



The World Breastfeeding Trends Initiative (WBTi)

Name of the Country: Ghana

Year: 2008

Indicator 1: Early Initiation of Breastfeeding

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

Guideline:

Indicator 1	WHO's Key to rating %	Existing Status %
<i>Initiation of Breastfeeding (within 1 hour)</i>		
	0-29	
	30-49	46%
	50-89	
	90-100	

Source of data:

Demographic Health Survey (2003)

Summary Comments

Ghana's policy promotes early initiation within the first thirty minutes.

Indicator 2: Exclusive breastfeeding for the first six months

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

Guideline:

Indicator 2	WHO's Key to rating %	Existing Situation %
<i>Exclusive Breastfeeding (for first 6 months)</i>		
	0-11	
	12-49	
	50-89	53.4%
	90-100	

Source of data:

Demographic Health Survey (2003)

Summary Comments:

The Multiple Indicator Cluster Survey (MICS 2006) gave a rate of 54.3%.

Indicator 3: Median duration of breastfeeding

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

Guideline:

Indicator 3	WHO's Key to rating	Existing Situation %
<i>Median Duration of Breastfeeding</i>	0-17 Months	
	18-20 ''	
	21-22 ''	22 months
	23-24 ''	

Source of data:

Demographic Health Survey (2003)

Summary Comments

This has gradually increased from 20% to the current 22%.

Indicator 4: Bottle feeding

Key question: What percentage of breastfed babies less than 6 months old receives other foods or drinks from bottles?

Guideline:

Indicator 4	WHO's Key to rating	Existing Situation %
Bottle Feeding (<u><6 months</u>)		
	30-100%	
	5-29%	12%
	3-4%	
	0-2%	

Source of data:

Demographic Health Survey (2003)

Summary Comments

In addition to feeding replacement foods most mothers will give water to children from a feeding bottle.

Indicator 5: Complementary feeding

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

Guideline:

Indicator 5	WHO's Key to rating %	Existing Situation %
Complementary Feeding (6-9 months)	0-59	
	60-79	62%
	80-94	
	95-100	

Source of data:

Demographic Health Survey (2003)

Summary Comments

COMPARISON WITH 2005 ASSESSMENT (Only for South Asian Countries)

Table: Indicators 1-5: Trends in Infant feeding practices

Indicator	Status in the last assessment in 2005	Current status
1. Percentage of babies breastfed within one hour of birth		
2. Percentage of babies of 0<6 months of age exclusively breastfed in the last 24 hours		
3. Babies are breastfed for a median duration of how many months		
4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles		
5. Percentage of breastfed babies receiving complementary foods at 6-9 months of age		

Indicator 6: *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 6	Scoring	Results ✓ <i>Check any one</i>
6.1) A national Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2	✓
6.2) 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	✓
6.3) A National Plan of Action has been developed with the policy	2	✓
6.4) The plan is adequately funded	1	
6.5) There is a National Breastfeeding Committee	1	✓
6.6) The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	✓
6.7) The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5	✓
6.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	✓
Total Score	9/ 10	

Information and Sources Used:

The BFHI Authority is mutisectoral. Mostly concerned with breastfeeding issues. Funding for regular meetings erratic. Quarterly meeting now twice a year (for 2007 & 2008).

Gaps:

There is inadequate funding for breastfeeding activities and weak intersectoral collaboration. Varying kinds of IEC materials on infant feeding. There is no active Infant and Young Child Feeding Committee in place though there is a national IYCF Coordinator.

Recommendations:

Need for government to put higher priority on infant feeding issues and increase funding for this important contributor to development. Strengthen skills of stakeholders for fund raising. Strengthen intersectoral collaboration. Harmonize IEC materials and improve communication skills and strategies to improve infant and young child feeding. Need to put an Infant and Young Child Feeding Committee in place.

Indicator 7: *Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)*

Key Question:

7A) What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?

7B) What is the skilled training inputs and sustainability of BFHI?

7C) What is the quality of BFHI program implementation?

7A) Quantitative

7.1) What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria? **-18.0%**

Criteria	Score	Results <i>Check any one</i>
0 - 7%	1	
8 – 49%	2	18.0%
50 – 89%	3	
90 - 100%	4	
Rating on BFHI quantitative achievements:	2/4	

7B) Qualitative

7.2) What is the skilled training inputs and sustainability of BFHI? -----(*write in %*)

BFHI designated hospitals that have been certified after a minimum recommended training of 18 hours for all its staff working in maternity services

Criteria	Score	Results <i>Check any one</i>
0-25%	1	
26-50%	1.5	
51 –75%	2.5	
75% and more	3.5	
Total Score	2.5/3.5	

Qualitative

7C) What is the quality of BFHI program implementation?

Criteria	Score	Results ✓ <i>Check that apply</i>
7.3) BFHI programme relies on training of health workers	.5	✓
7.4) A standard monitoring system is in place	.5	✓
7.5) An assessment system relies on interviews of mothers	.5	✓
7.6) Reassessment systems have been incorporated in national plans	.5	✓
7.7) There is a time-bound program to increase the number of BFHI institutions in the country	.5	✓
Total Score	2.5/2.5	
Total Score 7A, 7B and 7C	7/10	

Information and Sources Used:

From BFHI program implementation - monitoring reports of existing facilities and assessment reports of new facilities.

Gaps:

Continuous monitoring of designated facilities rather weak even though there is a standard monitoring tool. Reassessment system not incorporated into national plans. There is a high attrition rate of trainers and assessors. Funding for training, assessment and monitoring is not regular. Orientation of staff posted to maternity facilities pending training within 6 weeks virtually absent, hence high attrition rate of trained staff.


Recommendations:

Training funds decentralized to facility level with Technical support from regional level. More funds should be committed to assessment and monitoring of facilities.

Need for facilities to intensify orientation of new staff and regularize self monitoring system for BFHI status.

Indicator 8: *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
		 Check those apply. If more than one is applicable, record the highest score.
8.1) No action taken	0	
8.2) The best approach is being studied	1	
8.3) National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable	2	
8.4) National measures (to take into account measures other than law), awaiting final approval	3	
8.5) Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions	4	
8.6) Some articles of the Code as a voluntary measure	5	
8.7) Code as a voluntary measure	6	
8.8) Some articles of the Code as law	7	
8.9) All articles of the Code as law	8	✓
8.10) All articles of the Code as law, monitored and enforced	10	✓
Total Score:	10/10	

Information and Sources Used:

BFHI program implementation

Gaps:

Code dissemination to all health workers and stakeholders has low coverage. Monitoring revealed a number of violations. Subsequent WHA resolutions not incorporated into national legislation (specifically on complementary feeding).

Recommendations:

Review national Breastfeeding Promotion Regulations.
Disseminate code to a wider significant audience.

Indicator 9: *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
9.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave		
a. Any leave less than 14 weeks	0.5	<input checked="" type="checkbox"/>
b. 14 to 17weeks	1	
c. 18 to 25 weeks	1.5	
d. 26 weeks or more	2	
9.2) 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	<input checked="" type="checkbox"/>
9.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	
9.4) 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	
9.5) Women in informal/unorganized and agriculture sector are:	1	
a. accorded some protective measures	0.5	
b. accorded the same protection as women working in the formal sector	1	
9.6)		
a. Information about maternity protection laws, regulations, or policies is made available to workers	0.5	<input checked="" type="checkbox"/>
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.'	0.5	
9.7) Paternity leave is granted in public sector for at least 3 days.	0.5	
9.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	
9.9) There is legislation providing health protection for	0.5	<input checked="" type="checkbox"/>

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.		
9.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5	✓
9.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5	
9.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5	
Total Score:	3/10	

Information and Sources Used:

Legislation on Maternity Protection.

Gaps:

ILO MPC No. 183 not ratified.

Recommendations:

Ghana needs to work on ILO MPC No. 183.

Indicator 10: *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 ✓ <i>Check that apply</i>		
	Adequate	Inadequate	No Reference
10.1) A review of health provider schools and pre-service education programmes in the country ¹ indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
	✓		▲
10.2) 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
		✓	
10.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. ²	2	1	0
	✓		
10.4) Health workers are trained with responsibility towards Code implementation as a key input.	1	0.5	0
		✓	
10.5) 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
	✓		
10.6) These in-service training programmes are being provided throughout the country. ³	1	0.5	0
	✓		
10.7) 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		

Check here

¹ 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.

² 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.

³ 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.

Information and Sources Used:

Training curricula of pre-service training institutions for nurses and midwives (Nurses and Midwives Council), Medical School, Rural Health Training School (Post secondary Technical Officers Nutrition), Nutrition first degree courses, IMCI Training modules and Lactation Management Training Course for BFHI.

Gaps:

Implementation of Health worker training with responsibility towards Code implementation as a key input not very strong.

Recommendations

There is urgent need to train health workers with responsibility towards Code implementation as a key input.

Indicator 11: <i>Mother Support and Community Outreach</i>

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
11.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	2	1	0
		✓	
11.2) All women have access to support for infant and young child feeding after birth.	2	1	0
		✓	
11.3) Infant and young child feeding support services have national coverage.	2	1	0
	✓		
11.4) 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
		✓	
11.5) 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:	6/10		

Check here

Information and Sources Used:

IYCF and BFHI implementation activities.

Gaps:

All women do not have community-based support systems and services on infant and young child feeding during pregnancy and after birth. There is negligible training on counseling and learning skills among health workers.

Recommendations:

Strengthen integration of community-based support services for the pregnant and breastfeeding woman into an overall national infant and young child health and development strategy.

Scale up training on counseling and learning skills among health workers community-based volunteers.

Indicator 12: Information Support			
Criteria	Results		
	✓ <i>Check that apply</i>		
	Yes	To some degree	No
12.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.	2	1	0
		✓	
12.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2	1	0
		✓	
12.3) 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
	✓		
12.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2	1	0
	✓		
12.5) A national IEC campaign or programme ⁴ 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:	8/10		

Check here

Information and Sources Used:

BFHI and IYCF program activities.

Gaps:

WBW celebrations at local (regional and district) levels not very actively implemented. National coverage on IEC using electronic and print media is low.

Recommendations:

- Use of various IEC methods to deliver messages;
- Use of local languages to deliver messages;
- Need funds to widen IEC activities.

⁴ 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).

Indicator 13: *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
13.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2 ✓	1	0
13.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1 ✓	0.5	0
13.3) 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
13.4) 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
13.5) Infant feeding counselling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.	1 ✓	0.5	0
13.6) 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
13.7) 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
13.8) 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 ✓
13.9) 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:	8/10		

Check here

Information and Sources Used:

Baby Friendly Hospital Initiative and PMTCT program activities.

Gaps:

All Health staff and community workers do not 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.

Counselling and Testing (CT) is available and offered routinely to pregnant women who do not opt out to be tested. Their partners are not necessarily tested.

Systems and facilities are not in place to monitor and determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants.

Recommendations:

There should be on-going training on integrated IYCF counseling course for national and regional teams. There is the need to reach the district and sub district level staff as well as community level NGOs. The government should put systems in place to monitor and determine the outcomes of PMTCT.

Indicator 14: *Infant Feeding during Emergencies*

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	Results		
	Yes	To some degree	No
14.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies	2	1	0
		✓	
14.2) 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
			✓
14.3) 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
			✓
14.4) Resources identified for implementation of the plan during emergencies	2	1	0
			✓
14.5) 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:	1/10		

Check here

Information and Sources Used:

National health response to emergency (existing practices on infant feeding not really documented).

Gaps:

Virtually no programs and policies in place except a few guidelines in the national IYCF strategy document.

Recommendations:

More work needs to be done on infant feeding during emergencies.

Indicator 15: Monitoring and Evaluation
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Key Question: Are monitoring and evaluation data routinely collected and used to improve infant and young child feeding practices?

Criteria	Results		
	Yes	To some degree	No
15.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15.2) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.	2	1	0
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3) Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	2	1	0
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers	2	1	0
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.5) 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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Score:	9/10		

Check here

Information and Sources Used:

Annual Reproductive and Child Health report, Annual Nutrition report, Demographic and Health Survey (DHS), Multi Indicator Cluster Survey (MICS).

Gaps:

Monitoring is based on availability of funds.

Recommendations:

Need to strengthen routine data collection on IYCF and to commit more resources for monitoring and evaluation of program activities.

List of the partners for the assessment process:

- 1. Ghana Infant Nutrition Action Network (GINAN)**
- 2. The Ghana Health Service (GHS)**
- 3. The Ghana Broadcasting Corporation (GBC)**
- 4. The Ministry of Women and Children's Affairs (MOWAC)**
- 5. The Nurses and Midwives Council**
- 6. The Ghana Medical School**
- 7. The Rural Health Training School.**