



The World Breastfeeding Trends Initiative (WB Ti)

Name of the Country: Nigeria

Year : 2015



**FEDERAL MINISTRY OF HEALTH
FEDERAL REPUBLIC OF NIGERIA**



List of Abbreviations and Acronyms

AIDS	Acquired Immuno Deficiency Syndrome
ARV	Antiretroviral
BFHI	Baby Friendly Hospital Initiative
BMS	Breastmilk Substitutes
CS-SUNN	Civil Society-Scaling Up Nutrition in Nigeria
DHS	Demographic and Health Survey
FCT	Federal Capital Territory
FMoH	Federal Ministry of Health
GLOPAR	Global Participatory Action Research (for Innocenti Declaration)
HIV	Human Immuno Deficiency Virus
HMIS	Health Management Information System
HTC	HIV Testing and Counselling
IBFAN	International Baby Food Action Network
IEC	Information, Education and Communication
IFE	Infant Feeding in Emergencies
ILO	International Labour Organisation
IMCI	Integrated Management of Childhood Illness
IYCF	Infant and Young Child Feeding
LGA	Local Government Area
MPC	Maternity Protection Convention
MICS	Multiple Indicator Cluster Survey
MNCH	Maternal, Newborn and Child Health
NAFDAC	National Agency for Food and Drug Administration and Control
NDHS	Nigeria Demographic and Health Survey
NHMIS	National Health Management Information System
NNHS	National Nutrition and Health Survey
NPoC	National Population Commission
NSPAN	National Strategic Plan of Action on Nutrition
PHC	Primary Health Care
PMTCT	Prevention of Mother- to- Child Transmission(of HIV)
RFA	Request for Applications
SMART	Standardized Monitoring and Assessment of Relief and Transitions
UNICEF	United Nations Children's Fund
UPTH	University of Port Harcourt Teaching Hospital
VCCT	Voluntary and Confidential Counselling and Testing
WABA	World Alliance for Breastfeeding Action
WBTi	World Breastfeeding Trends Initiative
WBW	World Breastfeeding Week
WHA	World Health Assembly
WHO	World Health Organization

Introduction

Nigeria is a multi-ethnic and multi-lingual nation with a land mass of 923,768sq km and a projected 2015 population of 180 million at the growth rate of 3.2%(2015 NPoC projection).

Malnutrition is a problem of public health importance in Nigeria especially in under-fives among whom it is reported to be an underlying factor in 53% of their deaths. With an under-five mortality rate of 128/1000 live births and an annual under-five death of 854,000; malnutrition contributed to 452,620 under-five deaths in 2013(Nigeria Demographic and Health Survey (NDHS) 2013, Nigeria State Data Profiles). Additionally, while the 2013 (NDHS) reported that 37% under-fives were stunted, 29% underweight, and 18% wasted, the National Nutrition and Health Survey(NNHS) 2014 showed that 26.6% under-fives had moderate and severe underweight, 44.3% moderate and severe stunting, and 10.9% moderate and severe acute malnutrition. Although breastfeeding is a common practice in Nigeria with 97% infants receiving breastmilk, only 17-25% of children less than six months of age were exclusively breastfed.

To address these poor nutritional indices, a five –year costed National Strategic Plan of Action for Nutrition (NSPAN) was developed for the Health Sector Component of the National Food and Nutrition Policy in 2014. The Plan has six priority areas which include Maternal Nutrition, Infant and Young Child Feeding (IYCF), Micronutrient Deficiency Control, Management of Severe Acute Malnutrition in children under five, Diet Related Noncommunicable Diseases and Nutrition Information Systems.

As part of the IBFAN Africa’s effort in Protecting, Promoting and Supporting Breastfeeding through Human Rights and Gender Equality, it sent a Request for Applications (RFA #2-2015) for *a Regional Expanded Programme to Achieve MDGs 4 and 5 and related post- 2014 agenda for IBFAN Africa Groups*. Some excerpts from the RFA are as follows:”The overall objective of the proposed project is to accelerate the momentum for action in Infant and Young Child Feeding, and thus contribute to positioning the protection, promotion and support of breastfeeding as key interventions on the international development agenda to achieve children and women’s rights to survival, health, adequate food and nutrition. It is against the information from the WBTi assessment that this RFA will be expected to:

- Re-invigorate BFHI at country level to cover all health facilities that provide antenatal and maternity services;
- Advocate for the ratification of Maternity Protection Convention No. 183 and accompanying recommendations;
- Implement, monitor and enforce ratified Maternity Protection Convention No. 183 and accompanying recommendations;
- Strengthen integration of infant and young child feeding during emergencies into the existing IYCF policy and disaster management planning;
- Develop comprehensive IYCF policy with operation plans and advocate for resources for

operationalization;

- Strengthen the community support and outreach programmes into IYCF policy and programmes, including the baby-friendly community initiatives;
- Legislate the International Code and all relevant subsequent WHA resolutions;
- Monitor and enforce the Code including raising of public awareness about the Code;
- Include the IYCF indicators in the national monitoring and evaluation frameworks, including the periodic national surveys; and
- Empower individuals and communities to effectively demand for quality IYCF services and to demand for inclusive delivery of these services.

The Expected outcomes of this RFA are similar to those listed in the Global Strategy on Infant and Young Child Feeding”. The applicants are “expected to ensure that their interventions contribute to the achievement of these outcomes at both country and regional levels. These include but not limited to the following:

- Proportion of BFHI facilities at country level that provide antenatal and maternity services;
- Ratified Maternity Protection Convention No. 183 and accompanying recommendations;
- Proportion of countries reporting on the Implementation, monitoring and enforcement of the ratified Maternity Protection Convention No. 183 and accompanying recommendations;
- Proportion of countries with Infant and young child feeding during emergencies integrated into the existing IYCF policies and disaster management planning;
- Proportion of countries whose comprehensive IYCF policy has operational funded plans;
- Increased proportion of countries with community support and outreach programmes on IYCF;
- Proportion of countries that have adapted the International Code and all relevant subsequent WHA resolutions at country level;
- Proportion of countries with reports on Code monitoring and enforcement;
- Increased proportion of countries with public awareness campaign on the Code, MPC and IYCF in general;
- Proportion of countries with indicators in the national monitoring and evaluation frameworks, including the periodic national surveys; and
- Proportion of countries with target groups accessing and utilizing IYCF services in the targeted communities”.

The areas of focus of the RFA are

- Capacity Building
- Infant Feeding in the Context of HIV/AIDS
- Infant Feeding In Emergencies
- The International Code on Marketing of Breastmilk Substitutes
- Maternity Protection
- Social Mobilization and Information Communications
- Cross cutting issues- which requires applicants to take into consideration the following critical issues:
 - IYCF Gender Mainstreaming in Policies and Programmes and Safe Guarding Against Gender Discrimination;

- Human Right Approach to programming;
- Promotion of evidence based community approaches, where applicable;
- Sustainability of interventions; and
- Capacity assessment and development.

The University of Port Harcourt Teaching Hospital is one of the tertiary health facilities in Nigeria established by the Federal Government for teaching, research and service delivery in 1980. In 1992, as part of the efforts to protect, promote and support breastfeeding, it established its Baby Friendly Hospital Initiative Committee and became Baby Friendly in 1993. Although the Baby Friendly Status of the Hospital was not revalidated since designation, the Committee has continued to carry out activities for the protection, promotion and support of breastfeeding and optimal infant and young child feeding practices in Rivers State. As part of these activities, it applied to build capacity for Infant and Young Child Feeding in Rivers State using the RFA grant in July, 2015. The application of the Committee was successful. However, because World Breastfeeding Trends Initiative (WBTi) Analysis had not been done for Nigeria and its results are required to determine priority areas of action for the RFA project implementation, the analysis became inevitable if the project must be implemented. However, rather than conduct the WBTi for Rivers State, IBFAN and the University of Port Harcourt Teaching Hospital agreed to conduct WBTi for Nigeria. This is the reason for this national WBTi analysis which serves as the first of the activities in the RFA project grant implementation in Rivers State.

World Breastfeeding Trends Initiative (WBTi)

Background

The World Breastfeeding Trends Initiative (WBTi) is a novelty innovation developed by International Baby Food Action Network (IBFAN) Asia, to assess the status and benchmark the progress of the implementation of the Global Strategy for Infant and Young Child Feeding at national level. The tool is based on two global initiatives, the first is World Alliance for Breastfeeding Action's (WABA) (GLOPAR) and the second, the WHO's "Infant and Young Child Feeding: A tool for assessing national policies, programmes and practices". The WBTi is designed to assist countries assess the strengths and weaknesses of their policies and programmes to protect, promote and support optimal infant and young child feeding practices. The WBTi has identified 15 indicators in two parts, each indicator having specific significance.

Part-I deals with policy and programmes (indicator 1-10)	Part –II deals with infant feeding practices (indicator 11-15)
1. National Policy, Programme and Coordination 2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding) 3. Implementation of the International Code of	11. Early Initiation of Breastfeeding 12. Exclusive breastfeeding 13. Median duration of breastfeeding 14. Bottle feeding

Marketing of Breastmilk Substitutes 4. Maternity Protection 5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF) 6. Mother Support and Community Outreach 7. Information Support 8. Infant Feeding and HIV 9. Infant Feeding during Emergencies 10. Mechanisms of Monitoring and Evaluation System	15. Complementary feeding
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Once assessment of gaps is carried out, the data on 15 indicators is fed into the questionnaire using the WBTi web based toolkit© which is specifically designed to meet this need. The toolkit objectively quantifies the data to provide a colour- coded rating in Red, Yellow, Blue or Green. The toolkit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

Each indicator used for assessment has following components;

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

Part I: A set of criteria has been developed for each target, based on Global Strategy for Infant and Young Child Feeding (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005). For each indicator, there is a subset of questions. Answers to these can lead to identify achievements and gaps in policies and programmes to implement Global Strategy for Infant and Young Child Feeding . This shows how a country is doing in a particular area of action on Infant and Young Child Feeding.

Part II: Infant and Young Child Feeding Practices in Part II ask for specific numerical data on each practice based on data from random household survey that is national in scope.

Once the information about the indicators is gathered and analyzed, it is then entered into the web-based toolkit through the ' WBTi Questionnaire'. Further, the toolkit scores and colour- rate each individual indicator as per **IBFAN Asia's Guidelines for WBTi**

BACKGROUND

Over the years, IYCF programme implementation in Nigeria metamorphosed through many phases in policy, programme and practices. Through the 2005 National IYCF Policy, the revised 2011 Policy incorporated the national consensus statement on Infant feeding in the context of HIV/AIDS: “all HIV-infected mothers to initiate breastfeeding within 30minutes of delivery, exclusively breastfeed their infants till 6months of life, complement with appropriate complementary feeding practices at the 6th month and continue to breastfeed the HIV-exposed infant till 12 months with administration of Antiretriviral medicines in line with National Prevention of Mother to Child Transmission of HIV (PMTCT) guidelines and stop, with support from Health system”.

Nigeria has consistently commemorated the Annual World Breastfeeding Week(WBW) across the Federation. During one of the WBW celebrations, the Honourable Minister of Health, launched the Nigeria coalition of Civil Societies Supporting Nutrition called “Civil Society-Scaling Up Nutrition in Nigeria (CS-SUNN), while the Permanent Secretary launched the “Nigeria Nutrition Green Ribbon Campaign” to depict the lifecycle importance of Nutrition at survival, growth and developmental stages in all generation.

In 1991 only 1,149 (4.6%) hospitals of existing 25,000 health facilities in Nigeria were assessed and designated as Baby Friendly Hospital (BFH), for attaining the goal of the BFH Initiative standards: “That all maternity centres practice the Ten steps to successful breastfeeding”. The BFHI status of the facilities was not revalidated until recently. A reassessment visit to 22 designated health facilities in the Federal Capital Territory (FCT) showed that none could be redesignated as BFH compliant in 2010. Consequently, in 2011 95 health facilities (15 tertiary, 63 secondary and 17 PHC facilities; comprising of 67 government owned and 28 private-owned were reassessed in 12 States (Edo, Anambra, Delta, Imo, Ogun, Yobe, Lagos, Benue, Zamfara, Borno, Kebbi, Kaduna) of the 6 Geo-political zones in Nigeria using the 2006 UNICEF/WHO Hospital External Assessment Tool. The reassessment visits “showed that all the health facilities performed poorly with regard to implementation status on each of the 10 steps to successful breastfeeding. The percentage level of implementation on the each step ranged from 4% to 54%. The most poorly implemented step is step 6 (4%) while the most highly implemented step is step 9 (54%). The reassessment also showed that 53% of the tertiary facilities had a written breastfeeding policy while 25% and 6% of secondary and PHC facilities respectively had a written breastfeeding policy”. This finding highlights the need for intensified efforts in the implementation of optimal IYCF practices in Nigeria. However, Nigeria’s IYCF has consistently experienced progress in implementation trends. By 2013 and 2014, National and Zonal Training of Trainers (TOT) courses were conducted for 222 Health professionals on optimal IYCF-PMTCT services across the Federation. Several cadres of IYCF training are cascaded across the Federation namely: Integrated IYCF Course, Community-IYCF Counseling Course and Orientation and Community-IYCF support groups’ Training.

The monitoring and evaluation of IYCF practices in Nigeria using IYCF Tools by various stakeholders however show wide disparities in their results. This led to the constitution of a M/E subcommittee to review and develop a harmonized IYCF indicators and tool for inclusion in the

National Health Management Information System (NHMIS) of FMOH. Several strategies have been used to conduct IYCF monitoring and evaluation including Nigeria Demographic and Health surveys (**NDHS**), Multiple Indicator Cluster Surveys (**MICS**) and Standardized Monitoring & Assessment of Relief and Transitions (**SMART**), yet the World Breastfeeding Trends initiative (**WBTi**) tool harmonized from the 2003 WHO Assessment tool for national IYCF policies, programmes and practices and 1993 WABA's Global Participatory Action Research to track additional targets set by the 2002 Global Strategy on IYCF has not been used in Nigeria. However recalling the well-articulated benefits and positive actions derived from the use of WBTi on IYCF, the Federal Ministry of Health with support from IBFAN Africa has carried out this analysis.

OBJECTIVES

- To establish the steps/ national actions taken to implement the Global Strategy on Infant and Young Child Feeding;
- To analyse the IYCF practices and policies with a view to identifying the gaps, reporting and disseminating the findings through the production of the WBTi assessment report for Nigeria
- To develop an advocacy tool for a high level advocacy for improved action for breastfeeding and infant and young child feeding in the country

METHODOLOGY

In March 2010, the IBFAN(Africa) conducted a WBTi assessment training for Nigeria during which 40 persons were trained. The trained personnel have however since been redeployed or left the services of the establishments from where they received the training. Consequently, stakeholders from relevant Departments who were invited for this Assessment were largely not trained on WBTi assessment and therefore required orientation on the process. Some listed stakeholders from different agencies could not attend. Consequently, members of staff from the Nutrition Division, Federal Ministry of Health who were listed as observers during the process had to participate in the actual analysis after orientation.

The Assessment involved three phases of activities:

- Orientation procedures for familiarization with the WBTi tool and data collection process. The September 2014 WBTi web based toolkit © were used for the analysis. The data collection process involved Desk reviews of accepted National documents (NDHS, MICS, NNHS etc.)
- Identification of Gaps at the Desk review and data compilation of the results for the 15 indicators into the questionnaire using the WBTi web based toolkit which was specifically designed to meet this need. The quantified data are objectively rated in colour-coded toolkit provided as Red, Yellow, Blue and Green in line with **IBFAN Asia's Guidelines for WBTi**. 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. A score card for the analysis was developed for the country
- Report-validation meeting. The last phase of the process involved the sharing of the findings from the analysis with stakeholders drawn from a pool of public and private groups working on maternal and child health. Unfortunately the appointment of a new

Permanent Secretary in the Ministry of Health prevented the debriefing of the Permanent Secretary as was previously scheduled. The approved score card would be displayed on the web page to show Nigeria's IYCF implementation status and used as an advocacy tool for increased support for Nigeria's IYCF services.

The assessment is expected to be repeated every 3-5 years to analyze trends in programmes and practices as well as overall infant and young child feeding situation in the country.

Participants in the Assessment

The WBTi assessment was carried out by a team constituted from the Federal Ministry of Health, relevant stakeholders and some facilitators. The Director of the Family Health Department, Dr. Wapada I. Balami declared the meeting officially open with his endorsement of the Process. The Head of Nutrition Division presided over the meetings. The attendance in the three day session is shown below:

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PARTICIPANT LIST FOR THE IYCF ASSESSMENT USING WORLD BREASTFEEDING TRENDS INITIATIVE (WBTi)
9th-11th NOVEMBER, 2015 @ 6th FLOOR CONFERENCE ROOM, FEDERAL MINISTRY OF HEALTH, FEDERAL SECRETARIAT
COMPLEX PHASE III, ABUJA

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PARTICIPANT LIST FOR THE IYCF ASSESSMENT USING WORLD BREASTFEEDING TRENDS INITIATIVE (WBTI)
9th-11th NOVEMBER, 2015 @ 6th FLOOR CONFERENCE ROOM, FEDERAL MINISTRY OF HEALTH, FEDERAL SECRETARIAT
COMPLEX PHASE III, ABUJA

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1.								
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Participants in the validation meeting

The Validation meeting was attended by stakeholders from various government agencies, Non-Governmental Organisations and United Nations and other Agencies whose works impacted on Infant and Young Child Feeding and Women’s Rights. The participants are shown below:



Fig. 1. Participants in the Validation Meeting for the Nigerian WBTi assessment (12th November, 2015)

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 ?*

<i>Guidelines for scoring</i>		
Criteria	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	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	<u>8</u>/10	8

Information Sources Used (please list):

1. Federal Ministry of Health-National Breastfeeding Policy. 1992
2. Federal Ministry of Health-National Policy on Infant and Young Child Feeding in Nigeria. Federal Ministry of Health, Nutrition Division, Abuja. 2007
3. National Policy on Infant and Young Child Feeding, Federal Ministry of Health, Department of Family Health, Abuja, August 2011
4. Minutes of IYCF Task Force Meeting held on the 29th September, 2015 at 6th Floor, Federal Ministry of Health, Abuja.
5. National Strategic Plan of Action for Nutrition (2014 – 2019) FMoH, UNICEF, UKaid

Conclusions The policies adequately described recommended optimal breastfeeding practices, complementary feeding and feeding in special situations including HIV and AIDS and IYCF in emergency situations. However, the National Plan of Action proposed to designate 25,000 facilities as baby friendly by 2014, this target was not achieved and therefore should be reviewed. The policies revealed poor intersectoral collaboration in the implementation of IYCF related activities.

Gaps

1. Inadequate dissemination of National documents
2. Inadequate funding
3. Insufficient trained officers
4. Weak functional/non-existent State and LGA IYCF Committees

Recommendations:

1. Adoption of strategies for adequate dissemination of all National documents-e.g. during national meetings, through State Houses, the use of e-mails for e-copies and uploading the documents at the FMOH website
2. Resource mobilization through advocacy and strengthening partnerships for the implementation of IYCF programmes including the NSPAN
3. Recruitment and capacity development of health workers and stakeholders for IYCF programmes at the community and facility levels
4. Establishment and strengthening of State and LGA level IYCF Committees

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 programme implementation?

Guidelines – Quantitative Criteria

2.1) *95 out of 25,000 total hospitals (both public & private) and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly” in the last 5 years 0.004 %*

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

Guidelines – Qualitative Criteria

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

Quality of BFHI programme implementation:

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results √ Check that apply
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme ²	1.0	✓
2.3) A standard monitoring ³ system is in place	0.5	✓
2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5	✓
2.5) An assessment system relies on interviews of mothers.	0.5	✓
2.6) Reassessment ⁴ systems have been incorporated in national plans with a time bound implementation	1.0	✓
2.7) There is/was a time-bound programme 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 Score	____/5	4.5
Total Score	____/10	4.5/10

Information Sources Used:

1. Nigeria Breastfeeding Policy, Federal Ministry of Health Abuja, 1992
2. Guidelines on Infant and Young Child Feeding in Nigeria Federal Ministry of Health Department of Community Development & Population Activities, Nutrition Division, Abuja, 2005
3. Federal Ministry of Health-National Policy on Infant and Young Child Feeding in Nigeria. Federal Ministry of Health, Nutrition Division, Abuja. 2007
4. National Policy on Infant and Young Child Feeding (IYCF) in Nigeria, Federal Ministry of Health, Abuja August, 2011
5. Facilitor Guide, the Community Infant and Young Child Feeding Counselling 2012

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

³ **Monitoring** is a dynamic system for data collection and review that can provide information on implementation of the *Ten Steps* to assist with on-going management of the *Initiative*. It can be organized by the hospitals themselves or at a higher level in the system. Data should be collected either on an ongoing basis or periodically, for example on a semi-annual or yearly basis, to measure both breastfeeding support provided by the hospitals and mothers’ feeding practices.

⁴ **Reassessment** can be described as a “re-evaluation” of already designated baby-friendly hospitals to determine if they continue to adhere to the *Ten Steps* and other babyfriendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for the purpose of evaluating on-going compliance with the *Global Criteria* and includes a reassessment visit by an outside team. Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.

6. National Strategic Plan of Action for Nutrition (NSPAN) 2014-2019
7. Report of the reassessment of BFHI hospital in 12 States in 2011
8. UNICEF/WHO. BFHI External Reassessment Tool
9. UNICEF/WHO. BFHI Hospital Self Appraisal Tool

Conclusions: Nigeria has IYCF Policy and its implementation guidelines both of which include BFHI. The country has also developed training manuals which include the Behaviour Change Communication tools. These have addressed the Ten Steps to Successful Breastfeeding. The re-assessment and redesignation of facilities as baby friendly, retraining of health workers on BFHI, strengthen the mother peer groups(Breast Feeding Support Groups) to give support to mothers to improve on the BF rate are additional strategies employed by the country to protect, promote and support breastfeeding.

Gaps:

1. Inability to sustain the BFHI status as the previously designated facilities were not regularly reassessed and those that were re-assessed failed to qualify for re-designation.
2. The National IYCF monitoring tools do not contain sufficient indicators to monitor BFHI related activities
3. No strategy in place to rapidly increase BFHI as proposed in the NSPAN

Recommendations:

1. Review and implement the plan to increase BFHI facilities in the country
2. Integrate BFHI monitoring tools into IYCF monitoring tools
3. Increase funding for BFHI

Indicator 3: Implementation of the International Code of Marketing of Breastmilk Substitutes

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

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

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

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

resolutions as listed below are included	6	
3b: Implementation of the Code/National legislation		✓ Check that apply
3.10 The measure/law provides for a monitoring system	1	✓
3.11 The measure provides for penalties and fines to be imposed to violators	1	✓
3.12 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. NAFDAC ACT (as amended) Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, Etc.) Regulations 2005
2. NAFDAC Pre packaged Food (Labelling) Regulation 2005
3. National Policy on Infant and Young Child Feeding in Nigeria, Federal Ministry of Health Abuja, August 2011
4. NAFDAC, the International Code of Marketing of Breastmilk Substitutes: Compliance Monitoring Survey Report, August 2013
5. Facilitor Guide, the Community Infant and Young Child Feeding Counselling 2012
6. FMoH, UNICEF, WHO: Training Manual on the Code of Marketing of Breastmilk Substitutes in Nigeria(Facilitator’s Guide) 2006(Draft)
7. FMoH, UNICEF, WHO: Training Manual on the Code of Marketing of Breastmilk Substitutes in Nigeria(Participants manual) 2006(Draft)
8. FMoH, UNICEF, WHO: Handbook on the International Code of Marketing of Breastmilk Substitutes 2006(Draft)
9. NAFDAC: Monitoring Code Compliance on Marketing of Breastmilk Substitutes in Nigeria -Questionnaire Administration Manual 2003
10. NAFDAC BMS Survey Questionnaires

Conclusions: The International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA Resolutions have been domesticated in Nigeria as *NAFDAC ACT (as amended) Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales,Etc.) Regulations 2005*. The Act however has not been updated to include relevant WHA resolutions adopted after it was enacted in 2005. The country has developed information and training materials on the Code. The NAFDAC which was assigned the duty of Code enforcement has developed materials for monitoring compliance and has trained some field officers to enforce the

Code. Infant food manufacturers and distributors, through appropriate sanctions are being made to comply with National Regulations.

Gaps:

1. Ignorance of the Regulations 2005 and its provisions by NAFDAC inspectors and the Nigerian populace
2. Poor enforcement of the Regulations 2005.
3. The 2005 Regulations have not been updated to include relevant WHA Resolutions adopted after its enactment in 2005.
4. Inadequate funding for implementation of the Regulations.
5. Training manuals and Hand book on the Code are still in draft form.
6. The IYCF training materials do not adequately address the International Code of Marketing of Breastmilk Substitutes

Recommendations:

1. Capacity building for health workers and other stakeholders on the Code of Marketing of Breastmilk Substitutes and Regulations 2005
2. Strict enforcement of NAFDAC ACT (as amended) “Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales,Etc) Regulations 2005”.
3. Advocacy and sensitization of the policy makers, health workers and relevant stakeholders on Code of Marketing of Breastmilk Substitutes and the Nigerian instrument for its implementation
4. Allocation of resources by the government for the implementation of the Code of Marketing of Breastmilk Substitutes and the Nigerian instrument for its enforcement
5. Inclusion of the Code of Marketing of Breastmilk Substitutes and the Regulations 2005 training in the curriculum of secondary schools, health workers and all tertiary institutions
6. Update the Regulations 2005 to include subsequent relevant WHA resolutions.
7. Improvement of monitoring compliance by designation of a slot on the NAFDAC website for reporting violators of the Code of Marketing of Breastmilk Substitute and Regulations 2005 by the public.

Indicator 4: Maternity Protection

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

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results Check ✓ that apply
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave a. Any leave less than 14 weeks b. 14 to 17weeks c. 18 to 25 weeks d. 26 weeks or more	0.5 1 1.5 2	✓
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 <i>(more than one may be applicable)</i> a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	0.5 0.5	✓ ✓
4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector. <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	✓
4.6) . <i>(more than one may be applicable)</i> a. Information about maternity protection laws, regulations,	0.5	

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	
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:	<u>6.0</u>/10	

Information Sources Used (please list):

1. Federal Republic of Nigeria: Public Service Rules 2008 Edition with Official Gazette 25th August, 2009 & Pension Reform Act 2014 (as Amended)
2. Head of Service circular, HCSF/EPO/EIR/CND/S.100/VOL.1/22, 4TH November, 2008
3. National Policy on Infant and Young Child Feeding, Federal Ministry of Health, August 2011
4. National Child Health Policy, December, 2006
5. Nigerian Labour Act 1999

Conclusions: The Nigerian Labour Act and the Public Service Rules provide for the protection of a woman during pregnancy. However, while the Public Service Rules have been revised to include the 16 weeks maternity leave, the Law has not been revised to adopt the 16 weeks. Some States of the Federation have extended the duration of maternity leave to 6 months after the birth of the child and have provided for one week paternity leave with pay. There are no incentives for workers in the private and informal sector to comply with these laws.

Gaps:

1. Poor enforcement of the Labour Act in the private and non formal sector
2. There are no measures to monitor compliance with these laws especially for workers in the private and non formal sector
3. Labour laws still reflects 12 weeks of maternity leave
4. Women working in the private and non formal sectors do not have incentives to breastfeed
5. Poor compliance with the requirement for employers to establish crèches and breastfeeding rooms

Recommendations:

1. Follow up the draft Bills on maternity protection pending at the National Assembly
2. Strengthen inspectorate system (Labour)

3. Revise the Labour law to reflect the 16 weeks maternity leave and revision of the timing of onset to allow the woman more time for breastfeeding
4. Provision of incentives by the government to enable employers in the private and informal sector to comply with the provision of these laws- e.g. tax rebates for companies that grant female workers paid maternity leaves, allowances for self-employed workers to enable them stay off work for breastfeeding.
5. Advocacy for the protection of the rights of women with the Labour Unions including the creation of breastfeeding friendly work places with the establishment of support facilities such as crèches and breastfeeding rooms

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?

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

focusing on (diarrhoea disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women's health, NCDs etc.)		✓	
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:	6.5/10		

Information Sources Used:

1. National training curriculum for the School of Health Technology
2. Facilitator Guide, Integrated Infant and young child feeding counselling package,2012
3. Nigeria State Data Profiles: An Accountability Tool for Maternal, Newborn and Child Health in Nigeria , Federal Ministry of Health, Abuja(Data derived from the 2013 NDHS).
4. National Universities Commission Benchmark Minimum Academic Standards For Undergraduate Programmes in Nigerian Universities for Basic Medical And Health Sciences; April, 2007

Conclusions: The health workers are trained on IYCF and IYCF has been integrated into the pre service curricula of some training institutions. Also, the World Breastfeeding Week is celebrated annually in the country for awareness creation on breast feeding. The assessment/reassessment for redesignation of health facilities as baby friendly needs a boost to ensure more facilities are designated in the country.

Gaps:

1. Inadequate number of Health workers trained on the Regulations and its implementation
2. Non integration of IYCF into the curricula of some health providers schools
3. The IYCF package does not contain adequate information on the Code
4. The Women and Children Friendly Health Services documents have not been printed/reprinted and adequately disseminated for implementation since 2004 when they were developed by the Federal Ministry of Health/UNICEF

Recommendations:

1. Capacity development: Health workers and other stakeholders to be trained on Regulations and its implementation
2. Integration of IYCF into the pre-service curricula of health worker training institutions at all levels

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.

3. Review the IYCF package to increase its content of information on the Code
4. Printing, dissemination and implementation of the Women and Children Friendly Health Services documents

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		
	<i>✓ Check that apply</i>		
	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 <i>✓</i>	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 <i>✓</i>	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 <i>✓</i>	1	0
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	1 <i>✓</i>	0
Total Score:	6/10		

Information Sources Used (please list):

1. Nigeria Demographic and Health Survey 2013
2. Community Infant and Young Child Feeding Counselling Training package 2012
3. Nigeria Breastfeeding Policy, Federal Ministry of Health Abuja, 1992

4. Guidelines on Infant and Young Child Feeding in Nigeria Federal Ministry of Health Department of Community Development & Population Activities, Nutrition Division, Abuja, 2005
5. Federal Ministry of Health-National Policy on Infant and Young Child Feeding in Nigeria. Federal Ministry of Health, Nutrition Division, Abuja. 2007
6. National Policy on Infant and Young Child Feeding (IYCF) in Nigeria, Federal Ministry of Health, Abuja August, 2011
7. Facilitator Guide, the Community Infant and Young Child Feeding Counselling 2012
8. National Strategic Plan of Action for Nutrition (NSPAN) 2014-2019
9. UNICEF/WHO. BFHI External Reassessment Tool
10. UNICEF/WHO. BFHI Hospital Self Appraisal Tool

Conclusions: The various packages on IYCF and BFHI promote optimal support for IYCF. However implementation of various components especially at the community level has remained a challenge due to inadequate resource allocation for capacity development and deployment with other support facilities for successful implementation.

Gaps:

1. There is a dearth of skilled manpower for IYCF programme implementation due to attrition of staff as a result of retirement, exit from the service or redeployment and non capacity development for the new staff
2. **Low incentive for implementation of IYCF at various levels resulting in lack of commitment.**
3. Poor capacity development for facility and community based IYCF implementation
4. Poor funding/lack of dedicated funding for IYCF programme implementation.

Recommendations:

1. Government to recruit more staff especially at the State and LGA levels for IYCF implementation.
2. Development of an IYCF Strategic Plan and provision of dedicated funds for the activities by the Government at all levels with support from partners
3. Improvement of staff welfare and adequate remuneration for IYCF programme implementation. IYCF implementation should not be dependent on volunteerism

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?

<i>Guidelines for scoring</i>			
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 or interest are avoided.	2	0	0
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1 √	.5	0
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding	1 √	.5	0
7.3) IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding	2 √	1	0
7.4. IEC programmes (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:	7/10		

⁹ to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;

Information Sources Used (please list):

1. Community Infant and Young Child Feeding Counselling Training package 2012
2. National Policy on Infant and Young Child Feeding (IYCF) in Nigeria, Federal Ministry of Health, Abuja August, 2011
3. Facilitor Guide, the Community Infant and Young Child Feeding Counselling 2012
4. National Strategic Plan of Action for Nutrition (NSPAN) 2014-2019
5. NAFDAC ACT (as amended) Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, Etc.) Regulations 2005
6. Guidelines on Infant and Young Child Feeding in Nigeria Federal Ministry of Health Department of Community Development & Population Activities, Nutrition Division, Abuja, 2005
7. Federal Ministry of Health-National Policy on Infant and Young Child Feeding in Nigeria. Federal Ministry of Health, Nutrition Division, Abuja. 2007
8. Nigeria Breastfeeding Policy, Federal Ministry of Health Abuja, 1992

Conclusions: The government has developed several IEC materials on IYCF and in line with Regulations 2005 which stipulates they should be in various languages. Some documents have been developed in local languages. There is however a need to streamline the development, production and distribution of IEC materials to improve the access of health workers and end users to appropriate materials. Other strategies for dissemination of information on IYCF need to be explored and utilized e.g. mass media

Gaps:

1. Low awareness creation through the mass media
2. Inadequate IEC materials for circulation.
3. Inadequate funding for the production, printing and distribution of IEC materials
4. Non translation of all IEC materials into the key local languages
5. Non enforcement of the Regulations in respect of the production and distribution of IEC materials

Recommendations:

1. Development of effective strategies for increasing awareness on IYCF through the various media – Tv, radio and print
2. Improved logistics for the distribution of IEC materials at all levels of service delivery
3. Increase in funding for the production, printing and dissemination of IEC materials by the government with support from Partners
4. Enforcement of Regulations on IEC materials production and distribution to ensure they are free from commercial influence

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		
	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
	✓		

8.8) Special efforts are made to counter misinformation on HIV and infant feeding and to protect, promote and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0
	✓		
8.9) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5	0
		✓	
Total Score:	9/10		

Information Sources Used (please list):

1. Federal Ministry of Health-National Policy on IYCF, 2007, 2011
2. Annual Report of HIV/AIDS, NASCP Division PHD, FMOH
3. National Policy on Infant and Young child feeding in the context of HIV/AIDS by FMOH
4. National guidelines for people living with HIV/AIDS in Nigeria.
5. Integrated Infant and Young Child Feeding Counselling 2012
6. Community Infant and Young Child Feeding Counselling package-2012

Conclusions: Although there is adequate policy to promote optimal IYCF practices among HIV infected women, its implementation is not adequate. The IYCF training packages at the facility and community levels make the training on IYCF in the context of HIV/AIDS optional.

Gaps:

1. Poor follow up of women to provide support in breastfeeding
2. Not all Health workers trained on IYCF in the context of HIV/AIDS.
3. Poor skilled support for HIV infected women who choose other feeding options
4. Low awareness of the national policy on IYCF in the context of HIV/AIDS

Recommendations:

1. Improve follow up of women with HIV/AIDS
2. Increase training of health workers especially at PHC levels on IYCF in the context of HIV/AIDS.
3. Produce and disseminate documents in support of IYCF in the context of HIV/AIDS

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:	6/10		

Information Sources Used (please list):

1. Federal Ministry of Health-National Policy on IYCF, 2007, 2011
2. Federal Ministry of Health- National Guidelines on IYCF 2005, 2011

Conclusions: IYCF during emergencies and othe special situations is addressed in the National Policy on IYCF and its implementation Guideline. A focal person from the Federal Ministry of Health has been designated to work with the National Emergency Management Agency during emergencies to ensure optimal IYCF practices. There is however no national Operational guideline on IYCF in context of emergencies. Similarly, IYCF has not been integrated into the pre-service and in-service training programmes for emergency workers. State and LGA level structures for optimal IYCF implementation during emergencies have not been established. Measures to minimize the risk of artificial feeding or any endorsed statement on avoidance of donation of Breast Milk Substitutes (BMS), bottles and teats are not yet in place

Gaps:

1. There is no operational guideline for IYCF implementation during emergencies
2. Poor monitoring of BMS and related donations during emergencies
3. Training on IFE has not been integrated into the pre-service and in-service training package of emergency officers at all levels

Recommendations:

1. Development of an operational guideline for IYCF implementation during Emergencies
2. Establishment of structures to monitor commercial interests and the donation of BMS and related supplies in Internally Displaced Persons Camps
3. Integration of IYCF into the training package for emergency officers at all levels

Indicator 10: Mechanisms of Monitoring and Evaluation System

Key question: Are monitoring and evaluation systems in place that routinely collect, analyse and use data to improve infant and young child feeding practices?

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	✓ Check that apply		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
	✓		
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions	2	1	0
		✓	
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2	1	0
		✓	
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2	1	0
		✓	
10.5) Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2	1	0
		✓	
Total Score:	6/10		

Information Sources Used (please list):

1. Nutrition Information System tools and manuals
2. National Health Information System manuals and tools
3. Training manuals and National guidelines on Community Management of Acute Malnutrition and Inpatient Guidelines for Management of Acute Malnutrition
4. The National Strategic Plan of Action for Nutrition 2014-2019
5. Nigeria Demographic and Health Survey- 2013
6. Multiple Indicator Cluster Survey- 2011

Conclusions: The Monitoring and Evaluation (M & E) of various aspects of IYCF practices remains a challenge in the country because data collected at facility and community levels are not routinely collated, analysed and forwarded to the various levels for decision making. Additionally some IYCF and BFHI indicators have not been integrated into various national M&E tools.

Gaps:

1. Non inclusion of some IYCF indicators in the National M&E data collection tools
2. Poor collation of data
3. Poor channel of communication on nutrition data from the community to National
4. Inadequate reporting of IYCF programme progress to key decision makers

Recommendations:

1. Creation of Nutrition information system platform for data collection and analysis at various levels
2. Proper collation and dissemination of IYCF data
3. Strengthening routine reporting of IYCF programme coverage to the appropriate decision makers

Indicator 11: Early Initiation of Breastfeeding

Key question: What is the percentage of babies breastfed within one hour of birth? **33%**

Guideline:

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

Data Source (including year):

- Nigeria Demographic & Health Surveys 2013
- National Nutrition and Health Survey 2014

Summary Comments: In line with the Ten Steps to Successful Breast Feeding, the Nigerian IYCF policy recommends Early initiation within 30 minutes of birth. This may impact on the coverage rate as about 97% Nigerian infants receive breast milk at some time.

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: What is the percentage of babies 0<6 months of age exclusively breastfed¹⁰ in the last 24 hours? **25.2%**

Guideline:

Indicator 12	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Exclusive Breastfeeding (for first 6 months)	0.1-11%		Red
	11.1-49%	6	Yellow
	49.1-89%		Blue
	89.1-100%		Green

Data Source (including year):

- Nigeria Demographic & Health Surveys (NDHS) 2013
- National Nutrition and Health Survey (NNHS) 2014

Summary Comments :

- The low Exclusive breastfeeding rate is worrisome as about 97% Nigerian infants are breastfed. However, there seems to be some improvement as the 2014 NNHS data indicated a rate of 25.2%
- The practice of giving water in addition to breast milk which was reported for 47% infants before 6 months, the early introduction of complementary foods for 23% infants and commercial infant formula for 5% babies negatively impact on the rate of Exclusive breastfeeding.
- Mothers need support to practise exclusive breastfeeding in line with National recommendations.

¹⁰ Exclusive breastfeeding means the infant has received only breastmilk (from his/her mother or a wet nurse, or expressed breastmilk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (2)

Indicator 13: Median Duration of Breastfeeding

Key question: *Babies are breastfed for a median duration of how many months? .18.2months.....*

Guideline:

Indicator 13	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Median Duration of Breastfeeding	0.1-18 Months		Red
	18.1-20 ”	6	Yellow
	20.1-22 ”		Blue
	22.1- 24 or beyond ”		Green

Data Source (including year): Nigeria Demographic & Health Surveys 2013

Summary Comments:

- There is need to continue to emphasise continued breastfeeding to 2 years and beyond in addition to appropriate complementary feeding in line with the National Policy Recommendation of minimum of 24 months

Indicator 14: Bottle feeding

Key question: What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles? **16.%**

Guideline:

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

Data Source (including year): Nigeria Demographic & Health Surveys 2013

Summary Comments :

Bottle feeding rate is still high and this underscores the importance of strengthening the implementation of the Regulations 2005 and the International Code of Marketing of Breastmilk Substitutes.

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

Key question: Percentage of breastfed babies receiving complementary foods at 6-9 months of age? **67%**

Guideline

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

Data Source (including year): Nigeria Demographic & Health Surveys 2013

Summary Comments:

- The percentage of children who receive complementary foods at the recommended age of 6-8 months is low and only 10% of children 6-23months are fed according to National recommendations to meet minimum standards with respect to Food diversity (the number of food groups consumed), Feeding frequency (the number of times the child is fed) and Consumption of breast milk or other types of milk or milk products).
- Complementary feeding is also commenced too early in about 23% infants.

Summary Part I: IYCF Policies and Programmes

Targets:	Score (67.5 Out of 100)
1. National Policy, Programme and Coordination	8
2. Baby Friendly Hospital Initiative	4.5
3. Implementation of the International Code	8.5
4. Maternity Protection	6
5. Health and Nutrition Care Systems	6.5
6. Mother Support and Community Outreach	6
7. Information Support	7
8. Infant Feeding and HIV	9
9. Infant Feeding during Emergencies	6
10. Monitoring and Evaluation	6

IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated 67 out of 100.

Scores	Colour- rating
0 – 30.9	Red
31 – 60.9	Yellow
61 – 90.9	67
91 – 100	Green

Conclusions :

WBTi has logically assisted the nation to properly evaluate IYCF programmes. Nigeria has appropriate IYCF documents which if effectively implemented will improve IYCF practices. The poorest performance indicator is related to BFHI and this might be due to the shift in focus to IYCF coupled with inadequate implementation of the International Code of Marketing of Breastmilk Substitutes. Moreover local resources for programme implementation need to be increased or prioritized in favour of BFH.

There is need to strengthen/ establish inter/intra-sectoral collaboration to leverage more resources for IYCF programmes. New opportunities and innovation should be identified for resource mobilization and integrated IYCF services.

The Nation will endeavour to regularly (every 2-3 years) conduct the WBTi assessment to track progress.

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

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	33 %	6
Indicator 12 Exclusive Breastfeeding for first 6 months	17 %	6
Indicator 13 Median duration of Breastfeeding	18.2months	6
Indicator 14 Bottle-feeding	16 %	6
Indicator 15 Complementary Feeding	67%	6
Score Part II (Total)		30

IBFAN Asia Guidelines for WBTi

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

Scores	Colour-rating
0 – 15	Red
16 - 30	30
31 - 45	Blue
46 – 50	Green

Conclusions:

From this assessment, the IYCF practices need to be improved on Early initiation of breastfeeding, Exclusive breastfeeding and timely introduction of complementary foods. There is need to support mothers to change some negative behaviours such as the use of feeding bottle, giving water and complementary foods to babies before they are 6 months old and stopping breastfeeding before the child is aged 24 months.

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

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

Scores	Colour- rating
0 – 45.5	Red
46 – 90.5	Yellow
91 – 135.5	97.5
136 – 150	Green

Key Gaps

1. IYCF programme is highly donor dependent and hence, lacks sustainability of related programmes
2. Inability to sustain the BFHI status and to scale up.
3. The training materials on the International Code of Marketing of Breastmilk Substitutes, although used for various trainings are still in draft since 2006.
4. The NAFDAC Act (as amended) “Marketing of Infant and Young Children Food and other designated product (registration, sales, etc) Regulations 2005” has not included the relevant WHA Resolutions adopted after 2005.
5. The implementation and enforcement of the Code has suffered a lull overtime with low level of awareness of the national instrument for its implementation among stakeholders and the general public.
6. Inadequate pre and in-service training of health workers on Infant and Young Child Feeding
7. No clearcut SOP /guideline and Training manual on Infant feeding in Emergencies for emergency officers in Internally Displaced Persons’ Camps
8. Non-functional National Nutrition Data Base
9. Community-IYCF activities are insufficient
10. National IYCF Behavioural and Communication Change and its Strategic Plan are still in draft

Key Recommendations

- Develop, Update, Print and Disseminate the relevant national documents identified as gaps to IYCF implementation (IFE, BCC, Action plan, and Training protocols and Handbook on the International Code of Marketing of Breast Milk Substitutes)
- Integrate Facility-IYCF into the training curricula of various health manpower training institutions (Medical and Dental Council for Medical practitioners, the National Universities Commission’s Minimum Benchmark for undergraduate medical and paramedical training programmes, the Midwifery and Nursing Council of Nigeria
- Conduct regular in-service IYCF training for various cadres of health workers at various levels(Medical Doctors, Nurses, Midwives, & other Health professionals)
- Strengthen Community-IYCF implementation with the establishment of C-IYCF support groups and Code Watchers
- Produce and disseminate relevant IEC materials through trusted and acceptable channels
- Establish breastfeeding and IYCF community structures such as crèches and breastfeeding rooms in public and private workplaces
- Review the existing Maternity Protection Law to extend to 6months as has already been done in 3 States of the Federation.

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