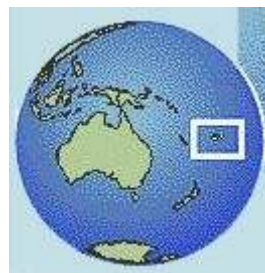


The World Breastfeeding Trends Initiative (WBTi)

Name of the Country: Fiji Islands

Year: December 2011



Introduction

This document is the report of an assessment on the implementation of the Global Strategy for Infant and Young Child Feeding (GSIYCF) reflecting current policies, programmes and practices that support optimal infant and young child feeding (IYCF) in **Fiji**.

The assessment process began with an orientation workshop in Suva, Fiji 6-7 June 2011 using the World Breastfeeding Trends Initiative toolkit (WBTi). WBTi is an innovation developed by International Baby Food Action Network, Asia (IBFAN Asia). The reporting was co-ordinated by IBFAN Oceania, supported by funding from the **Norwegian Agency for Development Cooperation (NORAD)** and made possible due to the willingness and helpfulness of the Fiji Ministry of Health National Food and Nutrition Centre and the Consumer Council of Fiji.

As is the goal of WBTi through participatory simple research, Fiji will be able to scrutinise the findings and recommendations in this report to stimulate national plans of action and bridge any gaps if necessary.

There is no doubt that improving breastfeeding rates is a cost effective and relatively simple intervention towards achieving the Millennium Development Goals as well as contributing to a reduction in non-communicable diseases (NCDs) thereby reducing financial burden and loss of life. Fiji is positioned to compare its progress with other countries using the WBTi process. Reassessment in 3-5 years time will also help ensure progress continues to be made on all elements of the GSIYCF.

Background

Fiji - officially the Republic of the Fiji Islands - is an island nation of 837,271 people (2007 census) that spans 18,333 square kilometres in 1.3 million square kilometres of the South Pacific Ocean. The country occupies an archipelago of 332 islands, of which 110 are permanently inhabited, and more than 500 islets. The two major islands, Viti Levu (capital, Suva) and Vanua Levu, account for 87% of the population.

The British controlled the islands as a colony in 1874 until Fiji gained independence in 1970. Fiji peoples comprise indigenous Fijians or *iTaukei* (mainly of Melanesian or Polynesian ancestry) and Indo-Fijians (mainly descendants of Indian contract labourers brought in by British colonists in the 19th century).

Fiji is one of the most developed of the Pacific island economies although there is still a large subsistence sector. Natural resources include timber, fish, gold, copper, offshore oil potential and hydropower although Fiji is highly dependent on tourism for revenue.

Political instability in Fiji is a factor behind increased poverty where women, children and the elderly are the most vulnerable. The burden of disease in Fiji has shifted from infectious diseases to non-communicable diseases such as diabetes, heart disease, high blood pressure, respiratory diseases and cancers being the main causes of morbidity and mortality. The Ministry of Health has comprehensive health care programmes in place to curtail these diseases and promote healthy lifestyles.

Health services in Fiji are delivered through 900 village clinics, 103 nursing stations, 78 health centres, 17 sub-divisional medical centres, three divisional hospitals, two speciality hospitals and a private hospital located in Suva.¹

In 2009 - total live births 18,166; crude birth rate 20.6/1000; IMR 25.7; mortality under 5 years 33.3; MMR 27.3 ². Figures from other sources indicate infant, under 5 and maternal mortality rates decreased in 2010-11.

¹ Western Pacific Country Health Information Profiles: 2011 Revision World Health Organisation. www.wpro.who.int/internet/files/hin/chips2011.pdf

² The Fiji Islands Bureau of Statistics. <http://www.statsfiji.gov.fj/>

Assessment process followed by the country

- In 2010 IBFAN Oceania funded the Ministry of Health Nutrition Coordinator to attend a WBTi training in Indonesia
- In June 2011 the MoH Nutrition Coordinator facilitated an IBFAN Asia-led WBTi training in Suva which included representatives from Fiji, Vanuatu, Solomon Islands and Kiribati.
- A core WBTi group was formed and a tentative action plan was voiced and recorded at the workshop.
- The IBFAN Oceania representative offered to support local efforts to build on this progress and visited Fiji again in November 2011.
- IBFAN Oceania documented the findings and sent a draft back to Fiji stakeholders for approval.
- Stakeholders made corrections, alterations and improvements where necessary and re-submitted to IBFAN Oceania who then passed the information on to IBFAN Asia.

List of the partners for the assessment process

- National Food and Nutrition Centre, Ministry of Health
- UNICEF Fiji
- Consumer Council of Fiji
- International Labour Organisation, Fiji Office
- National Advisory Committee on AIDS
- IBFAN Oceania

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 Coordinator?

Criteria of Indicator 1	Scoring	Results ✓ <i>Check any one</i>
1.1) A national Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2	✓
1.2) The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	2	
1.3) A National Plan of Action has been developed with the policy	2	✓
1.4) The plan is adequately funded	1	✓
1.5) There is a National Breastfeeding Committee	1	
1.6) The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	
1.7) The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5	
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	
Total Score	5/ 10	

Information and Sources Used:

- The National Food and Nutrition Centre (NFNC)
- National Nutrition Survey (2004)
- Local statistics
- Fiji Plan of Action for Nutrition (FPAN). Prepared by the National FPAN Advisory Committee (FPAN AC) National Food and Nutrition Centre, Ministry of Health, July 2010

Gaps:

- The Breastfeeding Policy does not include complementary feeding
- The Breastfeeding Committee is now defunct

Recommendations:

- Extend the Breastfeeding Policy to include young child breastfeeding and complementary feeding
- Re-establish the Breastfeeding Committee in keeping with FPAN strategic objective 5.1.1
- The Breastfeeding Committee to maintain close links with monitors of the International Code interpreted through the ***Marketing Controls (Foods for Infants and Young Children) 2010***

Notes:

- While the Breastfeeding committee is defunct the ***Marketing Controls (Foods for Infants and Young Children) 2010*** regulations require its Standing Committee to meet quarterly. It has met twice and its Subcommittee has met three times.
- The National Breastfeeding Policy has been in place since the 1990s and action plans were in place when the Breastfeeding Committee was functional. Currently the plan is encompassed in the FPAN. With the absence of an annual plan funding for breastfeeding activities has always been funded by government.
- When the National Breastfeeding Committee was functioning it met regularly, linked with other sectors and had a coordinator/ Chairman with clear Terms of Reference.
- The non-health sector members of the Breastfeeding Committee who took the lead left and the committee disbanded. It is considered that it needs a new person passionate about IYCF to re-establish the committee.

Indicator 2: Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)

Key Question:

2A) What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?

2B) What is the skilled training inputs and sustainability of BFHI?

2C) What is the quality of BFHI program implementation?

2A) Quantitative

2.1) What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria? **100%**

On 10 August 2009 in Suva, it was announced that Fiji had become the first country in the Asia-Pacific region to have all of its 21 subdivisional hospitals designated Baby-Friendly by UNICEF. A schedule is also in place for re-assessments.

2B) Qualitative

2.2) What is the skilled training inputs and sustainability of BFHI? **75 %**

Qualitative

2C) What is the quality of BFHI program implementation?

Criteria	Score	Results
		✓ <i>Check that apply</i>
2.3) BFHI programme relies on training of health workers	.5	✓
2.4) A standard monitoring system is in place	.5	✓
2.5) An assessment system relies on interviews of mothers	.5	✓
2.6) Reassessment systems have been incorporated in national plans	.5	✓
2.7) There is a time-bound program to increase the number of BFHI institutions in the country	.5	NA
Total Score		
Total Score 2A, 2B and 2C	8.5/10	

Information and Sources Used:

- The National Food and Nutrition Centre (NFNC), Ministry of Health

Gaps:

- No gaps of note

Recommendations:

- Continue to maintain Fiji's excellent commitment to BFHI and its reassessment process.
- Continue to provide high quality evidence based education for all staff in maternity facilities.
- Begin development of the Baby Friendly Communities Initiative (BFHI)

Notes:

- All of the 21 subdivisional hospitals have been declared Baby Friendly, and there is a schedule in place for re-assessments.
- Women who release their babies for adoption are required to give the first breastfeed or breastfeed until the Social Worker arrives to conduct the adoption process.

Indicator 3: Implementation of the International Code

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

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

Information and Sources Used:

- The National Food and Nutrition Centre (NFNC) Ministry of Health
- Marketing Controls (Foods for Infants and Young Children) 2010
- Consumer Council of Fiji

Gaps:

- Informal monitoring by consumers and NGOs with an interest in IYCF can be valuable to inform Certified Enforcers and Monitors when they see violations of the Marketing Controls Regulations 2010.

Recommendations:

- Mother Breastfeeding Support Groups may have a role to play informing Certified Enforcers and Monitors when they see violations of the Marketing Controls Regulations 2010. Code monitoring is everyone's responsibility.

Notes:

- The International Code is interpreted and regulated in Fiji through the *Marketing Controls (Foods for Infants and Young Children) 2010*
- The Marketing Control regulations include children up to 5 years of age.
- The regulations include all provisions of the International Code.
- National Training of Trainer workshops were held in May 2011 for 2 Environmental Health Offices, 2 Nurses and 2 Dietitians per subdivision resulting in Certified Enforcers and Monitors of the Marketing Controls Regulations 2010
- Informal monitoring in a supermarket November 2011 highlighted complementary food labelling as suitable for age 4-6 months only partially obscured.

Indicator 4: Maternity Protection

Key Question: Is there legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labor Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?

Criteria	Score	Results Check <input checked="" type="checkbox"/> that apply
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave		
a. Any leave less than 14 weeks	0.5	✓
b. 14 to 17weeks	1	
c. 18 to 25 weeks	1.5	
d. 26 weeks or more	2	
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.		
a. Unpaid break	0.5	
b. Paid break	1	
4.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	
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.	1	
4.5) Women in informal/unorganized and agriculture sector are:		
a. accorded some protective measures	0.5	
b. accorded the same protection as women working in the formal sector	1	

4.6) a. Information about maternity protection laws, regulations, or policies is made available to workers	0.5	
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.'	0.5	
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 and the legislation provides that they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5	✓
4.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5	
4.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5	
Total Score:	1/10	

Information and Sources Used:

- Employment Relations Promulgation 2007 (p70-73)
- *Maternity at work: a review of national legislation* / International Labour Office, Conditions of Work and Employment Programme. Second edition. Geneva: ILO, 2010
- ILO Database of Conditions of Work and Employment Laws
<http://www.ilo.org/dyn/travail>

Gaps:

- Pregnant or breastfeeding women are not directly protected from hazardous work or offered alternative work until they are no longer pregnant or breastfeeding.
- Maternity leave of 84 days (12 weeks) is insufficient to facilitate the recommended six months of exclusive breastfeeding.
- While women are entitled to paid maternity leave of 84 days, at the normal remuneration rate, this is available for the first three children only.
- For 4th and subsequent births women are entitled to only half the normal remuneration*.
- Maternity leave is different for public and private sectors.
- While maternity leave applies to all employers and female workers in workplaces, including the Government, other Government entities, local authorities, statutory authorities and the Sugar Industry, it does not apply to members of the Military Forces, Police Force, Prisons and Correction Services.
- There are no provisions for paid or unpaid breaks during work hours to facilitate breastfeeding or breastmilk expression.

Recommendations:

- Ratify ILO MPC No 183.
- Enact provisions equal to or stronger than ILO MPC No 183. For example, maternity leave to ≥ 18 weeks to meet ILO Recommendation 191 will facilitate a longer period of exclusive breastfeeding.
- Open the benefits of maternity protection to all female workers in all settings and in both public and private sectors.
- Extend all benefits of maternity protection to female workers for every child not only the first three – in particular, workers of 4th and subsequent births should be entitled to normal remuneration not half the rate.*
- Employers offer protection from hazardous work or offer alternative work at the same wage until the worker is no longer pregnant or breastfeeding.

Notes:

- The objective of Fiji's maternity leave section in *Employment Relations Promulgation 2007* (p70) is "to protect women and to ensure that they are not disadvantaged when taking maternity leave."
- Currently Fiji meets ILO Conventions 3 and No. 103 only by providing 12 weeks maternity leave.
- Maternity leave may be taken at any time before or after confinement. However, where the woman chooses to work during the pre-confinement period, she must produce a medical certificate certifying that she is fit to work during that period.
- It is notable that women return to work earlier after their 4th birth or more. This may be linked to her entitlement of only half the normal remuneration*.
- Full maternity protection for workers comes under Article 11 of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), which Fiji has ratified.

Indicator 5: Health and Nutrition Care System

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

Criteria	Results		
	Check that apply		
	Adequate	Inadequate	No Reference
5.1) A review of health provider schools and pre-service education programmes in the country ³ 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.	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. ⁴	2	1	0
5.4) Health workers are trained with responsibility	1	0.5	0

³ 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.

⁴ 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.

towards Code implementation as a key input.		✓	
5.5) Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrhoeal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1	0.5	0
	✓		
5.6) These in-service training programmes are being provided throughout the country. ⁵	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:	8.5/10		

Information and Sources Used:

- Ministry of Education
- The National Food and Nutrition Centre (NFNC), Ministry of Health
- Fiji Plan of Action for Nutrition (FPAN). Prepared by the National FPAN Advisory Committee (FPAN AC) National Food and Nutrition Centre, Ministry of Health, July 2010

Gaps:

- Health provider schools and pre-service education curricula or session plans are inadequate with respect to infant and young child feeding.
- All health workers should be familiar with the Marketing Control regulations and their responsibility to upholding them.

⁵ 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.

Recommendations:

- Improve IYCF content in pre-service curriculum and session plans.
- Incorporate IYCF training into pre-service curriculum at Fiji National University in keeping with FPAN strategic objective 5.2.4
- Extend training on the provisions of the Marketing Control regulations to a wider range of health workers. This may reduce the workload of Environmental Health Officers as well as reduce community exposure to inappropriate marketing.
- Review nursing students training on breastfeeding to ensure it is adequate and relevant to their workplace.

Notes:

- The Ministry of Education teaches health and nutrition in primary schools.
- Breastfeeding and nutrition are taught as part of the home economics module in secondary school.
- Fiji's College of Medicine and Nursing has structured 18 hours training for medical, nutrition and dietetics students only. Nursing students do receive some form of breastfeeding training, but not the structured 18 hours.
- Fiji is divided into four major divisions – Central, Eastern, Northern and Western. These divisions are further divided into 5, 5, 4 and 6 subdivisions respectively. There are 15 more trainings to present to complete training in all divisions.
- Environmental Health Officers have had training on the Marketing Control regulations.

Indicator 6: Mother Support and Community Outreach

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

Criteria	Results		
	Yes	To some degree	No
	✓ <i>Check that apply</i>		
6.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	2	1	0
		✓	
6.2) All women have access to support for infant and young child feeding after birth.	2	1	0
		✓	
6.3) Infant and young child feeding support services have national coverage.	2	1	0
		✓	
6.4) Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectoral and intra-sectoral).	2	1	0
		✓	
6.5) Community-based volunteers and health workers possess correct information and are trained in counselling and listening skills for infant and young child feeding.	2	1	0
		✓	
Total Score:	5/10		

Information and Sources Used:

- Fiji Plan of Action for Nutrition (FPAN) 2010-2014. Prepared by the National FPAN Advisory Committee (FPAN AC) National Food and Nutrition Centre, Ministry of Health, July 2010

Gaps:

- A review of Step 10 of the *Ten Steps to Successful Breastfeeding* may help strengthen mother support and community outreach systems.
- The use of trained Peer Counsellors is known to increase the incidence and duration of breastfeeding.

Recommendations:

- Ministry of Health and Non State Actors [including NGOs] take the lead in strengthening Breastfeeding Support Groups [BSG] in the community through training - as outlined in FPAN strategic objective 5.1.4

Notes:

- Mother support in the communities is mainly provided by village/community health care workers. These VHWs/CHWs undergo a 6 weeks training before becoming certified health workers.

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? **Yes**

Criteria	Results		
	Yes	To some degree	No
7.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.	2	1 ✓	0
7.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2	1 ✓	0
7.3) Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.	2	1 ✓	0
7.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2	1 ✓	0
7.5) A national IEC campaign or programme ⁶ using electronic and print media and activities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months.	2	1 ✓	0
Total Score:	5/10		

Information and Sources Used:

- National Food and Nutrition Centre (NFNC) <http://www.nutrition.gov.fj/>

⁶ An IEC campaign or programme is considered “national” if its messages can be received by the target audience in all major geographic or political units in the country (e.g., regions or districts).

- Foods for Growing Children in Fiji: 10 Key Messages from Birth to 2 years. Ministry of Health, November 2009
http://www.nutrition.gov.fj/iecs_2.aspx
- Food and Health Guidelines for Fiji 2010
http://www.nutrition.gov.fj/iecs_1.aspx

Gaps:

- IEC materials are available in English only
- Maintaining IEC messages that are up-to-date, technically correct, based on national or international guidelines and appropriate for the target audience is an ongoing challenge.

Recommendations:

- Translate IEC materials into Fijian and Hindi to reach a wider audience
- Continue breastfeeding promotion campaigns during World Breastfeeding Week using TV, radio, Print (newspaper) brochures, posters and billboards.
- Link breastfeeding to other campaigns such as World Diabetes Day, World AIDS Day. These are valuable times to highlight the risks associated with not breastfeeding.

Notes:

- Fiji has an IYCF package. Its three main purposes are:
 - as a teaching tool for health workers
 - for parents to keep after they have received counselling on its contents
 - for the Community Health Worker as a guide for mothers in the villages
- Community Health Workers (CHW) are the link between the Ministry of Health and the community. CHWs are elected from the village from the five divisions and 20 subdivisions.
- All CHWs have been trained on the use of the IYCF package
- Information is made available to mothers during clinic attendances and community outreach programs, as an on-going activity. Selected information is available through the National Food and Nutrition Centre website but accessibility to this website is an issue. Information dissemination through mainstream media is done only during special calendar events.

Indicator 8: Infant Feeding and HIV

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

Criteria	Results		
	Yes	To some degree	No
8.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2	1	0
			✓
8.2) The infant feeding 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) 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 locally appropriate is provided to HIV positive mothers.	1	0.5	0
	✓		
8.6) Mothers are supported in making their infant feeding decisions with further counselling and follow-up to make implementation of these decisions as safe as possible.	1	0.5	0
	✓		
8.7) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0
	✓		

8.8) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5	0
	✓		
8.9) The Baby-friendly Hospital Initiative incorporates provision of guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers.	1	0.5	0
	✓		
Total Score:	7/10		

Information and Sources Used:

- National Food and Nutrition Centre (NFNC) Ministry of Health
- Fiji Plan of Action for Nutrition (FPAN) 2010-2014. Prepared by the National FPAN Advisory Committee (FPAN AC) National Food and Nutrition Centre, Ministry of Health, July 2010
- Western Pacific Country Health Information Profiles: 2011 Revision World Health Organisation. www.wpro.who.int/internet/files/hin/chips2011.pdf
- Fiji HIV/STI National Strategic Plan 2012-2015
- *Antiretroviral therapy of HIV infection in infants and children: towards universal access: recommendations for a public health approach - 2010 revision.* World Health Organisation

Gaps:

- A comprehensive policy on infant and young child feeding that includes infant feeding and HIV. HIV+ women need knowledge of all feeding options in order to make informed decisions on how to feed their babies.

Recommendations:

- Use up-to-date evidence to strengthen information to the general population that 6 months of exclusive breastfeeding and continued breastfeeding can be a viable option for HIV+ women.

- Include relevant information on HIV and infant feeding in the Marketing Controls regulations when they are updated and / or amended.

Notes:

- The Fiji *HIV/AIDS Decree 2011* was gazetted and enforced in February 2011 in a bid to promote HIV prevention, care and treatment. Amendments were passed in August 2011. It is considered a significant and enlightened step towards an effective human rights based approach to the prevention and care of those who live with or are affected by HIV.
- The National Advisory Committee on AIDS (NACA) that oversees all HIV/AIDS programmes is multisectoral & well funded through a dedicated government budget.
- By 2007, 100% of HIV positive pregnant women received a complete course of ARV for PMTCT (NACA 2009).
- A cumulative total of 366 confirmed HIV cases were reported as of December 2010 7% of which were recorded as mother to child infections (breastfeeding was not specified as causal). In 2010 the female population in Fiji was at a higher risk of HIV infection (67%) compared to the male population (33%)⁷.
- The English written IYCF package does not include HIV and infant feeding
- The IYCF package being translated into Fijian does include HIV and infant feeding.
- Provision of training for HIV/AIDS support groups is included in FPAN strategic objective 5.6.1
- HIV/STI National Strategic Plan 2012-2015

⁷ <http://www.health.gov.fj/speeches/01/12/2011-wad-speaking-notes.html> Accessed 30 January 2012

Indicator 9: Infant Feeding during Emergencies

<p>Key Question: Are appropriate policies and programmes in place to ensure that mothers, infants and children will be provided adequate protection and support for appropriate feeding during emergencies?Criteria</p>	<p align="center">Results</p> <p align="center">✓ <i>Check that apply</i></p>		
	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	2	1	0
			✓
9.2) Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
			✓
9.3) An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed	2	1	0
			✓
9.4) Resources identified for implementation of the plan during emergencies	2	1	0
			✓
9.5) Appropriate teaching material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	2	1	0
			✓
Total Score:	0/10		

Information and Sources Used:

- National Food and Nutrition Centre (NFNC) Ministry of Health
- National Disaster Management Office http://www.dismac.org/images/map_big.jpg

Gaps:

- A person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations.
- A comprehensive policy on infant and young child feeding in emergencies that includes minimising the risk of artificial feeding when this is necessary.
- A person(s) who has expertise to ensure optimal breastfeeding and appropriate complementary feeding are practised during emergencies

Recommendations:

- Localise the draft IYCF strategy which will then include infant feeding in emergencies.
- Develop a comprehensive plan on infant and young child feeding in emergencies.
- Develop or utilise the resources on infant and young child feeding in emergencies available at the Emergency Nutrition Network <http://www.enonline.net>
- Ensure infant and young child feeding in emergencies is included in all pre-service and in-service training.
- Utilise the National Disaster Management Office (NDMO) Training, Education and Awareness Unit to distribute materials specific to infant feeding in emergencies.
- Develop a network of breastfeeding advocates who can be called on to support mothers with feeding issues during emergencies.

Notes:

- In coordination with UNICEF and WHO, Fiji developed a flyer on infant feeding during emergencies. However, neither national plans nor a focus person have been identified to coordinate activities.
- A joint statement by UNICEF, World Food Programme and World Health Organisation during the Haiti disaster highlights the need for appropriate infant and young child feeding during emergencies and cautions about unnecessary and potentially harmful donations and use of breast-milk substitutes. <http://www.enonline.net/resources/737> Accessed 30 January 2012
- The Organizing Committee of the “International Conference on Natural Disasters and their Human Consequences in Small Island Developing States” in collaboration with the Council of Regional Organisation in the Pacific (CROP) partners will hold a conference in Disaster Reduction and Management (DRM) in July/August 2012

Indicator 10: Monitoring and Evaluation

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

Criteria	Results		
	✓ 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) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.	2	1	0
			✓
10.3) Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	2	1	0
	✓		
10.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers	2	1	0
		✓	
10.5) Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys.	2	1	0
	✓		
Total Score:	7/10		

Information and Sources Used:

- National Food and Nutrition Centre (NFNC) Ministry of Health

Gaps:

- Monitoring or management information system data are not considered by programme managers in the integrated management process.

Recommendations:

- Feedback monitoring or management information system data to programme managers in the integrated management process.
- Report to key decision-makers evaluation results of IYCF programme activities to help ensure on-going funding or to help steer a new direction.

Notes:

- Fiji conducts monitoring and evaluation through the 10-yearly National Nutrition Surveys (NNS). The next survey is due in 2014. Data from the NNS helps in formulating policies and designing intervention programs for specific target populations.

Indicator 11: Early Initiation of Breastfeeding

Key question: Percentage of babies breastfed within one hour of birth 57%

Source of data:

- 2004 Fiji National Nutrition Survey – Main Report (published September, 2007)
http://www.nutrition.gov.fj/reports_1.aspx

Summary Comments

- Figures recorded for indicators 11-15 are based on data from the 2004 National Nutrition Survey. Fiji has achieved much in the subsequent seven years including having all its hospitals designated Baby-Friendly. It is anticipated the percentage of babies' breastfed within one hour of birth will be almost 100% in the next survey, with the exception of babies for adoption.

Indicator 12: Exclusive breastfeeding for the first six months

Key question: Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours? 39.8%

Source of data:

- 2004 Fiji National Nutrition Survey – Main Report (published September, 2007)
http://www.nutrition.gov.fj/reports_1.aspx

Summary Comments:

- The next challenge in Fiji is to roll-out Baby-Friendly practices to maternal and child health facilities.

Notes:

- 'No breast milk' was the most common reason for not breastfeeding.

Indicator 13: Median duration of breastfeeding

Key question: Babies are breastfed for a median duration of how many months? 7.9 months

Source of data:

- 2004 Fiji National Nutrition Survey – Main Report (published September, 2007)
http://www.nutrition.gov.fj/reports_1.aspx

Summary Comments

- Rolling-out the baby friendly practices to MCH facilities should also assist in this area, where mothers are encouraged to continue breastfeeding up to 2 years and beyond

Notes:

- ‘No breast milk’ was the most common reason for not breastfeeding.

Indicator 14: Bottle feeding

Key question: What percentage of breastfed babies less than 6 months old receives other foods or drinks from bottles? Not Available

Source of data:

- 2004 Fiji National Nutrition Survey – Main Report (published September, 2007)
http://www.nutrition.gov.fj/reports_1.aspx

Summary Comments

- Data on breastfed babies less than 6 months old who receive other foods or drinks from bottles was insufficient to calculate this indicator.

Notes:

- Bottle feeding was more common amongst Indo-Fijians and higher in rural areas compared to those in urban areas.

Indicator 15: Complementary feeding

Key question: Percentage of breastfed babies receiving complementary foods at 6-9 months of age? 40.7%

- It was not possible to record indicator 15 for 6-9 month old babies. The closest age range in the National Nutrition Survey is 7-12 months.
- Of 7-12 month old babies 40.7% of them were fed combinations of breast milk and / or complementary foods.
- There were significant differences in most data collected between Fijians and Indo-Fijian's. For example 44.6% Fijian and 29.4% Indo-Fijian babies received breastmilk and complementary foods.

Source of data:

- 2004 Fiji National Nutrition Survey – Main Report (published September, 2007) (NNS) http://www.nutrition.gov.fj/reports_1.aspx
- NNS Fig. 5.4.4 (page 53) *Proportion of Children Given Breast milk with Food by Ethnicity and Age Category, 2004*

Summary Comments

- Fijian mothers breastfed for a longer duration. However, they were late in introducing their infants to solid foods, used poorer quality weaning food and had a shorter weaning process than Indo-Fijians.

Key Gaps

- Indicators 11-15 may not be a good reflection of current IYCF practices in Fiji.

Key Recommendations

Protect, promote and support optimal infant and young child feeding by offering:

Early	Breastfeed within one hour of birth
Exclusive	Breastfeed or give breastmilk only for the first 6 complete months of life. That is, no other liquids or solids, not even water, with the exception of vitamins, minerals or medicines if necessary.
Complementary	<p>From 6 complete months of age introduce appropriate and adequate solid foods (ideally fresh, local and home-prepared) that provide sufficient energy, protein and micronutrients to meet the child's nutritional and developmental needs. Solid foods 'complement' breastfeeding.</p> <p>From 6-8 months of age solid foods 2-3 times daily. From 9-24 months of age solid foods 3-4 times daily plus one to two snacks offered as required.</p>
Continued	Sustain breastfeeding for two years or beyond
