total Score:	----4---/10		

Information Sources Used (please list):

1. Official institutes: K&G: <http://www.kindengezin.be/>
2. And ONE: <http://www.one.be/>

FBVC CFAM:

<http://health.belgium.be/eportal/Myhealth/Food/TheFederalBreastFeedingCommit/BabyFriendlyHospitalInitiative/index.htm?fodnlang=n##.VnLIVTFjIV>

3.

4. _____
5. _____

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. *___there is no clear and uniform method of registration*
2. _____
3. _____
4. _____

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

1. *A uniform method for collecting data from hospitals and also from K&G, ONE, FBVC-CFAM, BFHI*
2. _____
3. _____
4. _____

Indicator 11: Early Initiation of Breastfeeding

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

Guideline:

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

Data Source (including year):

no data available

Summary Comments :

In a near future we hope to possibly receive data (of 2014) on the number of infants in close contact with their mother during the first hour after birth which don't indicate breastfeeding.

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?.....**19,3**.....%

Guideline:

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

Data Source (including year):

Dutch version:

<https://fcs.wiv-isp.be/nl/SitePages/Resultaten.aspx?WikiPageMode=Edit&InitialTabId=Ribbon.EditingTools.CPEditTab&VisibilityContext=WSSWikiPage>

French version:

https://fcs.wiv-isp.be/nl/Gedeelde%20%20documenten/FRANS/BF_FR.pdf

<https://his.wiv-isp.be/SitePages/Home.aspx>

WIV-ISP: 19,3% : p 197 results report 2014 (on children born 3 to 9 years earlier)

K&G as far as it mentions “exclusive BF” : p153 (for the Flemish speaking part of the country)

ONE

Summary Comments :

¹⁰ Exclusive 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?%*

Guideline:

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

Data Source (including year):

No data available

Summary Comments :

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?%*

Guideline:

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

Data Source (including year):

WIV-ISP: never exclusively breastfed: 22%.

No figures on use of bottles with expressed breastmilk available.

Summary Comments :

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

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

Guideline

Indicator 15	WHO's	IBFAN Asia Guideline for WBTi	
Complementary Feeding (6-9 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):

No data available. A lot of babies will receive solids or semi-solids earlier than 6 months. So from 6 months on we estimate all babies have solids.

Summary Comments :

Summary Part I: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Programme and Coordination	4
2. Baby Friendly Hospital Initiative	6.5
3. Implementation of the International Code	6.5
4. Maternity Protection	8.5
5. Health and Nutrition Care Systems	7
6. Mother Support and Community Outreach	7
7. Information Support	4.5
8. Infant Feeding and HIV	0
9. Infant Feeding during Emergencies	0
10. Monitoring and Evaluation	4

IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding policies and programmes (indicators 1-10) are 48 calculated 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 :

¹¹ In 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)	_____ %	
Indicator 12 Exclusive Breastfeeding for first 6 months	19.3 %	6
Indicator 13 Median duration of Breastfeeding	_____ %	
Indicator 14 Bottle-feeding	_____ %	
Indicator 15 Complementary Feeding	_____ %	
Score Part II (Total)		

IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding Practice (indicators 11-15) are 6 calculated 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 :

¹² In 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 54 calculated 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

Almost impossible to find real data on the requested items

Key Recommendations

We urgently need a good system to collect data on exclusive breastfeeding, at the start of life and till 6 months and on the start of solids.

Training for health care providers needs to involve all criteria of BFHI and International Code of Marketing of Breastmilk Substitutes. The Federal Breastfeeding Committee is on its way to contact all involved parties in this area. We recommend this document to be studied and implemented.

31 December 2015 – Els Flies for VBBBvzw