World Breastfeeding Trends Initiative (WBT*i*)

Assessment Report

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Report

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The World Breastfeeding Trends Initiative (WBT*i*)

Brunei Darussalam

2015

Introduction

Breastfeeding and appropriate complementary feeding (timing of introduction, nature of the foods used and responsive feeding) are important for preventing all forms of malnutrition in infancy and early childhood. Breastfeeding in particular is core to optimizing infant development and evidence support its potential value as part of a comprehensive strategy for childhood obesity and non-communicable diseases prevention.

Brunei Darussalam had taken various initiatives to strengthen exclusive breastfeeding rates in the nation since early 1990's. In recent years, these initiatives had been scaled up and galvanized.

In May 2012, Maternal Infant and Young Child Nutrition (MIYCN)-related consultancy as well as the MIYCN Strategic Workshop was held which provided a great opportunity to start gathering valuable and strategic inputs from the various stakeholders within and beyond the Ministry of Health. In February 2013, the MIYCN Taskforce was established under the Ministry of Health, Brunei Darussalam with a mission to improve the health and nutritional status of mothers, mothers-to-be, infants and young children. In October 2014, the National Strategy for Maternal, Infant and Young Child Nutrition in Brunei Darussalam was endorsed during the 10th One Asia Breastfeeding Partners Forum held in Bandar Seri Begawan, Brunei Darussalam.

In September 2014, Brunei Darussalam was partly supported by IBFAN Asia to participate in the World Breastfeeding Trends Initiative (WBTi) and World Breastfeeding Costing Initiative (WBCi) Training Workshop in Bangkok, Thailand. The WBTi tool is a system developed by International Baby Food Action Network (IBFAN) Asia for tracking, assessing and monitoring (TAM) the implementation of the *Global Strategy for Infant and Young Child Feeding* endorsed by WHO in 2003. It helps to identify gaps and generate recommendations that can be used to bridge the gaps, information that can be used as advocacy purpose, helps to further strengthen policies and programmes to protect, promote and support optimal infant and young child feeding practices.

For Brunei Darussalam, WBTI country assessment was carried out by key people who are members of the MIYCN Taskforce under the purview of the Ministry of Health. The usage of the WBTi tool was identified as a priority initiative in monitoring MIYCN-related activities in the National Strategy for MIYCN in Brunei Darussalam 2014-2020.

World Breastfeeding Trends Initiative (WBT*i*)

Background

The World Breastfeeding Trends Initiative (WBT*i*) 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 WBT*i* 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 WBT*i* 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)
1. National Policy, Programme and Coordination 2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding) 3. Implementation of the International Code of Marketing of Breastmilk Substitutes 4. Maternity Protection 5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF) 6. Mother Support and Community Outreach 7. Information Support 8. Infant Feeding and HIV 9. Infant Feeding during Emergencies 10. Mechanisms of Monitoring and Evaluation System	11. Early Initiation of Breastfeeding 12. Exclusive breastfeeding 13. Median duration of breastfeeding 14. Bottle feeding 15. Complementary feeding

Once assessment of gaps is carried out, the data on 15 indicators is fed into the questionnaire using the WBT*i* 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 ' WBT*i* Questionnaire'. Further, the toolkit scores and colour- rate each individual indicator as per **IBFAN Asia's Guidelines for WBT*i***

BACKGROUND

Brunei Darussalam is situated on the northwest coast of the Borneo Island. It has a land area of 5,765 square kilometers with a coast line of 161 kilometres along the South China Sea. It shares a common border with the Malaysian State of Sarawak. Brunei Darussalam has four districts namely Brunei-Muara, Tutong, Belait and Temburong district. The capital Bandar Seri Begawan, which is the centre of government and business activities, is located in the Brunei-Muara District. Brunei Darussalam has a total of 430 villages and 39 mukims (group of villages). Based on the 2012 population censes, Brunei Darussalam has just above 68,000 households.

The population of Brunei Darussalam is estimated to have been 406,200 in 2013 comprising of 51.7% males and 48.3% females. The annual rate of increase in the population is 1.6% in 2012 and 2013.

The demographic structure is essentially that of a young population; about 7.8% are under five years of age, 24.9% are under 15 years, and only 3.7% are 65 years or over.

CURRENT HEALTH STATUS OF BRUNEIANS

Brunei Darussalam has achieved most of the health related targets set in the Millennium Development Goals. These include significant reductions in infant and under-five rates. The infant mortality rate had improved from 42.3 per 1000 live births (1966) to 9.3 per 1000 live births (2012) while the under-five mortality rate had dropped from 22.7 per 1000 live births (1980) to 10.3 per 1000 live births (2012). The average life expectancy is 77.1 years.

Brunei Darussalam has a consistently very low maternal mortality ratio (MMR) which was calculated at 43.4 per 100,000 live births which is equivalent to 3 maternal deaths in 2012. It must be noted that Brunei's small population and relatively low live births (around 7,000 annually) makes calculation of MMR sensitive to small changes and any small fluctuations will result in significant jump in MMR. The very low value of MMR can be attributed to the high access to reproductive health care, immunization programmes as well as high percentage deliveries in hospitals by skilled health personnel.

MAJOR NUTRITIONAL PROBLEMS (Age Group: 0-5 Years Old)

Brunei Darussalam also experiences the double burden of malnutrition among its under-five population. The prevalence of low birth weight was 10.8% in 2009, with no significant differences between gender, district, ethnic groups and socio-economic status.

In 2009, moderate underweight occurs in 9.6% of the population while severe underweight was at 1.3%. Using the new WHO Growth Charts, moderate stunting were detected among 19.7% of this population while 4.8% were severely stunted. On the other hand, using weight-for-height, 8.3% of the under-five are overweight.

Initiation of breastfeeding within one hour of birth was 92.2%. Children born via normal deliveries and not admitted to special care baby units were more likely to be initiated within one hour of birth. However, exclusive breastfeeding rates reduced drastically to 50.8% by two months of age and 26.7% by five months of age. Only 37.5% of mothers sustained any breastfeeding at 12 months of their infants' age. Only 31.6% of mothers practiced any breastfeeding up to 24 months of their infants' age. There is an urgent need to increase exclusive breastfeeding and any breastfeeding rates in Brunei Darussalam.

The National Health and Nutritional Status Survey in 2009 also showed 80.6% of Bruneian infants (0-2 years old) were regularly taking infant formula and 23% were regularly given sweetened water or soft drinks. When asked on the types of solid foods at first introduction of complementary feeding, a staggering 51.3% of mothers were using commercially-prepared baby foods instead of home-prepared family foods. This again shows optimal complementary feeding practices must be enhanced and improved in Brunei Darussalam.

Another alarming eating habit which was discovered among the 2-5 year olds was the lack of fruits and vegetables intakes as evident in the poor overall dietary fibre intakes, where almost none of this age group met 70% of the RNI for dietary fibre. This situation may arised due to the over dependence on growing-up formula given to this age-group as their sources of major nutrients.

NATIONAL STRATEGY FOR MATERNAL, INFANT AND YOUNG CHILD NUTRITION (MIYCN) IN BRUNEI DARUSSALAM 2014-2020

The National Strategy for MIYCN in Brunei Darussalam aim to embark on actions that will bring significant improvements to the maternal, infant and young child nutritional status in the country. The National Strategy sets out key strategic directions and goals which address gaps in the current MIYCN landscape in the country which comprised:

- Key Strategy 1: Education, Training, Monitoring, Research and Evaluation
- Key Strategy 2: International Code of Marketing of Breastmilk Substitutes and Subsequent WHA Resolutions
- Key Strategy 3: Supportive Environment
- Key Strategy 4: Mother-and Child-Friendly Initiative

The National Strategy also reflects on the global targets outlined in the Comprehensive Implementation Plan on MIYCN by the WHO, which are to increase the rate of exclusive breastfeeidng, reduce childhood stunting and wasting, reduce anaemia in women and reduce rates of low borth weight infants and childhood overweight.

Missions

- To address the double burden of malnutrition (over and undernutrition) for children aged 0 to 5 years from the earliest stage and women of reproductive age in Brunei Darussalam
- To enhance the health and well-being of infants, young children and mothers in Brunei Darussalam

Goals

- To increase exclusive breastfeeding rate for the first 6 months up to 50% by 2020
- To achieve zero increase in childhood obesity and overweight by 2020
- To reduce prevalence of anaemia in pregnant women by 2020
- To achieve zero increase in the rate of low birth weight by 2020
- To halt childhood stunting by 2020

The MIYCN Taskforce endorses the following global frameworks:

- WHO International Code of Marketing of Breastmilk Substitutes (WHO, 1981) and Subsequent World Health Assembly Resolutions
- United Nations Convention on the Rights of the Child
- United Nations Millennium Development Goals (MDGs)
- WHO/UNICEF Global Strategy for Infant and Young Child Nutrition (2003)
- Expanded Baby-Friendly Hospital Initiative (UNICEF/ WHO, 2009)
- WHO Maternal, Infant and Young Child Nutrition: Draft Comprehensive Implementation Plan (May 2012)
- World Breastfeeding Conference Declaration and Call to Action, 6th-9th December 2012, NBew Delhi, India
- World Breastfeeding Trends Initiatives

Assessment process followed by the country

Assessment status of the Global Strategy for Infant and Young Child Feeding was carried out by the MIYCN Taskforce under the Ministry of Health, Brunei Darussalam. A preliminary assessment was done amongst few key members from the MIYCN Taskforce through media communication and meetings. Following that, a two-day retreat was organized involving key members of the MIYCN Taskforce as well as other health professionals within the Ministry of Health and other non-helath sectors (Institute of Health Science, Universiti Brunei Darussalam). The objectives of the retreat were:

- To introduce what is WBTi Tool
- To go through each 15 indicators
- To give and finalise the scores for each 15 indicators as well as sources use for the scores
- To mind-map gaps and recommendations for each indicators
- To share the process of the WBTi tool into making a Report Card

Outcomes from the retreat were then shared with the Director of Health Services, who is also Co-Chair for MIYCN Taskforce, during the quarterly meeting of the taskforce with other members and relevant people, for verification and approval of the scores. Any new information, comments and suggestions were also incorporated into the assessment report during the meeting. The assessment report was sent to the Permanent Secretary of Ministry of Health, Chair for MIYCN Taskforce, for final approval before sending to WBTi coordinating office (IBFAN).

List of the partners for the assessment process

- Dr Hjh Maslina binti Haji Mohsin, Director of Health Services; Co-Chair for MIYCN Taskforce, Ministry of Health
- Associate Professor Dr. Hajah Roselina binti Dato Paduka Haji Yaakub, Consultant Obstetrician and Gynaecologist and head of Obstetrics and Gynaecology Speciality for Department of Medical Services; Deputy Co-Chair for MIYCN Taskforce, Ministry of Health. Associate Professor Pengiran Anak Puteri Rashidah Sa'adatul Bolkiah Institute of Health Sciences, Universiti Brunei Darussalam
- Dr. Hajah Rohayati binti Haji Mohd. Taib, Consultant Paediatrician and Head of Paediatrics Specialty for Department of Medical Services; Deputy Co-Chair for MICYN Taskforce, Ministry of Health
- Dr. Ong Sok King, Medical Specialist (Public Health, NCD Prevention and Control Unit, Ministry of Health
- Dr Hjh Emilia binti Hj Mohd. Kassim, Acting Senior Medical Officer, Paediatrics Department, Raja Isteri Pengiran Anak Saleha Hospital; Member MIYCN Taskforce
- Dr Soon Ing Shian, Consultant Paediatrician, Raja Isteri Pengiran Anak Saleha Hospital
- Dr Dk Masdiana Nabila Muliati binti Pg Hj Tahir, Paediatrician, Raja Isteri Pengiran Anak Saleha Hospital
- Dr Hjh Norol-Ehsan binti Hj Abd Hamid, Medical Officer, Health Promotion Centre, Ministry of Health
- Dr Nik Afiqah binti Hj Md Tuah, Lecturer, Puteri Rashidah Sa'adatul Bolkiah Institute of Health Sciences, Universiti Brunei Darussalam
- Matron Hjh Siti Abibah binti Hj Abd Fattah, Special Grade Nursing Officer, Obstetrics and Gynaecology Department, Raja Isteri Pengiran Anak Saleha Hospital
- Hjh Roseyati binti Dato Paduka Hj Yaakub, Senior Dietitian, Community Health Division, Department of Health Services; Secretariat for MIYCN Taskforce, Ministry of Health
- Haji Md Noor, Special Grade Nursing Officer, Community Health Division, Department of Nursing Services; Member MIYCN Taskforce, Ministry of Health
- Hjh Ramlah binti Kisut @ Kesut, Nursing Officer, Community Health Division, Department of Nursing Services; Secretariat of MIYCN Taskforce, Ministry of Health Hjh Saniwati binti
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- Rusydiah binti Sudin, Health Education Officer, Health Promotion Centre; Secretariat for MIYCN Taskforce, Ministry of Health
- Hjh Si-Rose binti Hj Musa, Staff Nurse, Obstetrics and Gynaecology Depertment, Raja ISteri Pengiran Anak Saleha Hospital; Secretariat for MIYCN Taskforce, Ministry of Health

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 ?*

Guidelines for scoring		
Criteria	**Scoring**	**Results** ✓ ***Check any one***
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	1	✓
1.2) The policy recommended exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	1	✓
1.3) A national plan of action developed based on the policy	2	✓
1.4) The plan is adequately funded	2	✓
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1	✓
1.6) The national breastfeeding (infant and young child feeding) committee meets , monitors and reviews on a regular basis	2	✓
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5	✓
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level.	0.5	✓
Total Score	**__/10**	**10/10**

Information Sources Used (please list):

1. ***National Breastfeeding policy of Brunei Darussalam***
2. ***National Strategy for Maternal, Infant and Young Child Nutrition (MIYCN) in Brunei Darussalam 2014-2020***
3. ***Ministry of Health training budget***
4. ***Appointment letters for formation of MIYCN Taskforce in February 2013***
5. ***Agenda of meetings of MIYCN Taskforce***

6. ***The Chair of MIYCN Taskforce has clear term of reference and regularly communicating to heads of technical working groups and membership from NGOs and communities, dissemination of National Strategy to NGOs and other non-health sectors***

Conclusions ***(****Summarize which aspects of IYCF policy, program and coordination are appropriate; which need improvement and why; and any further analysis needed* ***):***
All related IYCF policies related to Brunei Darussalam are coordinated anad appropriate. In terms of monitoring and reviewing IYCF-related indicators, MIYCN Taskforce plans for these to be incorporated and strengthened in future national surveys such as the National Health and Nutritoional Status Survey.

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

1. ***Funding are allocated as per request from Ministry of Health***
2. ***Limited capacity in implementation of policy and funding allocation***

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

1. ***To include MIYCN activities funding under the annual Performance Based Budgeting of the Ministry of Health***
2. ***To widely disseminate the National Policy to both government and non-government sectors through roadshows, media campaigns, organize educational talks at respective ministries, organize joint events with NGOs***

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding[1])

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 5** total hospitals (both public & private)and maternity facilities offering maternity services have been designated or reassessed as "Baby Friendly"in the last 5 years*

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

[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

Guidelines – Qualitative Criteria

Quality of BFHI programme implementation:

Guidelines for scoring		
Criteria	**Scoring**	**Results** √ **Check that apply**
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme[2]	1.0	✓
2.3) A standard monitoring[3] system is in place	0.5	
2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5	
2.5) An assessment system relies on interviews of mothers.	0.5	
2.6) Reassessment[4] systems have been incorporated in national plans with a time bound implementation	1.0	
2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5	✓ ***(BFHI targets under key strategy 4 of the National Strategy for MIYCN 2014-2020, identified 50% government hospital achieved BFHI by 2017; and 50% community health facilities recognized as mother-child-friendly by 2020)***
2.8) HIV is integrated to BFHI programme	0.5	✓

[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.#

		(In 20-Hour BFHI Breastfeeding Course)
2.9) National criteria are fully implementing Global BFHI criteria (See Annex 2.1)	0.5	✓
Total Score	**____/5**	**2.5/5**
Total Score (for indicator 2)	**___/10**	**2.5/10***

***Hence, total score for indicator 2 = 0/5 + 2.5/5 = 2.5/10**

Information Sources Used (please list):

1. ***20-Hour BFHI Breastfeeding Training Course***
2. ***Curriculum of 20-Hour BFHI Breastfeeding Training Course***
3. ***National Programme Manager for HIV (Ministry of Health) – no documentation for this source***

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):*
Currently all maternity sections of government hospitals are implementing the Ten Steps to Successful Breastfeeding. Hands-on support for mothers in labour rooms and postnatal wards need to be strengthened.

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

1. ***No accredited BFHI Hospitals***
2. ***No national standard monitoring system in place***
3. ***No sustainable assessment system in place***

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

1. ***To develop an assessment system for BFHI accreditation in collaboration with extrenal assessors and technical support from WHO and UNICEF***
2. ***To develop and implement a national standard monitoring system (Technical Working Group 1 and Technical Working Group 4 of MIYCN Taskforce)***
3. ***To include BFHI assessment tool/interviews of mothers as part of nursing checklist in postnatal wards***

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?*

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

resolutions as listed below are included		
3b: Implementation of the Code/National legislation		✓ ***Check that apply***
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	
3.12The compliance with the measure is monitored and violations reported to concerned agencies	1	
3.13 Violators of the law have been sanctioned during the last three years	1	
Total Score (3a + 3b)	**__/10**	**2/10**

Information Sources Used (please list):

1. ***National Strategy for MIYCN 2014-2020***

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

1. ***Constraints in human resource numbers and expertise dedicated to the development and implementation of the Code***
2. ***International Code of Marketing adopted voluntarily but not legislated***

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

Articles of the International Code relating to health facilities and health workers had been incorporated into the draft of Health Workers' Code. However, this needs to be endorsed by higher authorities within the Ministry of Health. The Health Workers's Code also need to be advocated among stakeholders and education to raise awareness about the Health Workers' Code had been identified as a priority of the MIYCN Taskforce.

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

1. ***To formalize the Technical Working Group on The Code***
2. ***To finalize and submit the draft on Health Worker's Code to the Minister of Health for endorsement***
3. ***To incorporate the Health Worker's Code in the proposed Health Care Facility Act***
4. ***Workshop to educate and raise awareness to all stakeholders and personnel***

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?*

Guidelines for scoring		
Criteria	**Scoring**	**Results** **Check ✓ that apply**
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave 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	✓ **(b) (citizens and permanent residents)**
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. a. Unpaid break b. Paid break	0.5 1	
4.3) Legislation obliges private sector employers of women in the country to: *(more than one may be applicable)* a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	0.5 0.5	✓
4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector. *(more than one may be applicable)* a. Space for Breastfeeding/Breastmilk expression b. Crèche	1 0.5	
4.5) Women in informal/unorganized and agriculture sector are:	0.5	

a. accorded some protective measures b. accorded the same protection as women working in the formal sector	1	
4.6) . *(more than one may be applicable)* a. Information about maternity protection laws, regulations, or policies is made available to workers. b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	0.5 0.5	✓ ✓
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	
4.9) There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	✓
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	✓
Total Score:	**___/10**	**4.0/10**

Information Sources Used (please list):

1. ***Brunei Times (Jan 5th 2011)***
2. ***Jabatan Perkhidmatan Awam (Civil Service Dept) booklet/Website***
3. ***Workplace Safety and Health Order 2009, Section 12***
4. ***Part X Employment Order 2009***

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

There is 14 weeks paid maternity but no national legislation for nursing breaks. MIYCN Taskforce need to work further on the nursing breaks as a national policy.

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

1. ***There is no specific clause on breastfeeding breaks in national legislation. (However, there was a footnote mentioned on breastfeeding breaks in Maternity Leave Regulation 2011).***
2. ***Prior to Oct 2014, there is no compulsory provision for breastfeeding facilities in work places within the govt and private sectors in the national legislation.***
3. ***The provision of creches in workplaces is currently voluntary.***

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

As part of National Strategy MIYCN 2014-2020, the Key Strategy 3 (Supportive Environment) has stated the following priorities:

1. ***To endorse Breastfeeding Breaks Policy by the government of Brunei.***
2. ***To establish on-site mother-and-baby-friendly childcare facilities.***
3. ***To advocate for the endorsement of maternity protection policy encompassing the rights of women in all sectors.***
4. ***To propose/advocate flexible working hours, part-time jobs and/or job sharing policy for breastfeeding mothers.***
5. ***To propose/advocate Paternity Leave Policy.***
6. ***To disseminate information on breastfeeding-friendly work policies to all agencies/sectors.***

Indicator 5: Health and Nutrition Care Systems (in support of breastfeeding & IYCF)

Key question: *Do care providers in these systems undergo* skills training, *and do their pre-service education curriculum support optimal infant and young child feeding; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to Code are in place*?

Guidelines for scoring			
	Scoring √ *Check that apply*		
Criteria	**Adequate**	**Inadequate**	**No Reference**
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country[6] indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
	✓		
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care. *(See Annex 5b Example of criteria for mother-friendly care)*	2	1	0
			✓
5.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers.[7]	2	1	0
		✓	
5.4) Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country.	1	0.5	0
		✓	

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.

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.[8]	1	0.5	0
		✓	
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick.	1	0.5	0
		✓	
Total Score:	**5/10**		

Information Sources Used (Please list):

1. ***Curriculum for Undergraduate Bachelor of Health Science (Nursing, Midwifery and Medicine)***
2. ***Midwifery and Community Health Nursing Refresher Course***
3. ***Curriculum of the 20hr BFHI training course***
4. ***Paediatric Training Programme*****
5. ***Implementation guidelines of the national policy on breastfeeding 2001 *****

(**no documentation received yet from the source person)

Conclusions: (Summarize which aspects of health and nutrition care system are appropriate and which need improvement and why. Identify areas needing further analysis.)
Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country – MIYCN Taskforce needs to strengthen this further.

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

1. ***There is no standard and guidelines for mother-friendly and childbirth procedures***
2. ***There are inadequate in-service training programmes related to IYCF for the health professionals, social and community workers***

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

1. ***To develop standard, guidelines and policies for mother-friendly childbirth practices.***
2. ***To introduce training programmes on mother-friendly childbirth practices among healthcare workers.***

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 .*

Guidelines for scoring			
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 recieve support for infant and young child feeding at birth for breastfeeding initiation.	2	1	0
	✓		
6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage.	2	1	0
	✓		
6.4) Community-based counseling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/Nutrition Policy.	2	1	0
		✓	
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	1	0
		✓	
Total Score:	**8/10**		

Information Sources Used (please list):

1. ***Lactation Educator Beginner's Course for Mother-To-Mother Support Groups programme***
2. ***Mother's Antenatal Card and electronic health records from Maternal and Child Health Clinic Services***

3. ***Health Information Booklet 2012 (Ministry of Health, 2012)***

Conclusions *(Summarize which aspects of a health and nutrition care system are adequate and which need improvement and why. Identify areas needing further analysis)* **:**
Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding – there is a need to strengthen this and activate the mother-to-mother breastfeeidng support groups in the community.

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

1. ***Inadequate numbers of volunteers and health care workers trained in counseling skills for infant and young child feeding***

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

1. ***To expand the programme by increasing capacity, targeting more resources and training***

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?*

Guidelines for scoring			
Criteria	**Scoring** √ ***Check that apply***		
	Yes	To some degree	No
7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts or interest are avoided.	2	0	0
	✓		
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1	.5	0
	✓		
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding	1	.5	0
	✓		
7.3) IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding	2	1	0
	✓		
7.4. IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence	2	1	0
	✓		
7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF).[9]	2	0	0
			✓
Total Score:	**8/10**		

[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. ***National Strategy for MIYCN 2014-2020 (Technical Working Group 1 & Technical Working Group 3)***
2. ***MCH handbook***
3. ***Group talks/session on Complementary Feeding***
4. ***Standardised breastfeeding talks***
5. ***Breastfeeding talk registration books at Maternal and Child Health Clinics and hospitals***
6. ***Compilation of health info leaflets, printed materials, radio and TV talks, newspaper articles***

Conclusions *(Summarize which aspects of the IEC programme areappropriate and which need improvement and why. Identify areas needing further analysis :*
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) – needs to strengthen this.

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

1. ***Inadequate patient information materials on the risk of artificial feeding and preparation and handling of powdered infant formula.***

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

1. ***To include information on the risks of artificial feeding in the breastfeeding booklet.***
2. ***To develop patient information leaflets on guidelines on safe preparation and handling of powdered infant formula (limited to specific patients).***

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?

Guidelines for scoring			
Criteria	**Results** ✓ *Check that apply*		
	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
		✓ (implemented but not documented)	
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	1	0.5	0

followed up and supported to ensure their adherence to ARVs uptake.	✓		
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. **(note: low prevalence of HIV and closely monitored)**	1	0.5	0
	✓		
Total Score:	**8.5/10**		

Information Sources Used (please list):

1. ***Curriculum for 20hr BFHI Training Course.***

Conclusions *(Summarize which aspects of HIV and infant feeding programming are appropriate, and which aspects need improvement and why. Identify areas needing further analysis)* **:**
In Brunei Darussalam , all pregnant women are screened for HIV at first antenatal visit. If HIV-positive, she will be referred to the Department of O&G, RIPAS Hospital for antiretroviral treatment and delivery through caesarean section. The rate of HIV-positive pregnant mother in the country is very low (less than 0.01% - one or less positive case per year). Due to the very low prevalence of HIV positive pregnant women in the nation, the MIYCN Taskforce will focus more on the other indicators instead of this one.

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

1. ***Inadequate documentation on comprehensive policy and guidelines on HIV and infant feeding.***

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

1. ***To strengthen and update documentation on policy and guidelines on HIV and infant feeding.***

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?*

Guidelines for scoring			
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 environement 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 unsollicited 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:	**1/10**		

Information Sources Used (please list):

1. ***Brunei Darussalam National Disaster Management Centre (NDMC)***

Conclusions *(Summarize which aspects of emergency preparedness and response are appropriate and which need improvement and why. Identify areas needing further analysis):*
Some work need to be initiated on this.

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

1. ***Inadequate focus on infant and young child feeding as part of emergencies preparedness plan***

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

1. ***To incorporate IYCF component and training in emergency preparedness***
2. ***To work towards incorporating infant and young child feeding as part of emergencies preparedness plan with key stakeholders e.g. NDMC, Ministry of Culture, Youth & Sports, NGOs, Brunei Darussalam Red Crescent Society, community volunteer groups***

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
		✓	
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions	2	1	0
		✓	
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2	1	0
		✓	
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2	1	0
	✓		
10.5) Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2	1	0
	✓		
Total Score:	**7/10**		

Information Sources Used (please list):

1. ***Annual report on breastfeeding data (Maternal and Child Health clinics, Ministry of Health)***
2. ***2nd National Health and Nutritional Status Survey (NHANSS) Phase I: 0-5 year old (Ministry of Health, 2012)***

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

In terms of monitoring and reviewing IYCF-related indicators, MIYCN Taskforce plans for these to be incorporated and strengthened in future national surveys such as the National Health and Nutritoional Status Survey.

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

1. ***Monitoring and evaluation of IYCF programme are only done during the national nutritional and health survey***
2. ***Lack of data management and analysis for generating information***

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

1. ***To build capacity on data management and analysis***
2. ***To develop the monitoring and evaluation system/tools based on available tools from UNICEF such as WBTi***
3. ***To build monitoring and surveillance system of IYCF in the electronic health records (Brunei Darussalam Healthcare Information and Management System)***

Indicator 11: Early Initiation of Breastfeeding

Key question: *What is the percentage of babies breastfed within one hour of birth? 92.2%*

Guideline:

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

For indicator 11, the percentage of babies breastfed within one hour of birth is 92.2% which gives a score of 10, that falls under the color-rating of green.

Data Source (including year):

2nd National Health and Nutritional Status Survey (NHANSS) Phase I: 0-5 year old (Ministry of Health, 2012)

Summary Comments:

To improve or at least maintain this rate of initiation of breastfeeding within one hour of birth.

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: *What is the percentage of babies 0<6 months of age exclusively breastfed[10] in the last 24 hours?* ***26.7.%***

Guideline:

Indicator 12	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBT*i***	
		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

For indicator 12, the percentage of babies breastfed exclusively for the first six months of age is 26.7% , which gives a score of 6 that falls under the color-rating of yellow.

Data Source (including year):

2nd National Health and Nutritional Status Survey (NHANSS) Phase I: 0-5 year old (Ministry of Health, 2012)

Summary Comments :

National target in the National Strategy for MIYCN in Brunei Darussalam 2014-2020 is aligned to the Global Nutrition Target No.6 which is to increase the rate of exclusive breastfeeding in the first six months to at least 50%.

[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?* ***8 months***

Guideline:

Indicator 13	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBT*i***	
		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

For indicator 13, the median duration babies breastfed is 8 months, which gives a score of 3 that falls under the color-rating of red.

Data Source (including year):

2nd National Health and Nutritional Status Survey (NHANSS) Phase I: 0-5 year old (Ministry of Health, 2012)

Summary Comments:

Priority initiatives identified in the National Strategy for MIYCN in Brunei Darussalam 2014-2020 are expected to increase the median duration of breastfeeding in Brunei Darussalam.

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?* ***96.5%***

Guideline:

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

Data Source (including year):

2nd National Health and Nutritional Status Survey (NHANSS) Phase I: 0-5 year old (Ministry of Health, 2012)

Summary Comments:

Based on 24hour dietary recall for babies aged 0-12 months old: 96.5% were given expressed breastmilk using bottles. Hence, for this indicator, it falls under the color-rating red.

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?*
95.1%

Guideline

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

Data Source (including year):
2nd National Health and Nutritional Status Survey (NHANSS) Phase I: 0-5 year old (Ministry of Health, 2012)

Summary Comments :
Currently, there is no data specifically for breastfed babies receiving complementary foods at 6-8 months of age. However, we have the following data:

- **Prevalence of introduction of solids by 6 months = 93.2%**
- **Prevalence of introduction of solids by 7 months = 94.8%**
- **Prevalence of introductionof solids by 8 months = 97.3%**

So, by taking average of introduction of solids by 6, 7 & 8 months, i.e. (93.2% + 94.8% + 97.3%) / 3 = 95.1%

Hence, 95.1% falls under the color-rating of green.

Summary Part I: IYCF Policies and Programmes

Targets:	Score **(Out of 10)**
1. National Policy, Programme and Coordination	**10**
2. Baby Friendly Hospital Initiative	**2.5**
3. Implementation of the International Code	**2**
4. Maternity Protection	**4**
5. Health and Nutrition Care Systems	**5**
6. Mother Support and Community Outreach	**8**
7. Information Support	**8**
8. Infant Feeding and HIV	**8.5**
9. Infant Feeding during Emergencies	**1**
10. Monitoring and Evaluation	**7**

Hence, the total score for Part 1 is 56, which falls under the color-rating of yellow.

IBFAN Asia Guidelines for WBT*i*

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

Implementation of the International Code of Marketing of Breastmilk Substitutes requires actions and strengthening of the BFHI.

[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)	**92.2 %**	**10**
Indicator 12 Exclusive Breastfeeding for first 6 months	**26.7 %**	**6**
Indicator 13 Median duration of Breastfeeding	**8 month**	**3**
Indicator 14 Bottle-feeding	**>20 %**	**3**
Indicator 15 Complementary Feeding	**>94%**	**10**
Score Part II (Total)		**32**

Hence, the total score for Part 2 is 32, which falls under the color-rating of blue.

IBFAN Asia Guidelines for WBT*i*

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

- ***National target in the National Strategy for MIYCN in Brunei Darussalam 2014-2020 is aligned to the Global Nutrition Target No.6 which is to increase the rate of exclusive breastfeeding in the first six months to at least 50%.***
- ***Priority initiatives identified in the National Strategy for MIYCN in Brunei Darussalam 2014-2020 are expected to increase the median duration of breastfeeding in Brunei Darussalam.***

[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 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**

Hence, total scores for Part 1 and Part 2 = 56 + 32 = 88, which falls under the color-rating of yellow.

Key Gaps

1. ***Fundings are allocated as per request from Ministry of Health***
2. ***Limited capacity in implementation of policy and funding allocation***
3. ***No accredited BFHI Hospitals***
4. ***No national standard monitoring system in place***
5. ***No sustainable assessment system in place***
6. ***Constraints in human resource numbers and expertise dedicated to the development and implementation of the Code***
7. ***International Code of Marketing adopted voluntarily but not legislated***
8. ***There is no specific clause on breastfeeding breaks in national legislation. (However, there was a footnote mentioned on breastfeeding breaks in Maternity Leave Regulation 2011).***
9. ***Prior to Oct 2014, there is no compulsory provision for breastfeeding facilities in work places within the govt and private sectors in the national legislation.***
10. ***The provision of creches in workplaces is currently voluntary.***
11. ***There is no standard and guidelines for mother-friendly and childbirth procedures***
12. ***There are inadequate in-service training programmes related to IYCF for the health professionals, social and community workers***
13. ***Inadequate numbers of volunteers and health care workers trained in counseling skills for infant and young child feeding***
14. ***Inadequate patient information materials on the risk of artificial feeding and preparation and handling of powdered infant formula.***
15. ***Inadequate documentation on comprehensive policy and guidelines on HIV and infant feeding.***
16. ***Inadequate focus on infant and young child feeding as part of emergencies preparedness plan***
17. ***Monitoring and evaluation of IYCF programme are only done during the national nutritional and health survey***
18. ***Lack of data management and analysis for generating information***

Key Recommendations

1. ***To include MIYCN activities funding under the annual Performance Based Budgeting of the Ministry of Health***
2. ***To widely disseminate the National Policy to both government and non-government sectors through roadshows, media campaigns, organize educational talks at respective ministries, organize joint events with NGOs***
3. ***To develop an assessment system for BFHI accreditation in collaboration with extrenal assessors and technical support from WHO and UNICEF***
4. ***To develop and implement a national standard monitoring system (Technical Working Group 1 and Technical Working Group 4 of MIYCN Taskforce)***
5. ***To include BFHI assessment tool/interviews of mothers as part of nursing checklist in postnatal wards***
6. ***To formalize the Technical Working Group on The Code***
7. ***To finalize and submit the draft on Health Worker's Code to the Minister of Health for endorsement***
8. ***To incorporate the Health Worker's Code in the proposed Health Care Facility Act***
9. ***Workshop to educate and raise awareness to all stakeholders and personnel***
10. ***To endorse Breastfeeding Breaks Policy by the government of Brunei.***
11. ***To establish on-site mother-and-baby-friendly childcare facilities.***
12. ***To advocate for the endorsement of maternity protection policy encompassing the rights of women in all sectors.***
13. ***To propose/advocate flexible working hours, part-time jobs and/or job sharing policy for breastfeeding mothers.***
14. ***To propose/advocate Paternity Leave Policy.***
15. ***To disseminate information on breastfeeding-friendly work policies to all agencies/sectors.***
16. ***To develop standard, guidelines and policies for mother-friendly childbirth practices.***
17. ***To introduce training programmes on mother-friendly childbirth practices among healthcare workers.***
18. ***To expand the programme by increasing capacity, targeting more resources and training***
19. ***To include information on the risks of artificial feeding in the breastfeeding booklet.***
20. ***To develop patient information leaflets on guidelines on safe preparation and handling of powdered infant formula (limited to specific patients).***
21. ***To strengthen and update documentation on policy and guidelines on HIV and infant feeding.***
22. ***To incorporate IYCF component and training in emergency preparedness***
23. ***To work towards incorporating infant and young child feeding as part of emergencies preparedness plan with key stakeholders e.g. NDMC, Ministry of Culture, Youth & Sports, NGOs, Brunei Darussalam Red Crescent Society, community volunteer groups***
24. ***To build capacity on data management and analysis***

25. ***To develop the monitoring and evaluation system/tools based on available tools from UNICEF such as WBTi***
26. ***To build monitoring and surveillance system of IYCF in the electronic health records (Brunei Darussalam Healthcare Information and Management System)***