



وزارة الصحة

Kuwait Ministry of Health



World Breastfeeding Trends Initiative (WBTi)

Kuwait WBTi Assessment Report 2015



Kuwait WBTi Report 2015

Report Production by:

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The World Breastfeeding Trends Initiative (WBTi)

Kuwait

2015



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ABBREVIATIONS AND ACRONYMS

AIDS Acquired Immuno Deficiency Syndrome

ANC Ane-natal Clinic

ARV Antiretroviral

BFCI Baby Friendly Community Initiative

BFHI Baby Friendly Hospital Initiative

BMS Breastmilk Substitutes

FAO Food and Agriculture Organization of the United Nations

HIV Human Immuno Deficiency Virus

HTC HIV Testing and Counselling

IBFAN International Baby Food Action Network

ICDC International Code Documentation Centre

IEC Information, Education and Communication

IFE Infant Feeding in Emergencies

ILO International Labour Organisation

IYCF Infant and Young Child Feeding

KNSS Kuwait Nutrition Surveillance System

MOH Ministry of Health

MSG Mother Support Groups

NAP National AIDS Programme

NACC National AIDS Control Committee

NCD Non-Communicable Diseases

NGO Non-Governmental Organisation

PIF Powdered Infant Formula

PIHTC Provide Initiated HIV Testing and Counselling

SDGs Sustained Developmental Goals.

UNICEF United Nations Children's Fund

WABA World Alliance for Breastfeeding Action

WBTi World Breastfeeding Trends Initiative

WBW World Breastfeeding Week

WFP United Nations World Food Programme

WHA World Health Assembly

WHO World Health Organization

WSK World Health Survey in Kuwait

VCCT Voluntary and Confidential Counselling and Testing

INTRODUCTION

This is the report of the second assessment of the situation of implementation of the *Global Strategy for Infant and Young Child Feeding* in Kuwait, done under the World Breastfeeding Trends Initiative (WBTi). This second assessment was carried out after five years since 2010.

WHO and UNICEF jointly adopted the *Global Strategy* with an aim to revitalise efforts to protect, promote, and support appropriate Infant and Young Child Feeding practices. World Breastfeeding Trends Initiative (WBTi) is the flagship programme spearheaded by IBFAN Asia, an innovative initiative for the tracking, assessing and monitoring the *Global Strategy for Infant and Young Child Feeding* in response to a global need for focus on infant nutrition and survival.

The Kuwait Breastfeeding Promotion and BFHI Implementation Committee have done this assessment in collaboration with the Research Section of the Food and Nutrition Administration of Ministry of Health. The updated tool of the WBTi 2014 was used and the assessment was carried out between the months of June and December 2015.

The report includes a brief background about the current situation of infant and young child health and nutrition in Kuwait. The process of assessment is also provided. Under the findings section, each indicator, from 1 to 10, is discussed answering the given questions with sources of information. The results have also been compared to those of 2010. The gaps and a set of recommendations are available at the end of each indicator.

Indicators 11 to 15 reflect the impact of policy and programmes on the overall situation of infant and young child feeding practices in Kuwait according to the Kuwait Nutrition Surveillance System (KNSS), 2014 findings.

BACKGROUND

Globally malnutrition is responsible, directly or indirectly for about one third of deaths among children under five. Well above two thirds of these deaths, often associated with inappropriate feeding practices, occur during the first year of life. Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers.

As a global public health recommendation the World Health Organization recommends that, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.

Studies have shown that initiation of breastfeeding within the first hour of birth decreases neonatal deaths by 22 percent. Similarly, exclusive breastfeeding for first six months of life prevents morbidity and mortality due to common childhood illnesses like diarrhea and pneumonia. The role of optimal breastfeeding in preventing Non-Communicable Diseases (NCDs) such as obesity, diabetes, and hypertension, has been documented well, as has been its positive relation with brain development. Breastfeeding also leads to higher IQ and earning capacity later in life as proved in a recent research showing increasing IQ, educational attainment and monthly income with increasing breastfeeding duration.

In spite of the crucial role of optimal IYCF practices in preventing child morbidity, child mortality, NCDs, and malnutrition, as well as positive role of breastfeeding in attaining high IQ and earning capacity, the situation of IYCF practices globally, as well as in Kuwait, remains undermined.

Globally, only 43% infants are initiated into breastfeeding within an hour of birth, 38% are exclusively breastfed for the first six months of life, and solid, semi-solid or soft foods are introduced at 6–8 months in only 55% of infants. In Kuwait according to Kuwait Nutrition Surveillance System (KNSS) 2014 Report, these figures are 13%, 20%, and 51% respectively. On the other hand, in Kuwait overweight and micro-nutrient deficiency disorders, mainly iron deficiency anemia are among the major nutritional problems affecting infants and young children in Kuwait. According to KNSS, 2014 Report, 6.7% were overweight and 2.4 % were obese. Furthermore, 24% of infants and young children were anemic. Improper infant and young child feeding practices are among the most factors leading to those problems.

Analysis of Infant & Young Child Feeding Practices in Kuwait

Annually about 60,000 babies are delivered in Kuwait, according to the Kuwait Vital Statics Annual Report, 2014, all deliveries were at hospitals and were attended by health professionals. Timely initiation of breastfeeding is at 13% only in spite of the announcement of two hospitals as Baby Friendly in 2014 and 2015. All the government hospitals are in process to be BFHI soon. Whereas over 85% of Kuwaiti nationality mothers do start breastfeeding their babies, the prevalence of exclusive breastfeeding up to the age of six months has shown a rise and is 19.5%. Moreover, the introduction of complementary feeding to children at 6-8 months, as recommended by WHO, has shown major improvement and is 81.8% as compared to the 2010 KNSS Report, those figures were, 18.7%, 15.2% and 51.4% respectively.

Fortunately, most infant and young child feeding indicators in Kuwait have shown a consistent rise. Key indicators on baby friendly hospital initiative (BFHI), and implementation of the International Code showed major improvement in performance over these years.

Support for mothers to practice optimal breastfeeding and complementary feeding need strong programs that links practices acquired at the health facility to community level actions. Baby Friendly Hospital Initiative was initiated in Kuwait but facing coverage challenges, mainly at the private sector level. Community support services need integration, expansion and strengthening. Accurate and sustainable information on optimal Infant and Young Child Feeding practices are necessary for increasing commitment towards addressing infant and young child feeding practices for the decision makers and frontline health workers at the health sector.

World Breastfeeding Trends Initiative

The WBTi: How it works

Three Phases

The first phase involves initiating a national assessment of the implementation of the Global Strategy. It guides countries and regions to document gaps in existing practices, policies, and programmes. This is done based on national documentation by involving multiple partners. Their analysis and the process itself bring governments and civil society partners together to analyse the situation and determine gaps. The gaps identified are used for developing recommendations on priority for advocacy and action. The WBTi thus helps in establishment of a practical baseline, demonstrating to programme planners and policy makers where improvements are needed to meet the aims and objectives of the Global Strategy. It assists in formulating plans of action that are effective to improve infant and young child feeding practices and offers a guide to allocation of resources. It works as a consensus building process and helps to prioritise action. The initiative can thus affect policy at the country level, leading to action resulting in better practices and impact.

In the second phase, WBTi findings of phase 1 are fed into the web-based toolkit to provide colour rating, scoring, and ranking for each country or region, based on IBFAN Asia's Guidelines for WBTi, thus building some healthy competition among the countries in the region or among regions. 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.

In the third phase, WBTi calls for re-assessment after 3-5 years, to analyze trends in programmes and practices and identify areas that still need more investment/action. This can also be used to study the impact of a particular intervention over a period of time.

WBTi:

- A:** Action oriented
- B:** Brings people together
- C:** Consensus and commitment building
- D:** Demonstrates achievements and gaps
- E:** Efficacious in improving programmes

The 15 indicators of WBTi

The WBTi focus is based on a wide range of indicators, which provide an impartial global view of key factors. The WBTi has identified 15 indicators. Each indicator has its specific significance. Part I has 10 indicators dealing with policies and programmes and Part II has five indicators, based on the WHO tool, dealing with infant feeding practices.

Each indicator has the following components:

- The key question that needs to be investigated.
- A list of criteria as a subset of questions to consider, in identifying achievements and areas needing improvement, with guidelines for scoring and rating how well the country is doing.
- Background on why the practice, policy, or programme component is important.

Part I: WBTi takes into consideration most of the targets of the Global Strategy. For each indicator, there is a subset of questions. Answers to these can help identify achievements and gaps. This shows how one 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 a random household survey that is national in scope.

| Part-I deals with policy and programmes (indicator 1-10) | Part –II deals with infant feeding practices (indicator 11-15) |
|--|---|
| <ol style="list-style-type: none">1. National Policy, Programme and Coordination2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)3. Implementation of the International Code of Marketing of Breastmilk Substitutes4. Maternity Protection5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)6. Mother Support and Community Outreach7. Information Support8. Infant Feeding and HIV9. Infant Feeding during Emergencies10. Mechanisms of Monitoring and Evaluation System | <ol style="list-style-type: none">11. Early Initiation of Breastfeeding12. Exclusive breastfeeding13. Median duration of breastfeeding14. Bottle feeding15. Complementary feeding |

Assessment process followed by the country

Methodology

A primary collaboration was set up between Kuwait Breastfeeding Promotion & BFHI Implementation Committee members and the Research Section of the Food and Nutrition Administration of Ministry of Health to coordinate the process. A core group was then constituted comprising three representative persons and an initial meeting was held on June 2015 to introduce the concept, tool, and process.

The core group comprised of the following:

- **Dr Mona Alsumaie:** Kuwait Breastfeeding Promotion & BFHI Implementation Program Coordinator.
- **Ms Najeeba Alameer:** Research Section of the Food and Nutrition Administration of Ministry of Health.
- **Ms Monica Karan:** Research Section of the Food and Nutrition Administration of Ministry of Health.

For each indicator, the core group after identification of the questions to be answered, they collected the available country level data and reviewed the policy and programme documents thoroughly with referral to related sectors. Since rating the scores requires in-depth knowledge and expertise, it was important to involve related sectors and networks working in the area of the relevant indicator. Then they created a draft analysis and score for that indicator with identification of the reference for the collected data, to be listed under each indicator.

The data on the 15 indicators is fed into the questionnaire using the WBTi web based toolkit© which is specifically designed to meet this need. The toolkit objectively quantifies the data to provide a colour- coded rating in Red, Yellow, Blue or Green. The toolkit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

List of the partners for the assessment process

- Members of the Kuwait Breastfeeding Promotion & BFHI Implementation Committee.
- The Research Section of the Food and Nutrition Administration of Ministry of Health.
- Kuwait National Health Information Centre.
- Administration of Primary Health Care of Ministry of Health.
- Kuwait University.
- Kuwait Nursing College.

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 |
| 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 | |

Information Sources Used:

Kuwait BF Promotion and BFHI Implementation Committee/MOH (Meetings minutes and personal communications).

Conclusions:

The current BF policy has been partly updated covering most aspects of the IYCF Global Strategy. The updated policy is awaiting an endorsement from the MOH to be approved as local IYCF policy.

Recommendations:

The BFHI Policy and future plans should be updated to meet the Global Sustained Developmental Goals (SDGs).

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding¹)

Key questions:

- What percentage of hospitals and maternity facilities that provide maternity services have been designated as “Baby Friendly” based on the global or national criteria?
- What is the quality of BFHI program implementation?

Guidelines – Quantitative Criteria

2.1) **2** out of **14** total hospitals (both public & private)with maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly ”in the last 5 years **14.2%**

| <i>Guidelines for scoring</i> | | |
|-------------------------------|-------------|---------|
| Criteria | Scoring | Results |
| 0.1 - 20% | 1 | √ |
| 20.1 - 49% | 2 | |
| 49.1 - 69% | 3 | |
| 69.1-89 % | 4 | |
| 89.1 - 100% | 5 | |
| Total rating | 1/ 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 |
| 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 | √ |
| 2.8) HIV is integrated to BFHI programme | 0.5 | √ |
| 2.9) National criteria are fully implementing Global BFHI criteria (See Annex 2.1) | 0.5 | √ |
| Total rating | 5/5 | |
| Total Score | 6/10 | |

Information Sources Used:

- 1- Kuwait Breastfeeding Promotion and BFHI Implementation Committee/MOH (Meetings minutes and personal communications).
- 2- World Health Survey in Kuwait, WHSK, Summary Report, 2013, <http://www.moh.gov.kw/> (Ministry Statistics)

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 baby friendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for evaluating on-going compliance with the *Global Criteria* and includes a reassessment visit by an outside team. Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.

Conclusions:

Kuwait gets a score of 6 out of 10, which is an improvement from the past assessment of 2010. According to the World Health Survey in Kuwait, WHSK, for the place of delivery, over half of the Kuwaiti respondents reported giving birth in a public facility (52.6%), and 46.5% in a private facility. Overall, 96.0% of non-Kuwaiti females reported that their most recent birth was attended by a skilled health care professional. The vast majority of deliveries for non-Kuwaiti females took place in public health care facilities (78.3%) with fewer females giving birth in private facilities compared with their Kuwaiti counterparts (20% vs. 46.5%).

The private sector with maternity facilities is inflating quickly and is getting more popular among women in Kuwait.

Gaps:

The number of hospitals that provide maternity services, which have been designated as “Baby Friendly” in Kuwait is only two out of fourteen, one of them is a private hospital ,Taiba hospital, with around one thousand deliveries a year. The government hospital with BFHI accreditation is Adan hospital with around seven thousands deliveries a year. Around 8,000 babies were delivered in a baby friendly facility from the total 60,000 babies who were born alive in 2014, i.e. 14% only that is quite low.

Recommendations:

The Kuwait Breastfeeding Promotion and BFHI Implementation Committee, BFHI future plan should be updated to include all the private facilities that provide maternity services, the Community Services, the Neonatology Units and the Pediatrics Services.


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 | | ✓ <i>Check that apply</i> |
| 3.1 No action taken | 0 | |
| 3.2 The best approach is being considered | 0.5 | √ |
| 3.3 National Measures awaiting approval (for not more than three years) | 1 | |
| 3.4 Few Code provisions as voluntary measure | 1.5 | |
| 3.5 All Code provisions as a voluntary measure | 2 | |
| 3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions | 3 | |
| 3.7 Some articles of the Code as law | 4 | |
| 3.8 All articles of the Code as law | 5 | √ |
| 3.9 Relevant provisions of WHA resolutions subsequent to the Code are included in the national legislation ⁵ | | |
| a) Provisions based on at least 2 of the WHA resolutions as listed below are included | 5.5 | √ |
| b) Provisions based on all 4 of the WHA resolutions as listed below are included | 6 | |

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

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

| 3b: Implementation of the Code/National legislation | |  <i>Check that apply</i> |
|---|---------------|---|
| 3.10 The measure/law provides for a monitoring system | 1 | √ |
| 3.11 The measure provides for penalties and fines to be imposed to violators | 1 | √ |
| 3.12 The compliance with the measure is monitored and violations reported to concerned agencies | 1 | √ |
| 3.13 Violators of the law have been sanctioned during the last three years | 1 | |
| Total Score (3a + 3b) | 8.5/10 | |

Information Sources Used:

1. Kuwait Breastfeeding Promotion and BFHI Implementation Committee/MOH, (Meetings minutes and personal communications).
2. Kuwaiti Code Formulation and Implementation Committee/MOH, (Meetings minutes and personal communications).
3. The International Code of Marketing of Breastmilk Substitutes. Available at: http://www.who.int/nutrition/publications/code_english.pdf
4. State of the Code by Country 2014 – International Code Documentation Centre (ICDC) www.ibfan-icdc.org/
5. The Gazette of Kuwait, 24th August 2014, <https://www.loc.gov/law/help/guide/nations/kuwait.php>
6. Kuwait Child Rights Law # 21 of 2015, (Chapter Six, Articles 24 & 25). www.kuna.net.kw/ArticleDetails.aspx?id=2388918&language=en

Conclusions:

The score of this indicator is 8.5 out of 10 which is a significant improvement from the past assessment of 2010 as a local Kuwaiti Code was approved in August 2014. It is considered as a law by ICDC as it is based on a country law # 38 of 2012. In addition to this, the local code is recently incorporated into Kuwait Child Rights Law # 21 of 2015, (Chapter Six, Articles 24 & 25).

Gaps:

- Penalties & sanctions are not yet established against violators as the implementation of the Kuwait National Code Monitoring System is waiting for MOH approval.
- The MOH General Store is accepting donated ready to feed formula from milk companies.
- The Kuwaiti government is subsidizing infant formula for Kuwaitis.

Recommendations:

- The implementation of the Kuwait National Code monitoring system should be approved by the MOH, to establish penalties & sanctions against violators.
- The MOH should not accept free milk samples from milk companies.
- The Kuwaiti government should stop subsidizing infant formula.

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?*

| 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 17 weeks c. 18 to 25 weeks d. 26 weeks or more | 0.5 1 1.5 2 | √ |
| 4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. a. Unpaid break b. Paid break | 0.5 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. <i>(more than one may be applicable)</i> a. Space for Breastfeeding/Breastmilk expression b. Crèche | 1 0.5 | √ |
| 4.5) Women in informal/unorganized and agriculture sector are: a. accorded some protective measures b. accorded the same protection as women working in the formal sector | 0.5 1 | N.A. |
| 4.6). <i>(more than one may be applicable)</i> 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: | 5/10 | |

Information Sources Used:

1. Kuwait Breastfeeding Promotion and BFHI Implementation Committee/MOH, (Meetings minutes and personal communications).
2. Civil Commission System Decree 1/7/1979, <https://www.ilo.org/.../KWT39897.pdf>
3. Legislation # 6 year 2010 of the Kuwait Laborers at Private Sector, www.indembkwt.org/Pages/images/Labour%20law.pdf

Conclusions:

- Maternity leave in Kuwait is apparently less than the standard International norm. The legislation of Kuwaiti nationality working mothers offers a 12 weeks (3 months) fully paid maternity leave and an optional extra leave of 12 weeks (3 months) with half pay and 24 weeks (6 months) without pay. Breastfeeding mothers are allowed a conditioned fully paid nursing breaks.
- There is a provision in the national legislation to provide childcare Crèches in workplaces with more than 50 women employed.

Gaps:

- Kuwait Government did not ratify the ILO MPC No. 183.
- Non-Kuwaiti mothers are only allowed a 6 weeks maternity leave.
- Breastfeeding mothers are allowed a paid nursing break, however, according to acceptance of the work manager.
- Private sector allows only 70 days (10 weeks) maternity leave fully paid for all nationalities.
- There is no provision in the national legislation to provide breastfeeding accommodations in workplaces.
- Paternity leave is only for one day for both public and private sectors.

Recommendations:

- ILO MPC No. 183 should be ratified in order to give at least 14 weeks paid maternity leave and paid nursing breaks to all working women in all sectors. Furthermore, worksites to provide facilities for breastfeeding and/or childcare Crèches.
- Paternity leave should be extended to at least 3 days at both private and public 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 | | | |
|---|--------------------|-------------------|---------------------|
| Criteria | Scoring | | |
| | ✓ Check that apply | | |
| | 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. | 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 |
| | ✓ | | |
| 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 |
| | ✓ | | |

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.

| | | | |
|---|-------------|-----|---|
| 5.6) 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: | 8/10 | | |

Information Sources Used:

1. Kuwait Breastfeeding Promotion and BFHI Implementation Committee/MOH, (Meetings minutes and personal communications).
2. Kuwait University, (personal communications).
3. Kuwait Nursing College, (personal communications).

Conclusion:

The pre-service education programmes for health professionals in Kuwait, indicates that infant and young child feeding curricula are inadequate for the medical doctors only but adequate for the nursing and nutritionists.

Gaps:

Lack of practical training on IYCF for medical professionals in pre-service education curriculum.

Recommendations:

1. Practical training on IYCF for medical professionals in pre-service education should be implemented and scaled up.
2. Standards and guidelines for mother-friendly childbirth procedures and support should be developed and disseminated to all facilities and personnel providing maternity care.

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 receive support for infant and young child feeding at birth for breastfeeding initiation. | 2 | 1 | 0 |
| | ✓ | | |
| 6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage. | 2 | 1 | 0 |
| | ✓ | | |
| 6.4) Community-based counseling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/Nutrition Policy. | 2 | 1 | 0 |
| | | ✓ | |
| 6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding. | 2 | 1 | 0 |
| | ✓ | | |
| Total Score: | 9/10 | | |

Information Sources Used:

1. Primary Health Care Administration/MOH, (personal communications).
2. Food and Nutrition Administration/MOH, (personal communications).

Gaps:

Although all pregnant women in Kuwait have access to community-based antenatal and post-natal health systems, not all facilities provide counseling services on infant and young child feeding.

Recommendations:

Community-based support systems and services on infant and young child feeding needs to be expanded, strengthened and integrated into an overall IYCF and national health strategy.

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 | | |
| | ✓ | <i>Check that apply</i> | |
| | Yes | To some degree | No |
| 7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts of interest are avoided. | 2 | 1 | 0 |
| | ✓ | | |
| 7.2a) National health/nutrition systems include individual counseling on infant and young child feeding | 1 | 0.5 | 0 |
| | | ✓ | |
| 7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding | 1 | 0.5 | 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 (e.g. 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: | 9/10 | | |

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:

1. Primary Health Care Administration/MOH, (personal communications).
2. Food and Nutrition Administration/MOH, (personal communications).

Conclusion:

The score of this indicator is 9 out of 10 which is an improvement from the past assessment of 2010 as the local Kuwaiti Code approval added strength to the IEC strategy.

Gaps:

1. The national IEC strategy for improving infant and young child feeding is not enforced.
2. Individual counseling and group education services related to infant and young child feeding are available at some health care facilities.

Recommendations:

1. Enforcement of the IEC strategy is mandatory for improving infant and young child feeding.
2. Individual counseling and group education services related to infant and young child feeding should be implemented throughout the community health services.

Indicator 8: Infant Feeding and HIV

Key question: Are policies and programmes in place to ensure that HIV - positive mothers are supported to carry out the national recommended Infant feeding practice?

| <i>Guidelines for scoring</i> | | | |
|--|---------------------------|----------------|-----------|
| Criteria | Results | | |
| | ✓ <i>Check that apply</i> | | |
| | Yes | To some degree | No |
| 8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV | 2 | 1 | 0 |
| | ✓ | | |
| 8.2) The 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) HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners. | 1 | 0.5 | 0 |
| | ✓ | | |
| 8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers. | 1 | 0.5 | 0 |
| | ✓ | | |
| 8.6) Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible. | 1 | 0.5 | 0 |
| | | ✓ | |
| 8.7) HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake. | 1 | 0.5 | 0 |
| | | | ✓ N.A. |
| 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 |
| | | | ✓ N.A. |

| | | | |
|--|---------------|-----|---|
| 8.9) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status. | 1 | 0.5 | 0 |
| | √ | | |
| Total Score: | 7.5/10 | | |

Information Sources Used:

- 1- National AIDS Programme (NAP) within the Department of Public Health, Ministry of Health,
- 2- National AIDS Control Committee, (personal communications).
- 3- State of Kuwait – Global AIDS Response Progress Report 2015, [PDF] [Kuwait - unaids](#)

Conclusions:

Kuwait National IYCF policy is in line with the international Guidelines on infant and young child feeding that includes infant feeding and HIV. HIV Testing is available and offered routinely to pregnant women at the ANC. If positive further testing and counselling will be offered to the family.

Gaps:

HIV positive mothers, who are willing to breastfeed, are not supported according to the national recommendations.

Recommendations:

Special efforts should be 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 with proper counselling of parents.

Indicator 9: Infant and Young Child Feeding during Emergencies

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

| <i>Guidelines for scoring</i> | | | |
|--|---------|------------------|----|
| Criteria | Scoring | | |
| | ✓ | Check that apply | |
| | Yes | To some degree | No |
| 9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance | 2 | 1 | 0 |
| | ✓ | | |
| 9.2) Person(s) tasked with responsibility for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed | 2 | 1 | 0 |
| | | | ✓ |
| 9.3) An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers: a) basic and technical interventions to create an enabling environment for breastfeeding, including counseling by appropriately trained counselors, support for relactation and wet-nursing, and protected spaces for breastfeeding b) measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and procurement management and use of any infant formula and BMS, in accordance with strict criteria, the IFE Operational Guidance, and the International Code and subsequent relevant WHA resolutions | 1 | 0.5 | 0 |
| | ✓ | | |
| | 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. b) Orientation and training is taking place as per the national emergency preparedness and response plan | 1 | 0.5 | 0 |
| | | | √ |
| | 1 | 0.5 | 0 |
| | | | √ |
| Total Score: | 4/10 | | |

Information Sources Used:

Kuwait Breastfeeding Promotion and BFHI Implementation Committee/MOH, (personal communications).

Conclusions:

Kuwait has recently developed an infant feeding policy in emergencies that contains all basic elements included in the IFE Operational Guidance, waiting for approval by related sectors.

Recommendations:

1. A person should be tasked with responsibility for national coordination with all related sectors.
2. Resources should be allocated for implementation of the emergency preparedness and response plan.
3. Appropriate orientation and training material on infant and young child feeding in emergencies should be integrated into pre-service and in-service training for emergency management.
4. Orientation and training about the national emergency preparedness and response plan should be arranged to target all relevant personnel.

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 are integrated into the national nutritional surveillance system, and/or health information system or national health surveys. | 2 | 1 | 0 |
| | √ | | |
| Total Score: | 10/10 | | |

Information Sources Used:

- 1- Nutrition Research Section of the Food and Nutrition Administration/MOH, (personal communications).
- 2- www.moh.gov.kw/ (Ministry Statistics/ Kuwait Nutrition Surveillance System, 2014 Report).
- 3- National Center of Health Information, www.moh.gov.kw/ (Ministry Statistics)

Conclusions: Kuwait Nutrition Surveillance System is the tool for monitoring the IYCF practices from age two months onwards of Kuwaiti nationality infants. Recently a monitoring programme at public maternity facilities level is established to monitor infant feeding practices from birth.

Gaps: This hospital level monitoring programme will be offering database about feeding practices of newborns at public maternity facilities only.

Recommendations:

Expansion of the monitoring programmes to include all newborns both at public and at private sectors and to include all nationalities not only Kuwaiti nationalities.

Indicator 11: Early Initiation of Breastfeeding

Key question: What is the percentage of babies' breastfed within one hour of birth?

Guideline:

| Indicator 11 | WHO's Key to rating | Result % | IBFAN Asia Guideline for WBTi | |
|---|---------------------|----------|-------------------------------|---------------|
| | | | Scores | Colour-rating |
| Initiation of Breastfeeding (within 1 hour) | 0.1-29% | 12.9% | 3 | Red |
| | 29.1-49% | | 6 | Yellow |
| | 49.1-89% | | 9 | Blue |
| | 89.1-100% | | 10 | Green |

Data source:

www.moh.gov.kw/ (Ministry Statistics/ Kuwait Nutrition Surveillance System, 2014 Report)

Summary Comments:

Kuwait Nutrition Surveillance System is the tool for monitoring the IYCF practices from age two months onwards of Kuwaiti nationality infants. KNSS sites are based at the immunization clinics of the Public Primary Health Care facilities.

The rate of early initiation of breastfeeding according to KNSS, 2014 is very low and even less than that of the previous 2010 report. Much more needs to be done to provide practical support for breastfeeding at the time of birth, 100% women deliver in hospitals; there is a need for serious efforts by MOH to implement BFHI both at public and private health sectors. This indicator score can be easily scaled up by enforcement of BFHI implementation.

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question:

What is the percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours?

Guideline:

| Indicator 12 | WHO's Key to rating | Result % | IBFAN Asia Guideline for WBTi | |
|--|---------------------|----------|-------------------------------|---------------|
| Exclusive Breastfeeding (for first 6 months) | | | Scores | Colour-rating |
| | 0.1-11% | | 3 | Red |
| | 11.1-49% | 19.5% | 6 | Yellow |
| | 49.1-89% | | 9 | Blue |
| | 89.1-100% | | 10 | Green |

Data source:

www.moh.gov.kw/ (Ministry Statistics/ Kuwait Nutrition Surveillance System, 2014 Report)

Summary Comments:

According to KNSS, 2014 data, there is an improvement in the rate of the indicator 12 on Exclusive Breastfeeding from 15% in Kuwait WBTi Report, 2010 to almost 20% in this report.

There is lack of correct information and insufficient support to breastfeeding women who are willing to breastfeed exclusively. Women need skilled counseling on optimal IYCF practices on continued basis, beginning from conception. Women also need support at the work place in the form of crèches, proper places for breastfeeding or breast milk expression and adequate maternity leave to all working women, one that allows for exclusive breastfeeding for 6 months.

Kuwait Breastfeeding Promotion and BFHI Implementation Committee should make all efforts to strengthen all support systems to create enabling environments to maintain and aspire for rise in exclusive breastfeeding. It is important to provide support otherwise; it can lead to rapid fall back in rates.

Indicator 13: Median Duration of Breastfeeding

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

Guideline:

| Indicator 13 | WHO's Key to rating | Result % | IBFAN Asia Guideline for WBTi | |
|----------------------------------|----------------------|------------|-------------------------------|---------------|
| Median Duration of Breastfeeding | | | Scores | Colour-rating |
| | 0.1-18 Months | 3.5 months | 3 | Red |
| | 18.1-20 " | | 6 | Yellow |
| | 20.1-22 " | | 9 | Blue |
| | 22.1- 24 " or beyond | | 10 | Green |

Data source:

www.moh.gov.kw/ (Ministry Statistics/ Kuwait Nutrition Surveillance System, 2014 Report)

Summary Comments:

The mean duration of breastfeeding is very short among Kuwaiti women, although it showed slight increase from 2.7 months according to the previous Kuwait WBTi Report, 2010 to 3.5 months in this report, still the score is only 3.

Mothers quit breastfeeding and introduce formula very early, the main reason given by mothers is not enough milk which is due to lack of correct information and insufficient support to breastfeeding women who are willing to continue breastfeeding. Women need skilled counselling on optimal IYCF practices on continued basis, beginning from antenatal period.

Availability of the subsidized infant formula by Kuwait Government with the greedy marketing strategies practiced by the formula industry in the absence of Code monitoring and sanctions has a direct role on the short breastfeeding duration in Kuwait.

Indicator 14: Bottle feeding

Key question: What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles?

Guideline:

| Indicator 14 | WHO's Key to rating | Result% | IBFAN Asia Guideline for WBTi | |
|---------------------------------|---------------------|---------|-------------------------------|---------------|
| Bottle Feeding (0-12 months) | | | Scores | Colour-rating |
| | 29.1-100% | 55.1% | 3 | Red |
| | 4.1-29% | | 6 | Yellow |
| | 2.1-4% | | 9 | Blue |
| | 0.1-2% | | 10 | Green |

Data source:

www.moh.gov.kw/ (Ministry Statistics)/ Kuwait Nutrition Surveillance System, 2014 Report

Summary Comments :

Bottle-feeding is a common practice among mothers in Kuwait. It has been looked up as a convenient method of feeding. There is lack of awareness among the population on its harmful effects on breastfed babies when introduced in the early stages of breastfeeding leading to nipple confusion and it is a source of infection to the babies.

There is a need for effective communication to create public awareness about the dangers and risks of bottle and formula feeding.

Note: Changes in the Updated WBTi 2014 Tool

In the revised tool for this indicator, the age of babies studied has been harmonized with the WHO tool and changed from 0-6 months to 0-12 months.

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

Key question: Percentage of breastfed babies receiving complementary food at 6-8 months of age?

Guideline

| Indicator 15 | WHO's <i>Key to rating</i> | Result% | IBFAN Asia Guideline for WBTi | |
|------------------------------------|-------------------------------|---------|-------------------------------|----------------------|
| Complementary Feeding (6-9 months) | | | <i>Scores</i> | <i>Colour-rating</i> |
| | 0.1-59% | | 3 | Red |
| | 59.1-79% | | 6 | Yellow |
| | 79.1-94% | 81.8% | 9 | Blue |
| | 94.1-100% | | 10 | Green |

Data source:

KNSS 2014, www.moh.gov.kw/ (Ministry Statistics)

Summary Comments :

This indicator is limited as the only question asked was timely complementary feeding. There is a need to provide accurate elaborate information on the quality, quantity, and frequency of complementary food to be given to infants. Other factors such as: dietary diversity and responsive complementary feeding should be considered.

Summary Score

The tables below provide the breakdown of the overall score

Summary Part I: IYCF Policies and Programmes

| Targets: | Score (Out of 10) |
|--|-------------------|
| 1. National Policy, Programme and Coordination | 10 |
| 2. Baby Friendly Hospital Initiative | 6 |
| 3. Implementation of the International Code | 8.5 |
| 4. Maternity Protection | 5 |
| 5. Health and Nutrition Care Systems | 8 |
| 6. Mother Support and Community Outreach | 9 |
| 7. Information Support | 9 |
| 8. Infant Feeding and HIV | 7.5 |
| 9. Infant Feeding during Emergencies | 4 |
| 10. Monitoring and Evaluation | 10 |
| Score Part I (Total out of 100) | 77 |

IBFAN Asia Guidelines for WBTi

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

| Scores | Colour- rating | Result |
|-----------|----------------|--------|
| 0 – 30.9 | Red | |
| 31 – 60.9 | Yellow | |
| 61 – 90.9 | Blue | 77 |
| 91 – 100 | Green | |

Conclusions:

Although Kuwait is doing very well in policies and programmes, there are some gaps that need to be addressed. Based on the findings, the BFHI component was inadequately supported at health facilities as well as communities. Of the 14 health facilities offering maternity services in the country, only 2 health facilities were given the baby friendly award recently. There is a need to advocate for increased commitment from the MOH to improve the practice. On the other hand, Maternity Protection needs attention too. These two indicators can be improved by simple and doable means such as better coordination and conscious governance. There is scientific evidence available to support the actions that need to be taken in these indicators and the tools and training materials are also readily available.

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

| IYCF Practice | Result | Score |
|---|--------------|-----------|
| Indicator 11 Starting Breastfeeding (Initiation) | ___12.5___ % | 3 |
| Indicator 12 Exclusive Breastfeeding for first 6 months | ___19.5___ % | 6 |
| Indicator 13 Median duration of Breastfeeding | ___3.5___ m | 3 |
| Indicator 14 Bottle-feeding | ___55.1___ % | 3 |
| Indicator 15 Complementary Feeding | ___81.8___ % | 9 |
| Score Part II (Total out of 50) | | 24 |

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

| Scores | Colour-rating | Result |
|---------|---------------|--------|
| 0 – 15 | Red | |
| 16 - 30 | Yellow | 24 |
| 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)¹⁰ :

IYCF practices indicators are monitored by the KNSS program which is accepting Kuwaiti population sample only. A survey on a small sample have been conducted on Non-Kuwaiti mothers of children less than two years old between 2012-2013, showed that breastfeeding initiation rate among those mothers was 87.6%, exclusive breastfeeding was 42.2% and the duration of breastfeeding was 4.9 months; in the same time KNSS, 2013- 2014 reports showed that the results for Kuwaiti nationality mothers were, 12.9%, 16.1% and 2.4 months respectively. This is a drawback to the actual country situation which needs an overall Nutrition Survey irrespective of the nationality to be done to monitor the IYCF practices that is offered by the public and private health sectors.

Indicator 15 Complementary Feeding score is 9 as 81.8% of the mothers were offering the complementary food on a timely basis, these is an achievement contributed to the introduction of the IYCF counseling services at the primary health care centers by the Food and Nutrition Administration nutrition staff and the establishment of the well baby clinics.

¹⁰ 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. Kuwait is then rated as: **101**/150

| Scores | Colour- rating | Existing Situation |
|------------|----------------|--------------------|
| 0 – 45.5 | Red | |
| 46 – 90.5 | Yellow | |
| 91 – 135.5 | Blue | 101 |
| 136 – 150 | Green | |

Total of Part I and Part II (indicator 1-15): IYCF Practices and Policies and Programmes

Conclusions

This WBTi assessment report of 2015 highlights gaps in all ten areas of policy and programmes to be implemented for enhancing breastfeeding rates. The WBTi report provides an objective assessment, in which Kuwait scores 77 out of 100 for indicators on policy and programme. In the five indicators on infant and young child feeding practices, Kuwait scores 24 out of 50. Total scores are thus 101 out of 150. If we take a look at the past WBTi assessment of 2010, Kuwait scored 58 out of 100 in policy and programmes, in the five indicators on infant and young child feeding practices, Kuwait scored 18 out of 50 and the total score have been 76 out of 150.

The assessment report provides policy makers and frontline health workers the chance to reflect upon their work, and to raise Kuwait's score by the time the next assessment comes around. In the process of doing so, it encourages improvement in optimum breastfeeding and infant and young child feeding practices in the country. The third WBTi assessment will come up again in 2018 or 2020 and Kuwait will be judged by what it has done versus what it could have done over these 3-5 years.

The WBTi programme rates the country's individual indicators by colour, from 'Red' to 'Yellow' to 'Blue' and finally to 'Green', in ascending order of performance, based on the scores. Thus, policy makers and frontline health workers can make it their mission that Kuwait attains a 'Green' score that is the highest colour rating, by the next round of WBTi assessment. While there is scope for improvement in most of the indicators, Kuwait can make significant gains over the next three years if it addresses indicators 2 (Baby Friendly Hospital Initiative), and 4 (Maternity Protection) as a priority. These indicators can be improved by simple and doable means not requiring huge budget but better coordination and conscious governance.

To address Indicator 2 Kuwait needs to seriously implement the Baby Friendly Hospital Initiative (BFHI), as almost 100% deliveries are at hospitals, in this light, the statistic of the initiation of breastfeeding within one hour being at only 13% is something that could be easily remedied if all public and private hospitals are implementing the 'ten steps to successful breastfeeding' at the maternity and neonatal premises. Having Kuwait country overall action plan to implement and sustain BFHI, establishing and maintaining standards, with community counselling support centers run by skilled counsellors, would be needed to make this a reality. On Indicator 4 by including all women in the maternity protection decrees and increasing its level to match the ILO 183 can help increase the score.

In conclusion, there are some great advances shown in this Kuwait's assessment report, on the other hand, still there are other gaps that may reflect the failure of prioritizing the IYCF issues by some decision makers and frontline health workers. The WBTi process is an excellent tool that would serve creating visibility for these issues and increasing the attention to the progress in implementation of IYCF Global Strategy and the Sustained Developmental Goals in Kuwait.

Key Gaps

1. The number of hospitals that provide maternity services, which have been designated as “Baby Friendly” in Kuwait, is only two, it is quite low.
2. Penalties & sanctions are not yet established against violators as the implementation of the Kuwait National Code monitoring system is waiting for the MOH approval.
3. The MOH General Store is accepting donated ready to feed formula from milk companies.
4. The Kuwaiti government is subsidizing infant formula for Kuwaitis.
5. Maternity leave in Kuwait is less than the standard International norm set by ILO.
6. Non-Kuwaiti mothers working at Public sector are only allowed a 6 weeks maternity leave.
7. Lack of practical training on IYCF for medical professionals in pre-service education curriculum.
8. Although all pregnant women in Kuwait have access to community-based antenatal and post-natal health systems, not all facilities provide counseling services on infant and young child feeding.
9. Kuwait infant feeding policy in emergencies is formulated but still waiting for approval by related sectors.
10. The hospital level monitoring programme is offering database about feeding practices of newborns at public maternity facilities only.

Key Recommendations

1. The BFHI Policy and future plans should be updated to meet the Global Sustained Developmental Goals and to include all the private facilities that provide maternity services, the Community Services, the Neonatology and the Pediatrics Services.
2. The implementation of the Kuwait National Code monitoring system should be approved by the MOH, to establish penalties & sanctions against violators.
3. The MOH should not accept free milk samples from milk companies.
4. The Kuwaiti government should stop subsidizing infant formula.
5. ILO MPC No. 183 should be ratified in order to give at least 14 weeks paid maternity leave and paid nursing breaks to all working women in all sectors.
6. Practical training on IYCF for medical professionals in pre-service education should be implemented and scaled up.
7. Standards and guidelines for mother-friendly childbirth procedures and support should be developed and disseminated to all facilities and personnel providing maternity care.
8. Community-based support systems and services on infant and young child feeding needs to be expanded, strengthened and integrated into an overall IYCF and national health strategy.
9. A person should be tasked with responsibility for national coordination with all related sectors on infant and young child feeding in emergencies.
10. Expansion of the IYCF monitoring programmes to include all newborns both at public and at private sectors and to include all nationalities not only Kuwaiti nationalities.