



World Breastfeeding Trends Initiative (WBTi)

# Assessment Report





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# Report



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# The World Breastfeeding Trends Initiative (WBTi)

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## Bhutan 2015

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Workshop on WBTi Assessment  
August 5- 7, 2015  
Chuniding, Thimphu



## Introduction

The Royal Government of Bhutan is committed towards improving the nutritional status of the population through investment in maternal and child health nutrition. The 11th Five Year Plan (2013-2018) focuses on reducing the prevalence rate of child stunting, underweight and anemia. The government is also committed to improving rates of exclusive breastfeeding and in reducing low birth weight prevalence. Thus, the World Breastfeeding Trends Initiative (WBTi) assessment is a powerful tool to re-convince the focus and commitment of the government towards improving the nutritional status of the country in Bhutan.

Bhutan has conducted three rounds of WBTi Assessment ( 2005, 2008, 2012) previously. The 2015 assessment marks fourth round of assessment for the country. For the fourth assessment, headed by the National Nutrition Programme, Department of Public Health, Ministry of Health, a meeting with relevant stakeholders were convened to plan the process for the assessment on March 31, 2015. It was during the meeting that the list of participants, agenda and the process of assessment was discussed and finalized.

Coinciding with the World Breastfeeding Week, 2015, the assessment was conducted from August 5-7, 2015 at Chuniding, Thimphu. The assessment involved participants from district, a pediatrician, a neonatologist, health workers from the Community Health Department, Pediatrics Department, Neonatal unit, Birthing Unit, Lactation Unit from the National Referral Hospital and the Reproductive Health Program and Nutrition Program from the Ministry.

## 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.

<b>Part-I deals with policy and programmes (indicator 1-10)</b>	<b>Part -II deals with infant feeding practices (indicator 11-15)</b>
<ol style="list-style-type: none"><li>1. National Policy, Programme and Coordination</li><li>2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)</li><li>3. Implementation of the International Code of Marketing of Breastmilk Substitutes</li><li>4. Maternity Protection</li><li>5. Health and Nutrition Care Systems (in support of breastfeeding &amp; IYCF)</li><li>6. Mother Support and Community Outreach</li><li>7. Information Support</li><li>8. Infant Feeding and HIV</li><li>9. Infant Feeding during Emergencies</li><li>10. Mechanisms of Monitoring and Evaluation System</li></ol>	<ol style="list-style-type: none"><li>11. Early Initiation of Breastfeeding</li><li>12. Exclusive breastfeeding</li><li>13. Median duration of breastfeeding</li><li>14. Bottle feeding</li><li>15. Complementary feeding</li></ol>

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

The report is based on National Health Survey 2012 and the Nutrition Survey Report 2015. The Nutrition Survey 2015 provides the much needed updates and information on the nutritional situation of women and children in Bhutan as the last Anemia Survey was conducted in 2002, the the last nationally representative nutrition indicators was derived from the Bhutan Multiple Indicator Survey of 2010.

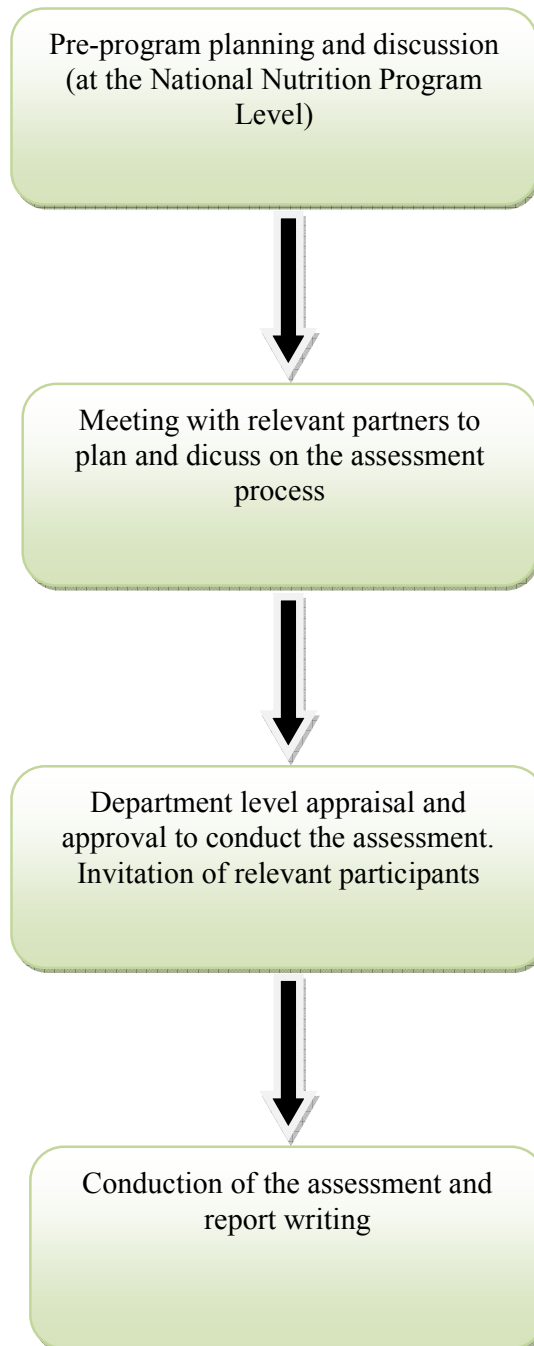
According to the National Health Survey Reports 2012, the Infant Mortality Rate for the Country (IMR) is 30 per thousand live births and Maternal Mortality Rate 86 per hundred thousand live births.

The National Nutrition Survey 2015 shows the rates of stunting in the country has reduced to 21.2%, wasting to 4.3% and underweight to 9.0%. Further the survey also reports the rates of pre-lacteal feeding at 4.6%, early initiation of breastfeeding at 77.9% and exclusive breastfeeding at 51.4%. The four plus ANC visits was found to be 84.9%.

Recognizing the importance of Infant and Young Child Feeding Practices and Counseling, Bhutan adopted and developed IYCF modules into country context and trained all the health workers across 20 districts between 2013-2014. The most importance component of the training was the introduction of growth monitoring system (both height and weight) in the country. Following the training, all the health facilities in the country were supplied with WHO standard height and weight measuring equipments. By 2015 and IYCF monitoring system was developed to ensure adherence of the health system to the growth monitoring standards and counseling on IYCF accordingly.



## Assessment process followed by the country



## List of the partners for the assessment process

1. Neonatologist, JDWNRH
2. Pediatrician, JDWNRH
3. Clinical Nurse, Birthing Center
4. Clinical Nurse, Neonatal Ward
5. Clinical Nurse, Pediatric Ward
6. Staff Nurse, Birthing Center
7. Staff Nurse, Lactation Unit
8. Lecturer, Faculty of Nursing and Public Health
9. District Health Officer, Tsirang District
10. Program Officer, Reproductive Health Program
11. Program Officer, Nutrition Program

# 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 ?*

<b>Guidelines for scoring</b>		
<b>Criteria</b>	<b>Scoring</b>	<b>Results</b> ✓ <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	
<b>Total Score</b>	<b>9.5/10</b>	<b>9.5</b>

### **Information Sources Used (please list):**

1. National Food Security and Nutrition Policy 2015 (1-4 in health website [www.health.gov.bt](http://www.health.gov.bt).)
2. National Breastfeeding Policy (2002) (1-4 in health website [www.health.gov.bt](http://www.health.gov.bt).)
3. National Health Policy (1-4 in health website [www.health.gov.bt](http://www.health.gov.bt).)
4. Infant Young Child Feeding Practice Policy of Bhutan 2002 (1-4 in health website [www.health.gov.bt](http://www.health.gov.bt).)

5. Infant Young Child Feeding Practice Policy of Bhutan 2015(draft)  
<http://www.health.gov.bt/iycf-draft-policy-2015/>
6. National Nutrition and Food Security Strategy 2016 – 2025(draft)

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

The new updated IYCF policy 2015 takes into consideration the updated global recommendations. The policy however needs to reflect strongly on need of legislation to enforce the SAARC code of marketing of breast milk substitutes. As Bhutan has a well set channel of coordination, it would be easier to implement appropriate policies and programmes if agreed by all relevant stake holders and supported by the Government.

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

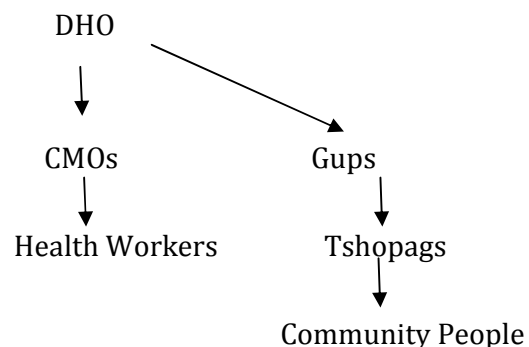
1. Inadequate multisectoral coordination and communications

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

1. Endorsement of IYCF policy, strategies and national plan of action
2. Promote for creation of enabling environment for breastfeeding at Work Place
3. Continue advocacy on IYCF
4. Reinforce the multisectoral committee for coordination and communications
5. Develop ToR to include IYCF taskforce/working member for CHAG

The following communication channel is proposed to be used for communication the national policy at all required levels;

National Level (Nutrition Programme)



## Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding<sup>1</sup>)

### 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) 0 out of 31 total hospitals ( both public & private)and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly”in the last 5 years **0%**

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

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

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

## Guidelines – Qualitative Criteria

*Quality of BFHI programme implementation:*

<b>Guidelines for scoring</b>		
<b>Criteria</b>	<b>Scoring</b>	<b>Results</b> √ <b>Check that apply</b>
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme <sup>2</sup>	1.0	
2.3) A standard monitoring <sup>3</sup> 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 <sup>4</sup> 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	
<b>Total Score</b>	<b>0/5</b>	
<b>Total Score</b>	<b>0/5</b>	

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

<sup>3</sup> **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.

<sup>4</sup> **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.

**Information Sources Used (please list):**

1. IYCF counseling Manual, 2013 ([www.health.gov.bt](http://www.health.gov.bt))

**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):*

Baby Friendly Hospital Initiative was introduced in Bhutan between the year 2000 to 2005. The hospitals were however not certified. There is a need to establish breastfeeding support group in all hospitals and train all health professionals (Community health workers and nurses) on ten steps of BFHI. There is also a requirement of advocacy at all district supervisors on importance of implementing BFHI. The program would need to develop assessment strategies for implementation of BFHI.

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

1. BFHI has lost its track in Bhutan
2. Weak monitoring/assessment system
3. No breastfeeding support group

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

1. Assess hospitals for possibility of initiating BFHI
2. Revitalize BFHI in the selected hospitals
3. Establish breastfeeding support group
4. Strengthen monitoring system



## 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>		
<b>Criteria</b> <i>(Legal Measures that are in Place in the Country)</i>	<b>Scoring</b>	<b>Results</b>
<b>3a: Status of the International Code of Marketing</b>		✓ <i>(Check that apply. If more than one is applicable, record the highest score.)</i>
3.1 No action taken	0	
3.2 The best approach is being considered	0.5	✓
3.3 National Measures awaiting approval (for not more than three years)	1	
3.4 Few Code provisions as voluntary measure	1.5	
3.5 All Code provisions as a voluntary measure	2	✓
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	3	
3.7 Some articles of the Code as law	4	
3.8 All articles of the Code as law	5	
3.9 Relevant provisions of WHA resolutions subsequent to the Code are included in the national legislation <sup>5</sup>		
a) Provisions based on at least 2 of the WHA	5.5	

<sup>5</sup>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)

resolutions as listed below are included		
b) Provisions based on all 4 of the WHA resolutions as listed below are included	6	
<b>3b: Implementation of the Code/National legislation</b>		✓ <i>Check that apply</i>
3.10 The measure/law provides for a monitoring system	1	
3.11 The measure provides for penalties and fines to be imposed to violators	1	
3.12 The compliance with the measure is monitored and violations reported to concerned agencies	1	
3.13 Violators of the law have been sanctioned during the last three years	1	
<b>Total Score (3a + 3b)</b>	<b>2/10</b>	<b>2</b>

**Information Sources Used (please list):**

1. International Code for Marketing of Breast Milk Substitutes
2. SAARC Code for Breast Milk Substitutes
3. IYCF Policy 2015 (Draft)
4. International Code of Documentation Center

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

The implementation of code based on voluntary guidelines should be replaced by an act and regulations for long term and sustainable protection from commercial influence.

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

1. Absence of Legislation for Marketing of Breast Milk Substitutes
2. Lack of Awareness on the International Code of Marketing of Breast Milk Substitutes

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

1. Develop Legislation for Marketing of Breast Milk Substitutions
2. Reflect the Importance of regulation in the upcoming National Health Act

## 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?*

<b>Guidelines for scoring</b>		
<b>Criteria</b>	<b>Scoring</b>	<b>Results</b> <b>Check ✓ that apply</b>
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave <ul style="list-style-type: none"> <li>a. Any leave less than 14 weeks</li> <li>b. 14 to 17 weeks</li> <li>c. 18 to 25 weeks</li> <li>d. 26 weeks or more</li> </ul>	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"> <li>a. Unpaid break</li> <li>b. Paid break</li> </ul>	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"> <li>a. Give at least 14 weeks paid maternity leave</li> <li>b. Paid nursing breaks.</li> </ul>	0.5 0.5	(Existing legislation obliges for 8 weeks leave) ✓
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"> <li>a. Space for Breastfeeding/Breastmilk expression</li> <li>b. Crèche</li> </ul>	1 0.5	✓ ✓
4.5) Women in informal/unorganized and agriculture sector are: <ul style="list-style-type: none"> <li>a. accorded some protective measures</li> </ul>	0.5	✓

b. accorded the same protection as women working in the formal sector	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	
<b>Total Score:</b>	<b>7.5/10</b>	<b>7.5</b>

**Information Sources Used (please list):**

1. BCSR 2012 (<http://www.rcsc.gov.bt/en/>)
2. Labour Act (<http://www.molhr.gov.bt/molhr/>)
3. IYCF Draft Policy 2015
4. FNS Policy (<http://www.moaf.gov.bt/>)

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

The existing Bhutan Civil Service Rules as of now mandates the government sector to allow six months maternity leave, 10 days paternity leave, and one hour nursing break for civil servants. Similarly for the private sector, the Labour and Employment Act of Bhutan (2007), mandates 2 months maternity leave and 5 days paternity leave with one hour nursing break every four hours.

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

1. Only 8 weeks Maternity Leave for private sectors
2. No implementation for monitoring and evaluation of current available acts

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

1. Endorsement of the current updated IYCF Policy by the government
2. Development of Monitoring and Evaluation Mechanism for the policy implementation

## 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?

<b>Guidelines for scoring</b>			
<b>Criteria</b>	<b>Scoring</b>		
	<b>Adequate</b>	<b>Inadequate</b>	<b>No Reference</b>
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country <sup>6</sup> 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. <sup>7</sup>	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
		√	

<sup>6</sup> 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.

<sup>7</sup> 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.

5.5) Infant feeding and young feeding information and skills are integrated, as appropriate, into training programmes focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women's health, NCDs etc.)	1	0.5	0
	√		
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. <sup>8</sup>	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
	√		
<b>Total Score:</b>	<b>6.5/10</b>		

**Information Sources Used (Please list):**

1. National Midwifery Standard Guidelines 2009
2. IYCF counseling 2011
3. IMNCI Manual
4. GNM, 2011 and HA curriculum, FNPH 2015

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

WHO and UNICEF IYCF manuals have been adopted into Bhutanese context. Most of the community health workers and nurses are trained on Infant and Young Child Feeding (IYCF). IYCF incorporated in pre-service curriculum to optimize child feeding. Written policy in supporting mother and babies to stay together when one of them is sick is not stated in any policy document.

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

1. Revised IYCF policy is in draft stage, 2015
2. National Midwifery standard guidelines 2009 outdated

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

1. Revision of National Midwifery standard guidelines, 2009

<sup>8</sup>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.

2. Health workers and nurses to be trained on implementation of code after finalization of IYCF policy
3. Relevant stakeholders to monitor Code violators

### **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
	√		
<b>Total Score:</b>	<b>7/10</b>		

#### **Information Sources Used (please list):**

1. MCH handbook, 2<sup>nd</sup> Edition
2. Nutrition Program Training Records

3. Food and Nutrition Security Policy of the Kingdom of Bhutan, 2014 (<http://www.moaf.gov.bt/>)
4. Trainer's Manual for Training VHW, 2015
5. IYCF policy (draft)

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

We have good institutional facilities that support mothers to breastfeed with a good community outreach through the village health workers. However, we do not have Mother Support Groups that promotes and supports breastfeeding in the community.

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

1. Institutional delivery is not 100%

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

1. Strengthen the VHWs training program on IYCF
2. Increase institutional delivery
3. Promote early initiation of breastfeeding in the health facilities
4. Assess the need for Mother Support Groups in the communities
5. Strengthen behaviour change communication on IYCF during the outreach clinics by the healthworkers in the districts



## 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?

<b>Guidelines for scoring</b>			
<b>Criteria</b>	<b>Scoring</b>		
	√	<b>Check that apply</b>	
	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). <sup>9</sup>	2	0	0
		√	
<b>Total Score:</b>	<b>4/10</b>		

<sup>9</sup>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. Record on training of health workers, Nutrition Program

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

Most of the health workers and nurses are trained on IYCF practices and counseling. World breastfeeding week is observed every year in emphasizing exclusive breastfeeding and discouraging use of commercial feedings. There a need to develop appropriate IEC materials, revise the existing ones and distribute it to at all levels.

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

1. IEC materials are outdated

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

1. Develop appropriate IEC strategy

## 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
		√	
<b>Total Score:</b>	<b>8.5/10</b>		

**Information Sources Used (please list):**

1. PMTCT guidelines 2015
2. WHOGuidelines on HIV and Infant Feeding

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

Bhutan has a strong guideline on feeding for babies born to HIV positive mother. The national guidelines support replacement feeding for all babies born to HIV positive mothers. Further, the government provides free ARVs for the mother and baby with free infant breast milk substitute for the first two years of the baby’s life.

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

1. HIV/AIDS policy not developed

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

1. To develop and endorse HIV/AIDS policy in relation to IYCF

## 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	1	0.5
		√	
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	1	0.5	0
		√	

subsequent relevant WHA resolutions			
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
			√
<b>Total Score:</b>	<b>3/10</b>		

**Information Sources Used (please list):**

1. Nutrition in Emergency situation for Bhutan (draft)

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

RGoB places high propriety on emergency preparedness and the Health sector has developed a contingency plan. However, the IFE is not specifically mentioned. IFE is also not yet included in the pre and in-service curriculum of the health workers.

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

1. No clear guidance on how to implement the contingency plan for disaster management especially with respect to IFE

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

1. Endorse Nutrition in Emergency situation for Bhutan
2. Develop clear plan of action for IFE based on the guidelines and integrate it with the Health sector contingency plan for Disaster management
3. Increase Advocacy and include IFE as one of the training components for pre-service and in-service health workers.

## 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
	√		
<b>Total Score:</b>	<b>7/10</b>		

**Information Sources Used (please list):**

1. IMNCI supportive supervision monitoring tool
2. Health Management Information System
3. IYCF monitoring tool

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

Some aspects of the Monitoring system are already established. However, further improvements are needed especially in terms of the quality of data, data analysis and data utilization

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

1. Quality of data
2. Monitoring not done at regular intervals

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

1. Fast tract the implementation of DHIS2 reporting system
2. Plan and implement periodic IYCF monitoring and evaluation activities
3. Evaluate and give feedbacks on the existing IMNCI support and supervisory reports



## Indicator 11: Early Initiation of Breastfeeding

**Key question:** *What is the percentage of babies breastfed within one hour of birth?* 77.9% (NNS2015)

### 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):

National Nutrition Survey 2015

### Summary Comments :

Data from the 2010 BMIS survey showed that early initiation of breastfeeding was 59.0%. In 2015, early Initiation of breastfeeding in Bhutan has increased to to 77.9%

As per 2012 WBTi country report, % (Bhutan Multiple Indicator Survey 2010) of babies breastfed within one hour of birth. Date shows that

## Indicator 12: Exclusive Breastfeeding for the First Six Months

**Key question:** What is the percentage of babies 0<6 months of age exclusively breastfed<sup>10</sup> in the last 24 hours? **51.4% (NNS 2015)**

### 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):

National Nutrition Survey 2015

### Summary Comments :

Exclusive breastfeeding rate in Bhutan has slightly increased from the previous baseline. As per National Nutrition Survey 2015, the rates of exclusive breastfeeding for each region; Western region (33.8%) is the least and central region (48.8%) and the eastern region at (77.7%) is the highest. The overall EBF rate for the nation stands at 51.4%.

<sup>10</sup>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?* **24.2 months (BMIS2010)**

### 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	0.1-18Months	3	Red
	18.1-20 "	6	Yellow
	20.1-22 "	9	Blue
	22.1-24 or beyond "	10	Green

### Data Source (including year):

Bhutan Multiple Indicator Survey 2010

### Summary Comments :

In 2015, this indicator was not included in the survey. However, in 2010, the median duration of breastfeeding was 24.2 months.

## 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? 11.5 % (BMIS 2010)*

### 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
	<b>4.1-29%</b>	<b>6</b>	<b>Yellow</b>
	2.1-4%	9	Blue
	0.1-2%	10	Green

### Data Source (including year):

**Bhutan Multiple Indicator Survey 2010**

### Summary Comments :

As per 2012 WBTi country report, 11.5 % (Bhutan Multiple Indicator Survey 2010) of babies less than 6 months old receives other foods or drinks from bottles.

## 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?* **86.9 % (NNS 2015)**

### Guideline

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

### Data Source (including year):

National Nutrition Survey 2015

### Summary Comments:

As per 2012 WBTi country report, 66.7 % (Bhutan Multiple Indicator Survey 2010) of breastfed babies were receiving complementary foods at 6-9 months of age. The complementary feeding trend has been increased compared to 2012. As per latest National Nutrition Survey 2015, 86.9% of breastfed babies 6-8 months received complementary foods.

## Summary Part I: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Programme and Coordination	9.5
2. Baby Friendly Hospital Initiative	0
3. Implementation of the International Code	2
4. Maternity Protection	7.5
5. Health and Nutrition Care Systems	6.5
6. Mother Support and Community Outreach	7
7. Information Support	4
8. Infant Feeding and HIV	8.5
9. Infant Feeding during Emergencies	3
10. Monitoring and Evaluation	7

### IBFAN Asia Guidelines for WBTi

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

**Total score: 55**

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

**Conclusions** (*Summarize the achievements on the various programme components, what areas still need further work*)<sup>11</sup>:

Bhutan is doing fairly well in terms of National policy, programs and coordination areas. Maternity protection has significantly improved, increasing to six months paid maternity leave for civil servants, in the last five years but there is still a need to bring about similar benefits for the private and non formal sectors. However, major challenges include the need to revive the

<sup>11</sup>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.

BFHI initiatives, implementation of the CODE and emergency preparedness for infant and young child feeding.

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

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	49.1-89	9
Indicator 12 Exclusive Breastfeeding for first 6 months	11.1-49	9
Indicator 13 Median duration of Breastfeeding	22.1-24	10
Indicator 14 Bottle-feeding	4.1-29	6
Indicator 15 Complementary Feeding	94.1-100	9
<b>Score Part II (Total)</b>		<b>43</b>

### IBFAN Asia Guidelines for Bit

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

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

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

The 2015 NNS showed that there were some very promising results which include: low rates of prelacteal feeding (5%), high rates of early initiation of breastfeeding (78%), good rates of introduction of complementary feeding (87%) and the vast majority of children still being breastfed at 1 year of age (92%).

However, a major challenge is still in trying to improve the exclusive breastfeeding rates and include diverse diets in the complementary feeds (data not shown in this report)

<sup>12</sup>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**

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Total score of infant and young child feeding **practices, policies and programmes (indicators 1-15)** are calculated out of 150. Countries are then rated as:

Total 43+ 55= **98**

<b>Scores</b>	<b>Colour- rating</b>
0 - 45.5	<b>Red</b>
46 - 90.5	<b>Yellow</b>
<b>91 - 135.5</b>	<b>Blue</b>
136 - 150	<b>Green</b>

## Key Gaps

1. Inadequate multisectoral coordination and communications
2. BFHI has lost its track in Bhutan
3. Absence of Legislation for Marketing of Breast Milk Substitutes
4. Lack of Awareness on the International Code of Marketing of Breast Milk Substitutes
5. Absence of Legislation for Marketing of Breast Milk Substitutes
6. Only 8 weeks Maternity Leave for private sectors
7. Revised IYCF policy is in draft stage, 2015
8. National Midwifery standard guidelines 2009 outdated

## Key Recommendations

1. Promote for creation of enabling environment for breastfeeding at Work Place
2. Continue advocacy on IYCF
3. Reinforce the multisectoral committee for coordination and communications
4. Develop ToR to include IYCF taskforce/working member for CHAG
5. Assess hospitals for possibility of initiating BFHI
6. Revitalize BFHI in the selected hospitals
7. Develop Legislation for Marketing of Breast Milk Substitutions
8. Endorsement of the current updated IYCF Policy by the government
9. Revision of National Midwifery standard guidelines, 2009
10. Strengthen the VHWs training program on IYCF