WBTi

World Breastfeeding Trends Initiative (WBTi)

Assessment Report

IBFAN
defending breastfeeding

bpni
putting child nutrition
at the forefront
of social change

NEPAL BREASTFEEDING PROMOTION FORUM
2004
NEBPROF

World Breastfeeding Trends Initiative (WBT*i*)

Assessment Report

Nepal

2020

WBT*i* Global Secretariat
Breastfeeding Promotion Network of India (BPNI)
BP-33, Pitampura, Delhi-110034, India
Phone: 91-11-27312705, 42683059
E-mail: wbtigs@gmail.com
Website: www.worldbreastfeedingtrends.org

Nepal Breastfeeding Promotion Forum (NEBPROF)
G.P.O. Box 2533, Kathmandu, Nepal
Phone: +977-1-4412202
E-mail: nebprof2008@yahoo.com

Table of content

Acknowledgements

I am extremely thankful to all the member of Executive committee of Nepal Breastfeeding Promotion Forum (NEBPROF) for helping me to form the core group to conduct assessment of WBTi 2020.

I am very much grateful to the core group members Dr. Rameswar Man Shrestha, Consultant Pediatrician, Civil Service hospital, Dr. Kalpana Tiwari, Head of Department of Nutrition and Dietetics College of Applied Food and Dairy Technology (CAFODAT), Dr. Merina Shrestha, Associate Professor Dept. of Child Health, Institute of Medicine (IOM), Dr. Srijana Basnet, Associate Professor Dept. of Child Health, IOM Ms Nisha Sharma, Research Manager Assessment and Research on child feeding (ARCH) for their valuable efforts in going through the detail of available document to identify the gaps and come out with the valuable recommendation.

My special thanks goes to Dr. Kalpana Tiwari, Dr. Merina Shrestha and Dr. Srijana Basnet for preparing the report card and detail report of WBTi 2020. I would like to thank Kedar Raj Parajuli, Chief of Nutrition section, Family Welfare Division, Ministry of Health and Population and Mr Krishna Prasad Lamsal for their active participation in the WBTi workshop and their valuable suggestion. I would also like to thank the partner organization and participants in WBTi 2020 workshop who have actively participated and given their valuable suggestion without which it won't have been possible for us to prepare this report.

I would personally thank Dr. Arun Gupta, Founder and Central Coordinator, Breastfeeding Promotion Network India (BPNI), Dr. J.P. Dadhich, Regional Co-ordinator from BPNI for their continued encouragement and guidance for preparing this report.

Prof. Prakash S. Shrestha
President
Nepal Breastfeeding Promotion Forum

Acronyms

WBTI	-	World Breast Feeding Trends Initiative
NEBPROF	-	Nepal Breastfeeding Promotion Forum
NHRCS	-	Nutrition Health Research & Community Services
BPNI	-	Breastfeeding Promotion Network India
IBFAN	-	International Baby Food Action Network
CAFODAT	-	College of Applied Food and Dairy Technology
NMICS	-	Nepal Multiple Indicator Cluster Survey
BPPC	-	Breast Feeding Promotion and Protection Committee
gBICC	-	Global Breastfeeding Initiative for Child Survival
HMIS	-	Health Management and Information System
IYCF	-	Infant and Young Child Feeding
NEPAS	-	Nepal Paediatric Society
MIRA	-	Mother and Infant Research Activity
HKI	-	Helen Keller International
BMS	-	Breast Milk Substitutes
BFHI	-	Baby Friendly Hospital Initiative
ARCH	-	Assessment and Research on Child Feeding
ICDC	-	International Code Documentation Centre
TUTH	-	Tribhuvan University Teaching hospital
WHA	-	World Health Assembly
ILO	-	International Labor Organization
CBMNCP	-	Community Based Maternal Newborn Care Package
IEC	-	Information, Education and Communication
MIYCN	-	Maternal, Infant and Young Child Nutrition
PIF	-	Powdered Infant Formula
PMTCT	-	Prevention of Mother to Child Transmission
HTC	-	HIV Testing and Counselling
PIHTC	-	Provide Initiated HIV Testing and Counselling
VCCT	-	Voluntary and Confidential Counselling and Testing
MNPs	-	Micro Nutrient Powders
BPPC	-	Breast Feeding Promotion and Protection Committee
PESON	-	Perinatal Society of Nepal

Introduction

The World Breastfeeding Trends Initiative (WBTi) 2020 report presents detail finding on the 15 indicators of the tool, first 10 indicators are related to policy and programmes on infant and young child feeding and last five indicators are related to the Infant feeding practice in Nepal. The core group team used the WBTi tool and questionnaire to assess the national status on the implementation of the global strategy for Infant and Young Child Feeding. The existing gaps, identified in the report are the key factors for the improvement of breast feeding and complementary feeding policies, programmes and practice.

The report provides background information on the issues such as the role of breastfeeding and complementary feeding as key interventions to enhance nutrition development and survival of Infants and Young Children. The section about WBTi and the process describe the details how it works. The section on finding gives micro details of each indicator in the country with color coding. The reports focus on policies and programmes and provide objective scoring of the achievement of each indicator. The findings are based on country assessment conducted and agreed upon by the representative national team. This report analyzes these findings in the context of current science and global guideline. This report identifies gaps in each of these indicators and recommendations are made for the country. It also describe the impact of the process, shows how the initiative has been an instrumental of changes in the country, lessons learnt from WBTi and way forward are also shared

The World Breastfeeding Trends Initiative (WBT*i*)

About WBT*i*

The Breastfeeding Promotion Network of India (BPNI)/International Baby Food Action Network (IBFAN) South Asia and the World Breastfeeding Trends Initiative (WBT*i*) Global Secretariat launched the innovative tool in 2004 at a South Asia Partners Forum.

The WBT*i* assists countries to assess the status and benchmark the progress in implementation of the *Global Strategy for Infant and Young Child Feeding* in a standard way. It is based on the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". The WBT*i* programme calls on countries to conduct their assessment to measure strengths and weaknesses on the ten parameters of policy and programmes that protect, promote and support optimal infant and young child feeding (IYCF) practices. It maintains a Global Data Repository of these policies and programmes in the form of scores, color codes, report and report card for each country The WBT*i* assessment process brings people together and encourages collaboration, networking and local action. Organisations such as government departments, UN, health professionals, academics and other civil society partners (without Conflicts of Interest) participate in the assessment process by forming a core group with an objective to build consensus. With every assessment countries identify gaps and provide recommendations to their policy makers for affirmative action and change. The WBT*i* Global Secretariat encourages countries to conduct a re-assessment every 3-5 years for tracking trends in IYCF policies and programme.

Vision & Mission

The WBT*i* envisages that all countries create an enabling environment for women to be successful in breastfeeding their babies optimally at home, health facilities or at work places. The WBT*i* aspires to be a trusted leader to motivate policy makers and programme managers in countries, to use the global data repository of information on breastfeeding and IYCF policies and programmes. WBT*i* envisions serving as a knowledge platform for programme managers, researchers, policy makers and breastfeeding advocates across the globe. WBT*i*'s mission is to reach all countries to facilitate assessment and tracking of IYCF policies and programmes through mobilising local partnerships without conflicts of interest and building a data repository for advocacy.

Ethical Policy

The WBT*i* works on 7 principles of IBFAN and does not seek or accept funds donation, grants or sponsorship from manufacturers or distributors and the front organisations of breastmilk substitutes, complementary foods, infant and young child feeding related products like breast pumps, or any such organization that has conflicts of interest.

The WBT*i* has identified 15 indicators in two parts, each indicator having specific significance.

Part-I deals with policy and programmes (indicator 1-10)	Part –II deals with infant feeding practices (indicator 11-15)
1. National Policy, Governance and Funding 2. Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding 3. Implementation of the International Code of Marketing of Breastmilk Substitutes 4. Maternity Protection 5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF) 6. Counselling services for the pregnant and breastfeeding mothers 7. Accurate and Unbiased Information Support 8. Infant Feeding and HIV 9. Infant and Young Child Feeding during Emergencies 10. Monitoring and Evaluation	11. Timely Initiation of Breastfeeding within one hour of birth 12. Exclusive Breastfeeding for the first six months 13. Median duration of Breastfeeding 14. Bottle-Feeding 15. Complementary Feeding-Introduction of solid, semi-solid or soft foods

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 for assessment as subset of questions to be considered in identifying strengths and weaknesses to document gaps.
- Annexes for related information

Part I: Policies and Programmes: The criteria of assessment has been developed for each of the ten indicators, based on the *Global Strategy for Infant and Young Child Feeding* (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005) as well as updated with most recent developments in this field. For each indicator, there is a subset of questions. Answers to these can lead to identification of the gaps in policies and programmes required to implement the *Global Strategy.* Assessment can reveal how a country is performing in a particular area of action on Breastfeeding /Infant and Young Child Feeding. Additional information is also sought in these indicators, which is mostly qualitative. Such information is used in the elaborate report, however, is not taken into account for scoring or colour coding.

Part II: Infant and Young Child Feeding Practices in Part II ask for specific numerical data on each practice based on data from random national household surveys. These five indicators are based on the WHO's tool for keeping it uniform. However, additional information on some other practice indicators such as 'continued breastfeeding' and 'adequacy of complementary feeding' is also sought.

Scoring and Colour-Coding

Policy and Programmes Indicator 1-10

Once the information on the 'WBT*i* Questionnaire 'is gathered and analysed, it is then entered into the web-tool. The tool provides *scoring* of each individual sub set of questions as per their weightage in the indicators 1-10 (policies and programmes). Each indicator has a maximum score of 10. Total score of ten indicators has a maximum score of 100.

The web tool also assigns *Colour- Coding* (Red/Yellow/Blue/Green) of each indicator as per *the WBTi Guidelines for Colour- Coding* based on the scores achieved.

In the part II (IYCF practices)

Indicators of part II are expressed as percentages or absolute number. Once the data is entered, the tool assigns *Colour coding* as per the *Guidelines.*

The WBT*i* Tool provides details of each indicator in sub-set of questions, and weightage of each.

Global acceptance of the WBT*i*

The WBT*i* met with success South Asia during 2004-2008 and based on this, the WBT*i* was introduced to other regions. By now more than 100 countries have been trained in the use of WBT*i* tools and 97 have completed and reported. Many of them repeated assessments during these years.

WBT*i* has been published as BMJ published a news in the year 2011, when 33 country WBT*i* report was launched[1]. Two peer reviewed publications in the international journals add value to the impact of WBT*i*, in Health Policy and Planning in 2012 when 40 countries had completed[2], and in the Journal of Public Health Policy in 2019[3] when 84 countries completed it.

The WBT*i* has been accepted globally as a credible source of information on IYCF polices and programmes and has been cited in global guidelines and other policy documents e.g WHO National Implementation of BFHI 2017[4] and IFE Core group's Operational Guidance on Infant Feeding in Emergencies, 2017[5].

Accomplishment of the WBT*i* assessment is one of the seven policy asks in the Global Breastfeeding Collective (GBC), a joint initiative by UNICEF & WHO to accelerate progress towards achieving the WHA target of exclusive breastfeeding to 50% by 2030. The Global Breastfeeding Scorecard for tracking progress for breastfeeding policies and programmes developed by the Collective has identified a target that at least three-quarters of the countries of the world should be able to conduct a WBT*i* assessment every five years by 2030. [6] The report on implementation of the International Code of Marketing for Breastmilk Substitutes also used WBT*i* as a source. The Global database on the Implementation of Nutrition Action (GINA) of WHO has used WBT*i* as a source.[7] Global researchers have used WBT*i* findings to predict possible increase in exclusive breastfeeding with increasing scores and found it valid for measuring inputs into global strategy. [8] Other than this PhD students have used WBT*i* for their research work, and New Zealand used WBT*i* for developing their National Strategic Plan of Action on breastfeeding 2008-2012.

1 BMJ 2011;342:d18doi: https://doi.org/10.1136/bmj.d18 (Published 04 January 2011)
2 https://academic.oup.com/heapol/article/28/3/279/553219
3 https://link.springer.com/article/10.1057/s41271-018-0153-9
4 https://www.who.int/nutrition/publications/infantfeeding/bfhi-national-implementation2017/en/
5 https://www.ennonline.net/attachments/3028/Ops-Guidance-on-IFE_v3-2018_English.pdf
6 https://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2017.pdf?ua=1
7 https://extranet.who.int/nutrition/gina/
8 https://academic.oup.com/advances/article/4/2/213/4591629

The WBT*i* Guidelines for Colour-Coding (Part I and II)

Table 1: WBTi Guidelines for Colour-Coding for Individual indicators 1-10

Scores	***Colour-coding***
0 – 3.5	**Red**
4 – 6.5	**Yellow**
7 – 9	**Blue**
> 9	**Green**

Table 2: WBT*i* Guidelines for Colour-Coding 1-10 indicators (policy and programmes)

Scores	***Colour-coding***
0 – 30.9	**Red**
31 – 60.9	**Yellow**
61 – 90.9	**Blue**
91 – 100	**Green**

Table 3: WBT*i* Guidelines for Colour-Coding Individual indicators 11-15 (Practices)

WBTi Guidelines for Indicator 11 (Initiation of breastfeeding {within 1 hour})

Percentage (WHO's key)	***Colour-coding***
0.1-29%	**Red**
29.1-49%	**Yellow**
49.1%-89%	**Blue**
89.1-100%	**Green**

WBTi Guidelines for Indicator 12 (Exclusive Breastfeeding {for first 6 months})

Percentage (WHO's key)	***Colour-coding***
0.1-11%	**Red**
11.1-49%	**Yellow**
49.1-89%	**Blue**
89.1-100%	**Green**

WBTi Guidelines for Indicator 13 (Median Duration of Breastfeeding)

Months (WHO's key)	***Colour-coding***
0.1-18 months	**Red**
18.1-20 months	**Yellow**
20.1-22 months	**Blue**
22.1-24 months	**Green**

WBTi Guidelines for Indicator 14 (Bottle-feeding {0-12 months})

Percentage (WHO's key)	***Colour-coding***
29.1-100%	**Red**
4.1-29%	**Yellow**
2.1-4%	**Blue**
0.1-2%	**Green**

WBTi Guidelines for Indicator 15 (Complementary Feeding {6-8 months})

Percentage (WHO's key)	***Colour-coding***
0.1-59%	**Red**
59.1-79%	**Yellow**
79.1%-94%	**Blue**
94.1-100%	**Green**

Background

There has been remarkable progress in reducing the number of child deaths globally, and in Nepal, in recent decades. Still, 2.9 million babies die every year within the first month of life and an additional 2.6 million babies are stillborn globally. An estimated 23,000 children die in Nepal each year before reaching their fifth birthday with three out of five babies dying within twenty eight days after birth, the newborn period[9]. The Government of Nepal is committed to the survival of children, thus, endorsing the Committing to Child Survival: A Promise Renewed and the Sustainable Development Goals that call for ending preventable child deaths. The child health targets include reduction of preventable death of newborn and children to less than one percent. However, for overall newborn and U5 mortality rates, the targets are to reduce them from 21 and 39 per thousand live births in 2016 to 10 and 22 respectively by 2030. This translates to a reduction of newborn mortality to 11 or less per 1000 births by 2035. Achieving the target will require sustained and coordinated effort by all stakeholders.

There has been significant improvement in nutritional status of children over the past two decades. Nepal has made remarkable progress in reducing stunting in under five years' children from 57 per cent in 20011 to 35.8 per cent in 2016. However, stunting in young children still remains unacceptably high. Similarly, 10% are wasted (thin for their height), 27% are underweight (thin for their age), and 1% are overweight (heavy for their height).

Compared to the Nepal Demographic Health Survey (NDHS 2011) data, there has not been much change in infant and young child feeding practices in NDHS 2016. The NDHS 2016 indicates that exclusive breastfeeding in children has slightly decreased to 66 % from 70% in 2011. Twenty nine percentage of children receive a pre-lacteal and only 55% of children have initiated breastfeeding within 1 hours of birth.

It is interesting to note that the practice of giving prelacteal food is higher in terai zone (38%) and among children from families in the highest wealth quintile (38%). In order to sustain the achievement made in Initiation of breastfeeding within an hour of birth needs activities addressing avoidance of prelacteal feeding practices and provision of support for initiation of breastfeeding at hospitals to community level especially targeting areas with high prevalence of prelacteal feed.

There has also been decline in breastfeeding till 24 months of age which was observed only in 89%. Additionally, complementary feeding practices in Nepal have shown some improvements. Timely complementary feeding was observed in 84% compared to 70% in NDHS 2011. Early introduction of complementary foods, which has the potential to negatively affect a child's nutritional status by displacing breast milk in the diet, is common in Nepal. With regard to infant and young child feeding (IYCF) minimum standards, which account for dietary diversity, feeding frequency and consumption of breast milk, milk or other milk products, only 37% of children in urban households and 24% of Nepalese all overall are fed in accordance with recommended practices (MOHP, 2011). Studies have shown that vegetable-based complementary foods by themselves are insufficient to meet the needs for certain micronutrients. Therefore, it is recommended that animal source foods such as meat, poultry, fish, or eggs should be part of the daily diet or eaten as often as possible (WHO 1998).

9 https://www.unicef.org/nepal/media/486/file/MICS%202014.pdf

Assessment process followed by the country

The World Breastfeeding Trends Initiative
WBTi
Nepal Report 2020

Core Group:-

- Prof. Dr. Prakash Sunder Shrestha
  President, Nepal Breastfeeding Promotion Forum (NEBPROF)
  Head, Pediatrics Department, Kathmandu University School of Medical Sciences (KUSMS)

- Dr. Rameshwor Man Shrestha
  Vice President, NEBROF
  Consultant Pediatrician, Civil Service Hospital

- Dr. Srijana Basnet
  Associate Professor, Dept. of Child Health, Institute of Medicine (IOM)

- Dr.Kalpana Tiwari
  Head, Department of Nutrition and Dietetics
  College of Applied Food and Dairy Technology(CAFODAT),
  Kumaripati, Lalitpur

- Dr.Merina Shrestha
  Associate Professor, Dept. of Child Health, IOM

- Nisha Sharma
  Research Manager
  Assessment and Research on child feeding (ARCH)
  Hellen Keller International (HKI)

Prepared By:

Dr. Srijana Basnet

Dr. Kalpana Tiwari

Dr. Merina Shrestha

Methodology

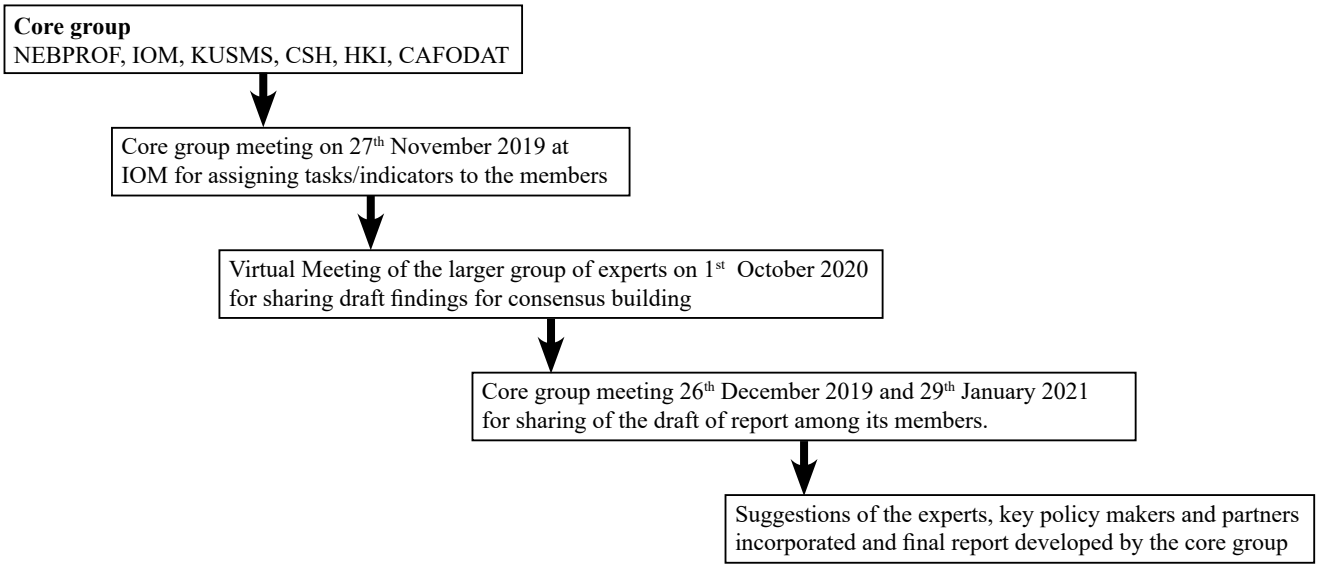
The objective of the WBT*i* exercise is to create consensus on status of IYCF polices, programmes and practices of the country and to have a globally comparable measure to rate a country's advance on IYCF related policy and programs. WBT process has been participatory, even though slightly different methods have been employed during each round.

Thus, a core group with six members was formed for undertaking the assessment for Nepal. The core group comprised of following organizations: Nepal Breastfeeding Promotion Forum (NEBPROF), Civil service hospital (CSH), Hellen Keller International (HKI), College of Applied food and diary technology (CAFODAT), Institute of medicine (IOM) and Kathmandu University School of Medical Sciences (KUSMS). An initial meeting was held on 27th November 2019 to introduce the concept, tool, and process available at WBTi website.

For each indicator, primary responsibility was taken by an organization/person who had been working on the issue. A template and some evidence materials collected were shared with each other. The person/organization responsible for creating a draft of each of these indicators contacted government officials and other related organizations. Also internet surfing was done to collect online documents related to the indicators. Thus, the draft of the report with score was prepared on the allotted indicator.

The core group organized meetings on 26th December 2019 and 29th January 2020 for sharing of the draft of report among its members. Discussions led to in-depth analysis of each question and subset of questions. Person who worked on a particular indicator provided clarifications during the discussion and built the consensus on the score. This was then presented to a larger group of partners and experts at a dissemination meeting attended by 28 persons from family welfare division and nutrition section of Ministry of Health and population, non governmental organizations, stake holders and academic institutions etc. (Annexure-…) on 1st October 2020. Due to Corona Pandemic situation meeting was done in virtual platform. During this meeting, Dr. Kalpana Tiwari highlighted on the background of WBTi, global situation and its initiation in Nepal. Dr. Srijana Basnet shared on WBTi report and scores under the each indicator (Annexure-...) Workshop Schedules is attached (Annexure). Based on the presentations and working experiences of the stakeholders, the discussion was initiated and facilitated by Dr. Merina Shrestha. All the members presented in the workshop, actively participated in the discussion. The participants intensively discussed on the score and verification of finding on the each indicator was done. Participants also suggested additional evidences and also provided their feedback on later dates via emails. Thus, the final report was prepared by incorporating all the inputs given by the participants and the consensus built on the findings and recommendations.

Flow chart of methodology



List of partners for the assessment process

- Ministry of Health and Population, Family Welfare Division
- Nepal Paediatric Society (NEPAS)
- Perinatal Society of Nepal (PESON)
- Department of Paediatrics, Institute of Medicine, Teaching Hospital
- Maharajgunj Nursing Campus
- Kanti Children's Hospital
- Pediatric Department, Civil Service Hospital
- Mother and Infant Research Activity (MIRA)
- Helen Keller International (HKI)
- College of Applied Food and Diary Technology
- Pediatric Department, Kathmandu University School of Medical Sciences (KUSMS)

-

Assessment Findings

Part I: IYCF Policies and Programmes

In Part I, each question has possible score of 0-3 and each indicator has a maximum score of 10. Once information about the indicators is entered, the achievement on the particular target indicator is then rated i.e. Red, Yellow, Blue and Green based on the guidelines.

Indicator 1: National Policy, Governance and Funding

Key question/s: *Is there a national breastfeeding/ infant and young child feeding policy that protects, promotes and supports optimal breastfeeding and infant and young child feeding (IYCF) practices? Is the policy supported by a government programme? Is there a plan to implement this policy? Is sufficient funding provided? Is there a mechanism to coordinate like e.g National breastfeeding committee and a coordinator for the committee?*

Criteria for Assessment – Policy and Funding		**✓ Check all that apply**	
1.1)	A national breastfeeding/infant and young child feeding policy/ guideline(stand alone or integrated) has been officially approved by the government	❑ √Yes = 1	❑ No=0
1.2)	The policy recommends initiation of breastfeeding within one hour of birth and exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	❑ √Yes = 1	❑ No=0
1.3)	A national plan of action is approved with goals, objectives, indicators and timelines	❑ √Yes = 2	❑ No = 0
1.4)	The country (government and others) is spending a minimum of per child born on breastfeeding and IYCF interventions[10] a. no funding b. < $1 per birth c. $1-2 in funding per birth d. $2-5 in funding per birth e. at least $5 in donor funding per birth	√ Check one which is applicable ❑ 0 ❑ 0.5 ❑√ 1 ❑ 1.5 ❑ 2.0	
Governance			
1.5)	There is a National Breastfeeding/IYCF Committee	❑ √Yes = 1	❑ No = 0
1.6)	The committee meets, monitors and reviews the plans and progress made on a regular basis	❑ Yes = 2	❑ √No = 0
1.7)	The committee links effectively with all other sectors like finance, health, nutrition, information, labor, disaster management, agriculture, social services etc.	❑ Yes = 0.5	❑ √No = 0
1.8)	The committee is headed by a coordinator with clear terms of reference, regularly coordinating action at national and sub national level and communicating the policy and plans.	❑√ Yes = 0.5	❑ No = 0
Total Score		**__6.5__/10**	

Information Sources Used

Information source used for sub indicators 1.1, 1.2 and 1.3

1. National Nutrition Policy and Strategy 2004.
2. Infant and Young Child Policy 2073/74 BC (2017/18).
3. National Health Policy, 2074 BC (2018).

10 Enabling Women To Breastfeed Through Better Policies And Programmes – Global Breastfeeding Scorecard, 2018 https://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2018-methology.pdf?ua=1

Information source used for sub indicator 1.4,

4. DoHs Annual Report 2072_73.pdf
5. DoHS Annual Report 2074/75
6. UNICEF Annual Report 2017. Nepal_2017_COAR%20UNICEF.pdf
7. Multi-Sectoral Nutrition Plan for Accelerating the Reduction of Maternal and Child Health (2011-2017).
8. Multi-Sector Nutrition Plan-II (2018-2022). National Planning Commission, Nepal

Information source used for sub indicator 1.5 to 1.8

9. Minutes of the Sub- Breastfeeding Promotion and Protection Committee, 2017
10. UNICEF Annual Report 2017. Nepal_2017_COAR%20UNICEF.pdf
11. Multi-Sectoral Nutrition Plan for Accelerating the Reduction of Maternal and Child Health (2011-2017).

Conclusions

Out of 10 only 6.5 score obtained in indicator 1 which is related to IYCF policies, governance and funding. Policy documents are well developed and endorsed by MoHP. After 13 years in 2017, National Nutrition Policy and Strategy was revised and officially approved by the Government. The revised strategy focuses on comprehensive IYCF including diet diversity as a specific strategy for young children. Government of Nepal doubled its annual budget allocation for national nutrition programme, equivalent to US$ 2 million for nutrition-sensitive interventions and approx. US$ 4.6 million for nutrition-specific interventions. EU and UNICEF collaboration is also providing 27.7 million Euros financial assistance for Multi-sectoral Nutrition Plan (MSNP) implementation in 28 districts. This intervention includes all the nutritional intervention irrespective of age group and types. Here, nearly 600,000 babies are born every year but the budget exactly spent on IYCF has not been calculated. In spite of large amount of fund allocation in nutritional sectors, the amount invested in IYCF need to explicitly calculated.

Since 1992, the Government of Nepal formulated the national level Breastfeeding Promotion and Protection Committee (BPPC). Although the BPPC committee had committed on regular meetings, the meetings were not regularly organized. Therefore, Sub-Breastfeeding Promotion and Protection Committee was formulated for acceleration of nutritional activities at Family Welfare Division (FWD) in 2017. The two Sub- Committee meetings were held in central level with the agenda of BMS Act in monitoring the guidelines preparation. Subsequently, the Provincial level BMS Act Monitors were also identified. The Nutrition Technical Committee under the FWD fulfilled the role of IYCF Coordinator as an established mechanism to protect, promote and support breastfeeding along with other responsibilities in the country. This is to be noted that the food industry as a representative is not a part of the BPPC in Nepal.

Gaps

1. Breastfeeding Promotion and Protection Committee meetings have been found to be inadequate and irregular.
2. In spite of large amount of fund allocation in nutritional sectors and IYCF being a part of various nutrition related programs, the amount invested in IYCF is not separately calculated.
3. The BPPC has not been found to link effectively with all other sectors like finance, health, nutrition, information, labor, disaster management, agriculture, social services etc.

Recommendations

1. BPPC meeting should be held regularly at Federal, provincial and municipal levels.
2. Effective coordination with sectors other than health suggested for effective implementation of the policies is highly recommended.
3. Calculation of fund investment in breastfeeding needs to be calculated and advocacy in improving BF/ IYCF national indicators needs to be strengthened.

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

Key questions

- *What percentage of hospitals/maternity facilities are designated/ accredited/awarded for implementing the ten steps within the past 5 years?*
- *What is the quality of implementation of BFHI?*

Quantitative Criteria for assessment

2.1) ____0 out of _4719___ total hospitals(both public &private) offering maternity services that have been designated/accredited/awarded for implementing10 steps within the past 5 years _____0_%

Criteria for assessment	√ **Check 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 score 2.1	**____0_/5**

Qualitative Criteria for assessment

Criteria for assessment	√ **Check that apply**	
2.2) There is a national coordination body/mechanism for BFHI / to implement Ten Steps with a clearly identified focal person.	❑ Yes = 1	√❑ No=0
2.3) The Ten Steps have been integrated into national/ regional/hospital policy and standards for all involved health professionals.	❑ Yes = 0.5	√❑ No=0
2.4) An assessment mechanism is used to accreditate/designate/award the health facility.	❑ Yes = 0.5	√❑ No=0
2.5) Provision for the reassessment[11] have been incorporated in national plans to implement BFHI/ Ten Steps including a standard monitoring system.	❑ Yes = 0.5	√❑ No=0
2.6) The accreditation/designation/awarding process for BFHI/implementing the Ten Steps includes assessment of knowledge and competence of the nursing and medical staff.	❑ Yes = 1	√❑ No=0
2.7) The assessment process relies on interviews of mothers.	❑ Yes = 0.5	√❑ No=0
2.8) The International Code of Marketing of Breastmilk Substitutes is integrated to BFHI / hospital designation programme	❑ Yes = 0.5	√❑ No=0
2.9) Training on the Ten Steps and standard of care are included in the pre-service curriculum for nurses, midwives and doctors and other involved health care professionals.	√❑ Yes = 0.5	❑ No=0
Total Score (2.2 to 2.9)	**___0.5_/5**	

Total Score (2.1 to 2.9)	**____0.5___/10**

11 ***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 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.

Information Sources Used

Information source used for the sub indicator 2.1

1. Nepal Health facility survey 2015. Final report
2. Baby-friendly Hospital Initiative (BFHI) in South Asia: Implementing Ten Steps to Successful Breastfeeding. The World bank report. October 2019.

Information source used for the sub indicator 2.2-2.8

3. http://www.who.int/publications/guidelines/en/
4. Shrestha PS et al. Assessment and Strengthening the Implementation of the Code on Breast Milk Substitutes and the Baby Friendly Hospital Initiative (BFHI), 2011. Child Health Division, MoHP.

Information source used for the sub indicator 2.9

5. Mother baby friendly hospital initiative guideline 2073 (2017)

Conclusion

For maintaining and ensuring proper implementation of BFHI in any hospital, continuous monitoring and supervision is mandatory. UNICEF had committed to advocate for and provide technical support to the government for certification of maternity hospitals according to the WHO recommended 10 steps of Baby Friendly Hospital Initiative. This includes identifying hospitals who are adhering to BFHI, training health workers on steps of BFHI and also supporting MoH in monitoring hospitals on the maintenance of BFHI status. HKI has developed a guideline and tool for self assessment of breastfeeding status for hospitals in Nepal. The tool is based on WHO/UNICEF Hospital Self-Appraisal questionnaire 2009 and this guideline describes about the formation and function of breastfeeding committee in the hospital. But yet there has not been any national coordinated body/ mechanism for the certification process. With the principle that hospital administrator and health care provider should give special attention for establishment of respectful, courteous, and supportive facility-based care for the mother and baby by improving quality of services provided for antenatal and postnatal mothers, guidelines for mother and baby friendly hospital initative (MBFHI) 2073 (2017) had been developed.

Though provision for control of sale and distribution of breast milk substitute has not been described as one of the critical major procedure, this can be one of the important milestones toward establishment of BFHI. There is a need to encourage health care facility for use of self-appraisal tool and help them to establish MBFHI.

Gaps

1. Due to lack of monitoring and supervision for a long time after certification of BFHI, none of our hospitals could be certified as baby friendly.
2. The Ten Steps have not been integrated into national/ regional/hospital policy and standards for all involved health professionals.
3. BFHI assessment mechanism with inclusion of assessment of knowledge and competence of the nursing and medical staff, interviews of mothers and BMS code has not been officially developed for the purpose to accreditate/designate/award the health facility. Self appraisal tool developed by HKI can be used for monitoring and supervision for BFHI. But unfortunate, this tool has been used by only few health care facilities.
4. Provision for the reassessment have not been incorporated in national plans to implement BFHI/ Ten Steps including a standard monitoring system.

Recommendations

1. BPP committee and sub-committee should develop a mechanism for regularly monitoring and supervision for certification of BFHI.
2. There is a need of revitalization training on MBFHI. There is a need to disseminate MBFHI guideline in all provinces and tiers of health facility for its proper implementation.
3. Health care settings should be encouraged to use self appraisal tool for themselves to identify the gap in the establishment of BFHI. This self appraisal tool should be incorporated in the national health programs for its long term sustainability.

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

Key questions: *Are the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions in effect and implemented in the country? Has any action been taken to monitor and enforce the above?*

Criteria for Assessment (*Legal Measures that are in Place in the Country***)**	
	Score
3a: Status of the International Code of Marketing √ *Check that applies upto the questions 3.9. If it is more than one, tick the higher one.*	
3.1 No action taken	❑ 0
3.2 The best approach is being considered	❑ 0.5
3.3 Draft measure 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 World Health Assembly (WHA) resolutions subsequent to the Code are included in the national legislation[12] a. Provisions based on 1 to3 of the WHA resolutions as listed below are included b. Provisions based on more than 3 of the WHA resolutions as listed below are included	 ❑ 5.5 ❑√ 6
Total score 3a	**6**

3b: Implementation of the Code/National legislation *Check that applies. It adds up to the 3a scores.*	
3.10 The measure/law provides for a monitoring system independent from the industry	❑ √ 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 3b	3

Total Score (3a + 3b)	**_9_/10**

12 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)
5. Ending inappropriate promotion of foods for infants and young children (WHA 69.9)

Information sources used

Information source used for indicators 3a

1. Mother's milk substitute (control of sale and distribution) Act 2049 (1993).
2. BMS act amendation draft 2020 Sept
3. Report on BMS Act monitoring.

Information source used for indicators 3b

1. BMS act amendation draft 2020 Sept
2. Meeting minute of MoHP and HKI.

Gaps

1. The amendment of BMS Act can be expected to fulfill all the gaps identified. However, amendment proceeding might take longer time to pass from the parliament. If the BMS act amendation process takes more than three years for the approval, then WBTi score might change. Also, the proper implementation of the act would be the great challenge.

Recommendations

1. It is also recommended to accelerate the amendment of BMS Act 2049 (1993) bill proceedings. BMS Code amendment bill proceedings should be complete in expeditious timeframe and should be implemented soon.
2. Though the monitors were designated at central, regional and district level, federalization and the restructuring have displaced most of them from their position where they were responsible for the Act monitoring. Hence, with the regularization of the BPP committee and sub-committee meeting enforcement of the Act monitoring is recommended.

Conclusion

In recent years, BMS Act monitoring has taken some momentum in Nepal. Amendment process for BMS Act 2049 (1993 AD) has been started in the year 2020 with a collaborative effort of the government, non-governmental organizations and other concerned stakeholders. The legislative framework to implement the Act in the federal context with provision to deploy monitors at different tiers of government has been included. The revised BMS Act entails implementation of BMS Act at the federal state with empowering BMS monitors to take necessary action against any observed violation. The revision includes increased in the scope of the age of the child to cover BMS products that are produced as suitable for children 36 months of age and prohibits any nutrition and health claims for the products. The amendment Bill on BMS code 2049 is in the process to register in the parliament. A system has been established to conduct the monitoring of the Act and the guidelines and tools been developed.

Indicator 4: Maternity Protection

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

1.	Criteria for Assessment	1. Scores
4.1)	Women covered by the national legislation are protected with 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	*Tick one which is applicable* ❑ a=0.5 ❑√ b=1 ❑ c=1.5 ❑ d= 2
4.2)	Does the national legislation provide at least one breastfeeding break or reduction of work hours? a. Unpaid break b. Paid break	*Tick one which is applicable* ❑ a=0.5 ❑ √ **b=1**
4.3)	The national legislation obliges private sector employers to a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	*Tick one or both* ❑ a=0.5 ❑ √ **b=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. a. Space for Breastfeeding/ Breastmilk expression b. Crèche	*Tick one or both* ❑ √ **a=1** ❑ b=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	*Tick one which is applicable* ❑ a=0.5 ❑ b=1
4.6)	a. Accurate and complete information about maternity protection laws, regulations, or policies is made available to workers by their employers on commencement. b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	*Tick one or both* ❑ a=0.5 ❑ b=0.5
4.7)	Paternity leave is granted in public sector for at least 3 days.	*Tick one which is applicable* ❑ 0.5 √YES ❑ NO
4.8)	Paternity leave is granted in the private sector for at least 3 days.	*Tick one which is applicable* ❑ √ YES ❑ NO

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.	*Tick one which is applicable* ❑ YES ❑ √NO
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	*Tick one which is applicable* ❑ YES ❑ √NO
Total Score	**_4.5___/10**

Information Sources Used

Information Sources Used for subindicator 4.1-4.4

1. Safe Motherhood and Reproductive Rights Act,2075.

Information Sources Used for subindicator 4.5-4.6

2. Nepal Labour Act 2074.www.nbsm.com.np
3. www.ilo.org
4. Mukta Singh Bhandari,Pratibha Manandhar,Dipesh Tamrakar. Practice of Breastfeeding and its Barriers among Women Working in Tertiary Level Hospitals. JNMA I VOL 57 I ISSUE 215 I JAN-FEB, 2019.
5. Chandyo RK, Ulak M, Kvestad I, Hysing M, Shrestha M, Ranjitkar S, Ulvik A, Ueland PM, Shrestha L, Strand TA. Cobalamin and Folate Status among Breastfed Infants in Bhaktapur, Nepal. Nutrients. 2018 May 18;10(5):639. doi: 10.3390/nu10050639. PMID: 29783689; PMCID: PMC5986518.
6. Basnet, S., Shrestha, M., Adhikari, T., & Shakya, A. (2020). Breastfeeding Pattern and its Associated Factors among Mothers Working at Two Hospitals in Kathmandu. *Journal of Nepal Paediatric Society*, *40*(1), 7-13. https://doi.org/10.3126/jnps.v40i1.21186
7. Interviews with HR officer of many private banks, private schools and other organizations.

Information Sources Used for subindicator 4.7-4.10

8. Nepal Labour Act 2074.www.nbsm.com.np
9. Safe Motherhood and Reproductive Rights Act, 2075 (2019).
10. www.lawcomission.gov.np

Conclusion

The major achievement in this indicator over past four year was the increase in paid maternity leave to 14 weeks and endorsement of Safe Motherhood and Reproductive Right Acts, 2075 (2018).

According to this act, any woman working in a governmental, non-governmental or private organization or institution shall have the right to get obstetric leave with pay, for a minimum of ninety-eight days before or after the delivery. If maternity leave is not adequate due to different health issues then women can receive unpaid leave upto one year with recommendation from treating physician. A woman can have maternity leave two times during her entire service period. A governmental, non-governmental or private organization or institution shall have to make necessary arrangement for the woman working in its office for breast feeding during the office hours up to two years from the birth of the infant. All governmental, nongovernmental and private organization should provide provision for breastfeeding breaks or facilities till the baby is 2 years of age. There is no legislation that protects women working in the informal sector.

Regarding paternity leave, fathers receive fully paid paternity leave for 2 weeks in all the governmental section. However the paternity leave facilities is not yet applicable in many public and private sector.

Gaps

1. There is lack of policy and legislation regarding breastfeeding that covers employers in informal sectors
2. Information regarding maternity entitlements is not always made available to employees.
3. There is a lack of paternity leave in the private sector.
4. Safe Motherhood and Reproductive Rights Act, 2075 (2018) lacks a strong monitoring system.
5. There is a lack of job protection for women during pregnancy and breastfeeding period, or after miscarriage.
6. Though there is provision of breastfeeding break till child is 2 years of age, the physical facility, breastfeeding breaks and creche in the offices are lacking in all sectors including governmental and private sectors.

Recommendations

1. Maternity leave should be extended upto six month or longer.
2. Information on maternity entitlements should be made available to all female employees, in the formal and informal sector. In order to improve maternity protection benefits, awareness programs for women regarding theirs' breastfeeding entitlement should be initiated.
3. There is a need for strong advocacy from governmental and non-governmental organization for the proper implementation of sexual and reproductive act 2075 (2018).
4. The Government of Nepal should ensure that stringent monitoring for/under this Act for both the formal, as well as the informal sector
5. Paternity entitlements should be made mandatory for the private sector.

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

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

1. Criteria for assessment	√ *Check that apply*		
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country[13] indicates that IYCF curricula or session plans are adequate/inadequate	(> 20 out of 25 content/skills are included) ❑ 2	(5-20 out of 25 content/ skills are included) ❑ √1	Fewer than 5 content/skills are included) ❑ 0
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been disseminated to all facilities and personnel providing maternity care.	(Disseminate to > 50% facilities) ❑ 2	(Disseminate to 20-50% facilities) ❑ √1	No guideline, or disseminated to < 20% facilities ❑ 0
5.3) There are in-service training programmes available providing knowledge and skills related to IYCF for relevant health/nutrition care providers.[5]	Available for all relevant workers ❑ 2	Limited Availability ❑ √1	Not available ❑ 0
5.4) Health workers are trained on their responsibilities under the Code and national regulations, throughout the country.	Throughout the country ❑ 1	Partial Coverage ❑ √ 0.5	Not trained ❑ 0
5.5) Infant and young child feeding information and skills are integrated, as appropriate, into training programmes not covered in 5.1 but where the care providers may have some contact with families with infants and young children. (Training programmes such as diarrhea control, HIV, NCDs, Women's Health etc.)	Integrated in > 2 training programmes ❑ √ 1	1-2 training programmes ❑ 0.5	Not integrated ❑ 0
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country.[6]	Throughout the country ❑ 1	Partial Coverage ❑ √ 0.5	Not provided ❑ 0

13 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.

14 The types of health providers that should receive training may vary from country to country, but should include providers who care for mothers and children in fields such as pediatrics, OB-Gynae, nursing, midwifery, nutrition and public health.

15 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. Partial could mean more than 1 provinces covered.

5.7) Health policies provide for mothers and babies to stay together when one of them is hospitalised.	Provision for staying together for both ❑ 1	Provision for only to one of them: mothers or babies ❑ √ 0.5	No provision ❑ 0
Total Score	**____5.5__/10**		

Information Sources Used

Information Sources Used 5.1

1. Curriculum for M.Sc Nursing Paediatrics. Institute of Medicine 2003.
2. Curriculum for MD (Paediatrics), BPKIHS 2000.
3. Curriculum for MD (Paediatrics), TU.
4. Curriculum for MBBS (Paediatrics), TU.

Information Sources Used 5.2-5.4

1. National Health Policy, 2074 BC (2018).
2. Mother baby friendly hospital initiative guideline 2073 (2017)
3. Infant and Young Child Feeding Training Manual, Ministry of Health, 2012

Information Sources Used 5.5

1. CB-IMNCI training manual
2. Nepal integrated management of acute malnutrition (IMAM) guideline
3. Prevention of mother to child transmission of HIV in Nepal guideline

Information Sources Used 5.6-5.7

1. Nepal Health facility survey 2015. Final report
2. Basnet, S., Shrestha, M., Adhikari, T., & Shakya, A. (2020). Breastfeeding Pattern and its Associated Factors among Mothers Working at Two Hospitals in Kathmandu. *Journal of Nepal Paediatric Society*, *40*(1), 7-13. https://doi.org/10.3126/jnps.v40i1.21186
3. Mukta Singh Bhandari,Pratibha Manandhar,Dipesh Tamrakar. Practice of Breastfeeding and its Barriers among Women Working in Tertiary Level Hospitals. JNMA I VOL 57 I ISSUE 215 I JAN-FEB, 2019.
4. Chandyo RK, Ulak M, Kvestad I, Hysing M, Shrestha M, Ranjitkar S, Ulvik A, Ueland PM, Shrestha L, Strand TA. Cobalamin and Folate Status among Breastfed Infants in Bhaktapur, Nepal. Nutrients. 2018 May 18;10(5):639. doi: 10.3390/nu10050639. PMID: 29783689; PMCID: PMC5986518

Conclusions

IYCF curricula have been included in all level of health care education programmes. However, reviews of existing curriculum and training packages for health providers showed that training of counseling skills for infant and young child feeding is inadequate. Also, most of them missed to include important IYCF contents like BMS code, expression of breastmilk.

Health Service providers of all the levels who are in contacts of mothers and their young children either in health facilities or in communities need to be equipped with knowledge, attitudes, and skill necessary to integrated breastfeeding counseling, lactation management, and infant and young child feeding into their health care system.

In few of the hospitals in capital city do have in service training on IYCF for their staffs but because of new recruits and transfer of staffs all the staffs do not get training on regular basis.

Gaps

1. Reviews of existing curriculum and training packages for health providers showed that training of counseling skills for infant and young child feeding is inadequate.
2. Standards and guidelines for mother-friendly childbirth procedures and support have not been disseminated to all facilities and personnel providing maternity care.
3. In-service training programmes providing knowledge and skills related to IYCF is not provided to all health/nutrition care providers working through out the country.
4. Health workers are not adequately trained on certain important content of IYCF like Code implementation.
5. There is a lack of health policy and facilities that provide for mothers and babies to be together while in health care institutions, specially if the mother is admitted.

Recommendations

1. Implementation and integration of IYCF counseling skills in curriculum of health professionals eg: nursing and paramedics is highly recommended.
2. Standards and guidelines for mother-friendly childbirth procedures and support should be disseminated to all facilities and personnel providing maternity care.
3. Lactation management training should be incorporated as a part of continuous medical education and should be compulsorily included in pre service training of all health/nutrition care providers at all level of health facilities through out the country.
4. Health workers need to be adequately trained on certain important content of IYCF like Code implementation.
5. There should be health policy and facilities that provide for mothers and babies to be together while in health care institutions, specially if the mother is admitted.

Indicator 6: Counselling Services for the Pregnant and Breastfeeding Mothers

Key question: *Are there counselling services in place to protect, promote and support breastfeeding and optimal infant and young child feeding practices both at facility and community level*

Criteria of assessment	√ *Check that apply*		
6.1) Pregnant women receive counselling services f**or** breastfeeding during ANC.	>90% ❑ 2	50-89% ❑ 1	<50% ❑√ 0
6.2) Women receive counselling and support for initiation breastfeeding and skin to contact within an hour birth.	>90% ❑ 2	50-89% ❑ 1	<50% ❑ √ 0
6.3) Women receive post-natal counselling for exclusive breastfeeding at hospital or home.	>90% ❑ 2	50-89% ❑ √1	<50% ❑ 0
6.4) Women/families receive breastfeeding and infant and young child feeding counselling at community level.	>90% ❑ 2	50-89% ❑ √ 1	50% ❑ 0
6.5) Community-based health workers are trained in counselling skills for infant and young child feeding.	>50% ❑ √ 2	<50% ❑ 1	No Training ❑ 0
Total Score:	**_4____/10**		

Information Sources Used

Information Sources Used for subindicator 6.1

1. Nepal Demographic and Health Survey, 2016

Information Sources Used for subindicator 6.2-6.5

2. Department of Health Services .Annual Report 2074/75 (2018/2019)
3. Infant and Young Child Feeding Training Manual, Ministry of Health, 2012
4. The National Safe Motherhood and Newborn Long Term Plan 2002–2017

Conclusions

The situation of breastfeeding and infant feeding counseling services to breastfeeding mothers and lactating mothers in health facilities and communities is inadequate. The total score seems to be improved only because of the completion in training to the health staff by government and large scaled projects supported by USAID.

ANC program of the Government does not focus on breastfeeding. Although PNC component deals with breastfeeding to some extent, utilization of PNC services itself is inadequate. Mothers who visit child immunization clinics/ growth monitoring are suggested for exclusive breastfeeding and complementary feeding rather than proper counseling and follow ups.

Gaps

1. Pregnant and breastfeeding mothers receive counseling for all ANC/PNC components including IYCF. However, many women might have been missed to get counseling on IYCF so separate system for IYCF counseling data collection should be kept in place.

2. Many women miss to receive counselling and support for initiation breastfeeding and skin to contact within an hour birth.
3. Not all women receive post-natal counselling for exclusive breastfeeding at hospital or home.
4. Insufficient reach of community-based support systems to women for IYCF counseling
5. Inadequate skill training to community health workers to support breastfeeding initiation and continuation.

Recommendations

1. The Government of Nepal should strengthen the capacity building component of community health workers with particular emphasis on IYCF training especially during antenatal and postnatal care to support mothers as an important part of their maternal and neonatal care components.
2. Immunization clinics / growth monitoring should focus more on breastfeeding and complimentary feeding counseling. The growth card should be use as tools for proper counseling to mothers on IYCF.
3. Support for initiation of breastfeeding needs to be expanded to all public as well as private facilities at which women are undergoing deliveries.

Indicator 7: Accurate and Unbiased 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?*

1.	**Criteria for assessment**	**√ Check that apply**	
7.1)	There is a national IEC strategy for improving infant and young child feeding.	YES √❑ 2	NO ❑ 0
7.2)	Messages are communicated to people through different channels and in local context.	YES √❑ 1	No ❑ 0
7.3)	IEC strategy, programmes and campaigns like WBW and are free from commercial influence.	YES √❑ 1	No ❑ 0
7.4)	Breastfeeding/IYCF IEC materials and messages are objective, consistent and in line with national and/or international recommendations.	YES √❑ 2	No ❑ 0
7.5)	IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at national and local level.	YES √❑ 2	No ❑ 0
7.6)	IEC materials/messages include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF).[16]	YES √❑ 2	No ❑ 0
Total Score:		**_10____/10**	

Information Sources Used

Information Sources Used for subindicator 7.1

1. Nepal national communication strategy on MNCH 2011-2016 en.pdf

Information Sources Used for subindicator 7.2-7.3

2. Accelerating_Progress_in_Reducing_Maternal_and_Child_Undernutrition_in_Nepal_2012.pdf
3. http://chd.gov.np/index.php/our-downloads
4. https://www.youtube.com/watch?v=0jLkg_UwUZo

Information Sources Used for subindicator 7.4-7.6

5. Nepal national communication strategy on MNCH 2011-2016 en.pdf
6. https://npcs.org.np/publications_pamphlets.html
7. https://archnutrition.org/

16 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. This is to minimize health hazards. Parents 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.

Conclusions

The communication strategies for interventions on nutrition are focused on three mutually supporting communication approaches namely advocacy communication, social mobilization communication and behavioural change communication. IEC materials developed are suitable and acceptable to Nepalese community. These materials are also in accordance to national IYCF strategy. However, distribution of IEC materials, talk programmes, media involvement and other advocacy programmmes for breastfeeding are mostly restricted during breastfeeding week. It is also noticed that Public needs more awareness regarding danger of formula and bottle feeding which may be the reason for increasing rate of bottle feeding. There should be increased number of IEC materials about the risk of artificial feeding.

Gaps

1. Communicative strategy is not continuous throughout the year.
2. IEC materials on risks of artificial feeding are not adequate.
3. Frequency of distribution IEC materials and media coverage on breastfeeding might be less and needs further analysis

Recommendations

1. Public needs more awareness regarding danger of formula and bottle feeding There should be increased number of IEC materials about the risk of artificial feeding.
2. To promote IEC strategy electronic and print media should be utilized more and should be a continous process throughout the year.

Indicator 8: Infant Feeding and HIV

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

Criteria for Assessment[17]		**1. √ Check that apply**	
8.1)	The country has an updated policy on Infant feeding and HIV, which is in line with the international guidelines on infant and young child feeding and HIV[18].	YES ❑ √ 2	No policy ❑ 0
8.2)	The infant feeding and HIV policy gives effect to the International Code/ National Legislation.	YES ❑√ 1	No ❑ 0
8.3)	Health staff and community workers of HIV programme have received training on HIV and infant feeding counselling in past 5 years.	YES ❑ √1	No ❑ 0
8.4)	HIV Testing and Counselling (HTC)/ Provider-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.	YES ❑ √1	No ❑ 0
8.5)	The breastfeeding mothers living with HIV are provided ARVs in line with the national recommendations.	YES ❑ √ 1	No ❑ 0
8.6)	Infant feeding counselling is provided to all mothers living with HIV appropriate to national circumstances.	YES ❑ 1	No ❑ √ 0
8.7)	Mothers are supported and followed up in carrying out the recommended national infant feeding	YES ❑ 1	No ❑ √ 0
8.8)	Country is making efforts 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.	YES ❑ √ 1	No ❑ 0
8.9)	Research on Infant feeding and HIV is carried out 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.	YES ❑ 1	No ❑√ 0
Total Score:		**____7 /10**	

17 Some of the questions may need discussion among the core group, and based on information sources the Core group may decide about the strengths.

18 Updated guidance on this issue is available from WHO as of 2016. Countries who may be using the earlier guidance and are on way to use the new guidance if not completely may be included here.

Information Sources Used

Information Sources Used for subindicator 8.1and 8.2

1. Prevention of mother to child transmission of HIV in Nepal guideline 2011

Information Sources Used for subindicator 8.3

2. Unicef annual report 2017.
3. National HIV Estimates, NACSC, 2017.
4. NACSC website www. ncasc.gov.np

Information Sources Used for subindicator 8.4 to 8.8

5. Prevention of mother to child transmission of HIV in Nepal guideline

Information Sources Used for subindicator 8.9

6. Radha Acharya, Trishna Acharya,Ramesh Devkota. Knowledge regarding prevention of mother to Child Transmission of HIV/AIDS among Antenatal Mothers in Nepal. Journal of College of Medical Sciences-Nepal, Vol-14, No 1, Jan-Mar 018 ISSN: 2091-0657 (Print); 2091-0673 (Online)

Information Sources Used for subindicator 9.5 and 9.6

7. Prevention of mother to child transmission of HIV in Nepal guideline 2011

Conclusions

Nepal has made significant progress in this indicator by developing policy and guideline in line with the international reccomendation on infant and young child feeding and HIV. However, counselling and support for lactating mother with HIV need to be strengthened. Similarly,research on Infant feeding and HIV need to be carried out 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.

Gaps

1. Though there is HIV Testing and Counselling (HTC)/ Provider- Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available, the service is not available for all the couples who are considering pregnancy and to pregnant women and their partners.
2. The national guideline on Infant feeding counseling is available , however it is not accessible to all mothers living with HIV.
3. The service to support mothers to follow national feeding strategies as well as the program to follow them regarding feeding is not available at national level.
4. There are few researches on knowledge on PMCTC or availability of ART however intervetional researches are still lacking in academia.

Recommendations

1. Antenatal counseling for couples including for those who are planning for pregnancies should be made more accessible.
2. Provision of support and follow up to carry out recommended national infant feeding.
3. More in depth research including intervention outcome would be helpful for advocacy and policy development in the field of PMTCT and infant feeding strategies.

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?*

Criteria for assessment		**√ Check that apply**	
9.1)	The country has a comprehensive Policy/Strategy/ Guidance on infant and young child feeding during emergencies as per the global recommendations with measurable indicators.	YES ❑ √ 2	NO ❑ 0
9.2)	Person(s) tasked to coordinate and implement the above policy/strategy/ guidance have been appointed at the national and sub national levels	YES ❑ √2	NO ❑ 0
9.3)	The health and nutrition emergency preparedness and response plan based on the global recommendation includes:		
	1. basic and technical interventions to create an enabling environment for breastfeeding, including counselling by appropriately skill trained counsellors, and support for relactation and wet-nursing.	YES ❑ √0.5	NO ❑ 0
	2. measures to protect, promote and support appropriate and safe complementary feeding practices	YES ❑ √ 0.5	NO ❑ 0
	3. measures to protect and support the non breast-fed infants	YES ❑ √0.5	NO ❑ 0
	4. Safe spaces for IYCF counselling support services.	YES ❑ 0.5	NO ❑ √0
	5. measures to minimize the risks of artificial feeding, including an endorsed Joint statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and minimize the risk of formula feeding, procurement management and use of any infant formula and BMS, in accordance with the global recommendations on emergencies	YES ❑ √0.5	NO ❑ 0
	6. Indicators, and recording and reporting tools exist to closely monitor and evaluate the emergency response in the context of feeding of infants and young children.	YES ❑ √0.5	NO ❑ 0
9.4)	Adequate financial and human resources have been allocated for implementation of the emergency preparedness and response plan on IYCF	YES ❑ √2	NO ❑ 0
9.5)	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.	YES ❑ 0.5	NO ❑ √ 0
9.6)	Orientation and training is taking place as per the national plan on emergency preparedness and response is aligned with the global recommendations (at the national and sub-national levels)	Yes ❑ √0.5	NO ❑ 0
Total Score:		**___9 __/10**	

Information Sources Used

Information Sources Used for subindicator 9.1-9.3

1. Infant and Young Child Policy 2073/74 BC (2014) Nepal. Child Health Division. Department of Health Services. Ministry of Health and Population. Government of Nepal.
2. National Health Policy, 2074 BC (2014).

Information Sources Used for subindicator 9.4 to 9.6

3. Joint statement of untargeted distribution of Infant Formula and BreastMilk Substitutes in Emergencies. Child Health Division, Ministry of Health and Population. April 30,2015.
4. Humanitarian Action for Children . UNICEF. www.unicef.org/appeals/nepal.
5. Delivering essential nutrition services for children after the Nepal earthquake. The Lancet. Vol 13 November 2015

Conclusions

Nepal has made a notable progress in development of emergency prepared plans and responses which clearly address the infant feeding during emergency. It has also identified a national coordinator with UN, donors, military and NGOs and related clusters working for emergency situation. The infant feeding in emergency plan ensures exclusive breastfeeding and to minimize the risk of artificial feeding. However, Infant feeding during emergency needs to be integrated into pre-service and in-service training for relevant health care personnel.

Gaps

1. Still there is inadequate human resources and implementation experiences in infant feeding in emergency.
2. There is need of designated spaces and places for IYCF counseling during emergency
3. There is a need of continuous pre and in-service training for IYCF during emergency to the health care personnel working in the related field.

Recommendation

1. Advocacy for its inclusion of emergency management in pre-service curriculum of medical and paramedical including refresher training into in-service is required.
2. To developed user friendly IYCF IEC materials including BMS code.

Indicator 10: Monitoring and Evaluation

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

There is a system of monitoring and evaluation of nutrition and health indicators as a part of annual reporting of child health indicators. But the annual system does not include key indicators related to infant and young child feeding practices. Infant and young child feeding practices' data is generated by the national health management information system annually. But the quality of data needs to be improved for effective use of the system reported data .The system does not incorporate all IYCF data recorded in newly introduced IYCF indicators in growth monitoring cards though the IYCF program or activities (national and sub national level) include IYCF indicators in child cards. The indicators such as early breastfeeding within an hour, exclusive breastfeeding for 0-6 months, continued breastfeeding, complementary feeding and adequacy of complementary feeding are included in National Demographic Health Survey as a routine evaluation of the indicators.

These data on progress made in implementing the IYCF program are used by Policy makers /program managers to guide planning and investment decisions mostly at national level. National Planning Commission also has multi–sectoral monitoring system and NeKSAP surveillance system under Ministry of Agriculture but these systems do not include the IYCF indicators as expected.

With exception, data of the progress made in implementing IYCF programmes and activities are routinely or periodically collected at some municipalities and based on some child nutrition indicators award system has also introduced in those municipalities. Regarding IYCF Surveillance , Only two district of Nepal Accham and Rupandehi has established surveillance system as part of the project in support of UNICEF.

Criteria for assessment	**√ Check that apply**	
10.1) Monitoring and evaluation of the IYCF programmes or activities (national and sub national levels) include IYCF indicators (early breastfeeding within an hour, exclusive breastfeeding 0-6 months, continued breastfeeding, complementary feeding and adequacy of complementary feeding)	YES ❑ √2	NO ❑ 0
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investment decisions.	YES ❑ √1	NO ❑ 0
10.3) Data on progress made in implementing IYCF programme and activities are routinely or periodically collected at the sub national and national levels.	YES ❑ √ 3	NO ❑ 0
10.4) Data/information related to IYCF programme progress are reported to key decision-makers.	YES ❑ √ 1	NO ❑ 0
10.5) Infant and young child feeding practices data is generated at least annually by the national health and nutrition surveillance system, and/or health information system.	YES ❑ 3	NO ❑ √0
Total Score	**___7__/10**	

Information Sources Used:

Information Sources Used for subindicator10.1

1. Nepal Demographic Health Survey, 2016
2. HMIS-Database.2074_75_by_Local_Government

Information Sources Used for subindicator10.2-10.5

3. DoHS , Annual Report, 2074/2075 (2018/2019)
4. http://neksap.org.np/assessments-and-report

Conclusions

There is a system of monitoring and evaluation of nutrition and health indicators as a part of annual reporting of child health indicators. But the annual system does not include key indicators related to infant and young child feeding practices. Infant and young child feeding practices' data is generated by the national health management information system annually. But the quality of data needs to be improved for effective use of the system reported data .The system does not incorporate all IYCF data recorded in newly introduced IYCF indicators in growth monitoring cards though the IYCF program or activities (national and sub national level) include IYCF indicators in child cards. The indicators such as early breastfeeding within an hour, exclusive breastfeeding for 0-6 months, continued breastfeeding, complementary feeding and adequacy of complementary feeding are included in National Demographic Health Survey as a routine evaluation of the indicators. These data on progress made in implementing the IYCF program are used by Policy makers /program managers to guide planning and investment decisions mostly at national level. National Planning Commission also has multi–sectoral monitoring system and NeKSAP surveillance system under Ministry of Agriculture but these systems do not include the IYCF indicators as expected.

Project data are monitored and evaluated at project sites which cannot be represented at national level.

Gaps

1. There is a need of annual IYCF monitoring and evaluation system in the country
2. National level HMIS does not include all IYCF indicators and data reporting system needs to be improved.

Recommendations

1. Annual health reporting system of the government should include all critical indicators of IYCF or separate IYCF surveillance system needs to be introduced at national level.
2. Data quality of annual reporting system should be improved.

Part II – IYCF Practices

In Part II ask for specific numerical data on each infant and young child feeding practice. Those involved in this assessment are advised to use data from a random household survey that is national in scope[19]. The data thus collected is entered into the web- based printed toolkit. The achievement on the particular target indicator is then rated i.e. **Red, Yellow, Blue and Green.** The cut off points for each of these levels of achievement were selected systematically, based on an analysis of past achievements on these indicators in developing countries. These are incorporated from the WHO's tool.

Definition of various quantitative indicators have been taken from "WHO's Indicators for assessing infant and young child feeding practices - 2008" Available at: http://www.who.int/nutrition/publications/infantfeeding/9789241596664/en/

19 One source of data that is usually high in quality is the Demographic and Health Survey (DHS)(4) conducted in collaboration with Macro International and national research organizations, with support from USAID. If this source of data is used the data are likely to be comparable across countries. Other sources of data include UNICEF's Multiple Indicator Cluster Surveys (MICS) (5) and the WHO Global Data Bank on Breastfeeding (6). In some countries recent national surveys may have been conducted. It is important to assess the scope and quality of any data sources being considered for use.

Indicator 11: Initiation of Breastfeeding (within 1 hour)

Key question: *What is the percentage of newborn babies breastfed within one hour of birth?__55___%*

Assessment

Indicator 11: Initiation of Breastfeeding (within 1 hour)	***Key to rating adapted from WHO tool***	*Percentage*	***Colour-rating***
	0.1-29%		**Red**
	29.1-49%		**Yellow**
	49.1-89%	55%	**Blue**
	89.1-100%		**Green**

Over half (55%) of children were breastfed within 1 hour of birth. Early breastfeeding is more common among children born at a health facility (59%) than among those born at home (47%). The percentage of children breastfed within 1 hour of birth is higher in mountain zone (61%) and Province 7 (71%), and among those born in the lowest wealth quintile (62%). Among the last born children under age 2 who had been breastfeed, 3 in 10 (29%) were given pre-lacteal food within 3 days of birth. The practice of giving prelacteal food is higher in terai zone (38%), in Central region (40%), and in Province 2 (48%), and is also more common among children from families in the highest wealth quintile (38%).

Although the early initiation of breastfeeding rate has improved from 45% in 2011 to 55% in 2016,

Still forty five percent (45%) mother do not initiate the breastfeeding within an hour of birth. One of the reasons for increased breastfeeding within an hour could be due to increase in institutional delivery from 35% in 2011 to 57% in 2016.

However, the prelacteal feeding has slightly increased from 28% in 2011 to 29% in 2016.

In the study done by NEBROF in seven hospitals of Kathmandu valley, 83% of babies born by Normal Vaginal Delivery were breastfed within 1 hour and they were helped by nursing staffs.

When babies were born by Caesserean Section, only in one third of the babies were kept together with mothers and rest were kept in neonatal ward and NICU. Those babies who were kept with mothers only 35% started with breastfeeding.

Increasing the rate of breastfeeding within one hour is crucial in order to establish exclusive breastfeeding and control pre-lacteal feedings. Early initiation of breastfeeding is very crucial to low birth babies as more than 12-30 percent of children are born with low birth weight in Nepal. Young and primi mothers need intensive breastfeeding support during initiation of breastfeeding.

Summary of Comments

Rate of initiation of breastfeeding has increased from 45 to 55% which could be due to increase rate of institutional delivery. However, the prelacteal feeding is increasing too. Initiation of early breastfeeding is low amongst mother in Terai and hilly region and those in upper wealth quintile.

Data Source (including year):

1. Nepal Demographic and Health survey 2016. https://www.dhsprogram.com/pubs/pdf/fr336/fr336.pdf
2. Exploring gaps for failures of Baby Friendly Hospital Initiative (BFHI) in Kathmandu valley

Indicator 12: Exclusive Breastfeeding under 6 months

Key question: *What is the percentage of infants less than 6 months of age who were exclusively breastfed[20] in the last 24 hours?__66____%*

Assessment

	Key to rating adapted from WHO tool	*Percentage*	*Colour-rating*
Indicator 12: Exclusive Breastfeeding under 6 months	0.1-11%		**Red**
	11.1-49%		**Yellow**
	49.1-89%	66%	**Blue**
	89.1-100%		**Green**

Exclusive breastfeeding among children under age 6 months increased from 53% in 2006 to 70% in 2011. However, in 2016, there was a slight decline in the percentage of exclusively breastfed children, to 66%.

The median duration of exclusive breastfeeding has sharply increased from 2.5 months in 2006 to 4.2 months in 2016. Children in rural areas are exclusively breastfed for a longer duration than children from urban areas (4.5 months versus 3.9 months). Children from Province 1 have the lowest duration of exclusive breastfeeding at 3.3 months whereas those from Province 6 have the highest duration at 5.4 months. The median duration of exclusive breastfeeding is higher for children in the lowest wealth quintile than for those in the highest wealth quintile (4.9 months and 3.6 months, respectively). Inadequate public awareness, easy availability of formula milk and cultural practice to introduce complementary feeding as early as five months could be the few possible reasons for shorter duration of exclusive breastfeeding.

Data Source (including year):

Nepal Demographic and Health survey 2016.

Summary of Comments

There has been slight decrease in exclusive breastfeeding rate from 70% to 66%. This rate is better amongst children in rural area, in western provinces and those in lowest wealth quintiles.

20. 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?__ >35____ months*

Assessment

	Key to rating adapted from WHO tool	*Months*	*Colour-rating*
Indicator 13: Median Duration of Breastfeeding	0.1-18 **Months**		**Red**
	18.1-20 ”		**Yellow**
	20.1-22 ”		**Blue**
	22.1- 24 or beyond ”	>35months	**Green**

Additional Information

The *“Innocenti Declaration”* and the Global Strategy for Infant and Young Child Feeding recommends that babies continue to be breastfed for two years of age or beyond along with adequate and appropriate complementary foods starting after six months of age. Breastmilk continues to be an important source of nutrition and fluids and immunological protection for the infant and the young child. The continued closeness between mother and child provided by breastfeeding helps in optimal development of the infant and young child.

According to NDHS 2016, 98% of children continued breastfeeding till one year and 89% of children under two year were continued with breastfeeding. It is interesting to note that median duration of breastfeeding in Nepal is exceptionally high (>35 months). The trend of median breastfeeding duration is satisfactory and is in rising trend. Such longer duration of breastfeeding is the result of tradition of it throughout Nepal.

Summary of comments

The trend of median breastfeeding duration is satisfactory .

Data Source (including year):

Nepal Demographic and health survey 2016

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? ____13__%*

Definition of the indicator: *Proportion of children 0–12 months of age who are fed with a bottle*

Assessment

	Key to rating adapted from WHO tool	***Percentage***	***Colour-rating***
Indicator 14: Bottle-feeding (0-12 months)	29.1-100%		**Red**
	4.1-29%	13%	**Yellow**
	2.1-4%		**Blue**
	0.1-2%		**Green**

Thirteen percentage of babies are bottle fed which is almost doubled as compared to 6% in 2011. The rate of bottle feeding is rising in double fold constantly over last three NDHS survey. This is quite alarming. The recommendation is to feed any liquids or water using cup but not by bottle, for infant beyond six months of age. Feeding bottles with artificial nipples and pacifiers (teats or dummies) may cause nipple confusion and infant's refusal of the breast after their use. Further, feeding bottles are more difficult to keep clean than cups and easily contaminated leading to illness of you children.

Possible reasons for the rise in bottle feeding could be due to easy availability of bottle in the market and the convenient to feed by bottle compared to cup for the caregiver. Avoidance of bottle feeding should be included in national IYCF strategy and IEC materials indicating dangers of bottle feeding should be developed and distributed so as to increase public awareness to avoid bottle feeding.

Data Source (including year):

Nepal Demographic and health survey 2016

Summary Comments:

The rate of bottle feeding has doubled over last 5 years. This indicates need for public awareness about the dangers of bottle feeding and alternate technique for breast milk feeding.

Indicator 15: Complementary Feeding (6-8 months)

Key question: *Percentage of breastfed babies receiving complementary foods at 6-8 months of age?*
___84___%

Definition of the indicator: *Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods*

Assessment

	Key to rating adapted from WHO tool	*Percentage*	***Colour-rating***
Indicator 15: Complementary Feeding (6-8 months)	0.1-59%		**Red**
	59.1-79%		**Yellow**
	79.1-94%	84%	**Blue**
	94.1-100%		**Green**

The proportion of infants who are timely introduced with complementary feeding has increased from 70% in 2011 to 84% in 2016. In NDHS, mothers with age of youngest children, under age 2 are interviewed for the types of foods and liquids consumed in the preceding day and/or night, and in relation to the child's age and breastfeeding status. The most commonly consumed foods are made from grains (71% among breastfeeding children and 97% among nonbreastfeeding children), followed by food made from legumes and nuts (54% among breastfeeding children and 78% among nonbreastfeeding children), and food made from roots and tubers (44% among breastfeeding children and 62% among nonbreastfeeding children).

Among breastfeeding children age 6-23 months, 3% consumed infant formula, 47% consumed other milk, and 47% consumed other liquids. Among nonbreastfeeding children, 3% consumed infant formula, 73% consumed other milk, and 58% consumed other liquids. Among breastfeeding children, 47% consumed vitamin A-rich fruits and vegetables, 38% consumed other fruits and vegetables, 25% consumed meat products, 13% consumed eggs, and 15% consumed milk products. Among nonbreastfeeding children, 51% consumed vitamin A-rich fruits and vegetables, 35% consumed other fruits and vegetables, 27% consumed meat products, 22% consumed eggs, and 16% consumed milk products.

Minimum Acceptable Diet

47% of children had received a minimum number of food groups (46% among breastfed and 63% among nonbreastfed), 71% had received food the minimum number of times appropriate for their age (71% among breastfed and 77% among nonbreastfed), and 36% had met the criteria of minimum acceptable diet (36% among breastfed and 23% among nonbreastfed).

Data Source (including year):

Nepal Demographic and health survey 2016

Summary Comments:

The percentage of children fed according to the minimum recommended standards has improved in the last 5 years. In 2011, 24 % of children age 6-23 months were fed a minimum acceptable diet, and in 2016, this percentage increased to 36%.

Summary Part I: IYCF Policies and Programmes

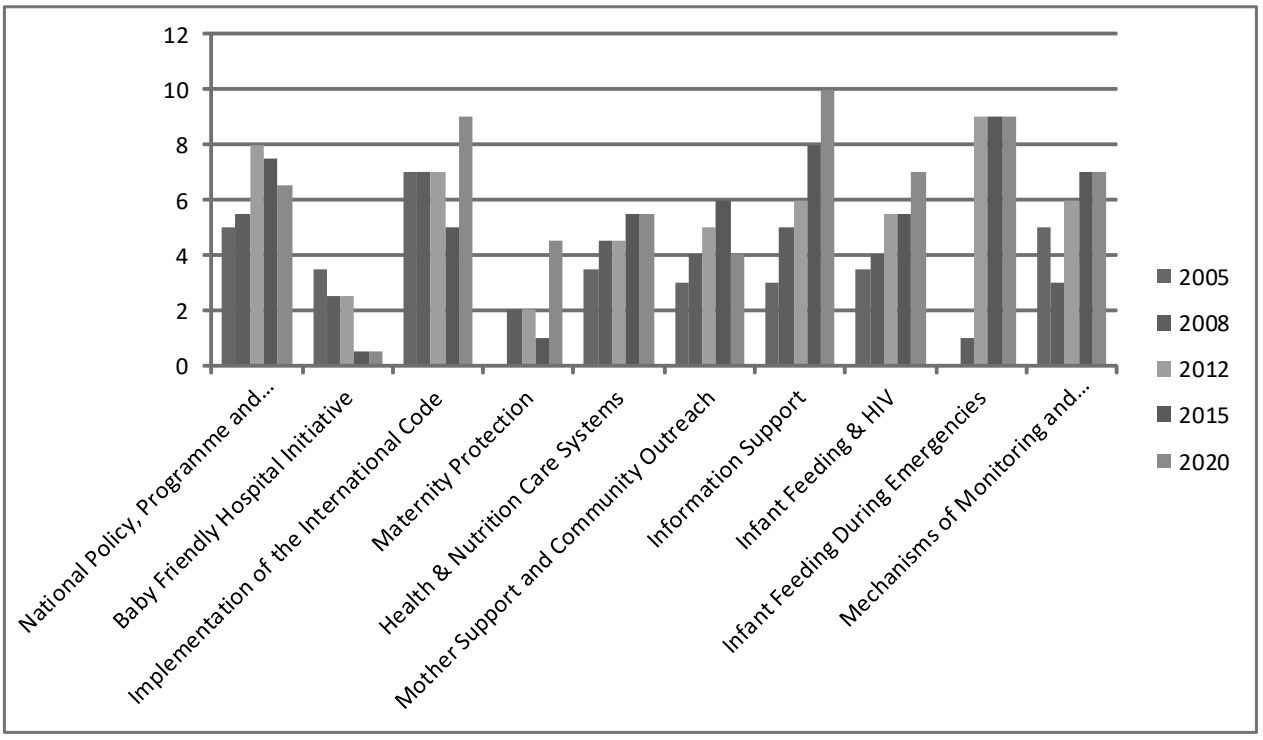
Targets:	Score **(Out of 10)**
1. National Policy, Governance and Funding	**6.5**
2. Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding	**0.5**
3. Implementation of the International Code of Marketing of Breastmilk Substitutes	**9**
4. Maternity Protection	**4.5**
5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)	**5.5**
6. Counselling Services for the Pregnant and Breastfeeding Mothers	**4**
7. Accurate and Unbiased Information Support	**10**
8. Infant Feeding and HIV	**7**
9. Infant and Young Child Feeding during Emergencies	**9**
10. Monitoring and Evaluation	**7**
Total Country Score	**63**

Guidelines for WBT*i*

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

Scores	**Total Country Score**	**Colour-coding**
0 – 30.9		**Red**
31 – 60.9		**Yellow**
61 – 90.9	**63**	**Blue**
91 – 100		**Green**

Comparision of Indicators 1 – 10 of last four WBTi



Conclusions

The comparison of recent assessment with the previous ones indicates some improvement in National policy and programmes. Compared to WBTi 2015 of the country for policies and programmes, score has increased from 55 to 63. These improvements are mainly observed due to amendment of BMS code monitoring and introduction of maternity act 2019. The total score for the assessment had also shown significant improvement. However, indicator 1 on national policy, programmes and coordination has shown some deterioration. Scores for other indicators has not really changed. Due to change in the questionnaire for this indicator in the recent revised WBTi tool, the scores has decreased and indicates need for regular BPPC meeting and calculation of exact fund allocated for IYCF. The static score or low score on BFHI, health and nutrition care system, Mother Support and Community Outreach and Infant Feeding During Emergencies over the last decade is alarming. This demands the need for MBFHI dissemination and assessment programmes. Similarly, community based counseling through mother support group and support services for the pregnant and breastfeeding woman with focus on skill transfer should be integrated into an overall infant and young child health. There had been some improvement observed in IEC material content resulting in higher score for the indicators 7.

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

IYCF Practice		Result	Colour-coding
11.	Indicator 11: Initiation of Breastfeeding (within 1 hour)	__55____ %	
12.	Indicator 12: Exclusive Breastfeeding under 6 months	__65____ %	
13.	Indicator 13: Median Duration of Breastfeeding	__35_ months	
14.	Indicator 14: Bottle-feeding (0-12 months)	___13___ %	
15.	Indicator 15: Complementary Feeding (6-8 months)	___84___ %	

Conclusions

The Government of Nepal has policies and programs in place to promote optimal practices for breastfeeding and complementary feeding, with the aim of achieving SDG targets. Nepal has adopted a multi-sector approach to address under-nutrition and has made a concerted effort to achieve policy coherence by involving all relevant sectors and concerned stakeholders. Government of Nepal has increased annual budget allocation for national nutrition program me. IYCF has been an integral part of many programs. However, the budget allocation on IYCF intervention has not been calculated separately. In spite of its existence of BPPC since 1992, the meetings of the committee could not be regular. Therefore, formation of Sub-Breastfeeding Promotion and Protection Committee, under Family Welfare Division (FWD) in 2017 is one of the important achievement in last 4years. Also, guidelines for mother and baby friendly hospital initiative (MBFHI) 2073 (2017), guidelines and tools for BMS Act monitoring, endorsement of Safe Motherhood and Reproductive Right Acts, 2075 (2019) are few others important milestones achieved. Amendment of BMS Act 2049 (1993) in accordance with subsequent relevant WHA resolutions and national relevancy is in the process. Designation of BMS act monitors in all level of health facility, implementation of Safe motherhood and reproductive right acts 2075 (2019), MBFHI accreditation are the main challenges for the country now.

Incorporation of IYCF counseling skills along with BMS Act, SM and RR 2075 (2019) components in all level of healthcare education programs could be the step ahead. IYCF counseling service for antenatal/postnatal mothers and its data management need to be optimized. Nepal has made a notable progress in development of emergency prepared plans on IYCF and feeding guideline for HIV exposed infants. However, counselling and support for lactating mother with HIV need to be strengthened. Also, infant feeding during emergency needs to be integrated into pre-service and in-service training for relevant health care personnel for its proper implementation in the actual emergencies.

Decreasing rate of exclusive breast feeding and Increasing rate of bottle feeding are alarming indicating need to strengthen our information system for IYCF.

Compared to WBTi 2015 of the country for policies and programmes, score has increased from 55 to 63. This improvement has mainly observed due to some development in implemention of BMS code and maternity protection. Similarly in IYCF practices, though exclusive breastfeeding rate has slightly decreased, other indicators remain unchanged and overall score remain static.

Key Gaps

1. Breastfeeding Promotion and Protection Committee meetings have been found to be inadequate and irregular.
2. In spite of large amount of fund allocation in nutritional sectors and IYCF being a part of various nutrition related programs, the amount invested in IYCF has not been separately calculated.
3. Due to lack of monitoring and supervision for a long time after certification of BFHI, none of our hospitals could be certified as baby friendly.
4. There is a need to disseminate MBFHI guideline in all provinces and tiers of health facility for its proper implementation..
5. There is lack of policy and legislation regarding breastfeeding that covers employers in informal sectors
6. Though there is provision of breastfeeding break till child is 2 years of age, the physical facility, breastfeeding breaks and crèche in the offices are lacking in all sectors , be it governmental or private sectors.
7. Reviews of existing curriculum and training packages for health providers showed that training of skills in counseling for infant and young child feeding is inadequate.
8. Pregnant and breastfeeding mothers received counseling for all ANC/PNC components including IYCF. However, many women might have been missed to get counseling on IYCF so separate system for IYCF counseling data collection should be kept in place.
9. Communicative strategy for IYCF is not continuous throughout the year and IEC materials on risks of artificial feeding are not adequate.
10. HIV Testing and Counseling services are not available for all the couples who are considering pregnancy and to pregnant women and their partners. The national guideline on Infant feeding counseling is not accessible to all mothers living with HIV.
11. There is lack of continuous pre and in-service training for IYCF during emergency to the health care personnel working in the related field. There is need of designated spaces and places for IYCF counseling during emergency

Key Recommendations

1. BPP Committee and subcommittee meetings should be held regularly with decision capacity to deploy BMS monitors at all tiers of government. Also, these committees should develop a mechanism for regularly monitoring and supervision health facilities for certification of MBFHI.
2. Effective coordination with sectors other than health for effective implementation of the IYCF policies is highly recommended.
3. Calculation of fund investment in breastfeeding needs to be calculated and advocacy in improving BF/IYCF national indicators need to be strengthened.
4. Dissemination of MBFHI guideline at all level of facilities should be done. Health facilities should be encouraged to adopt national MBFHI guideline.
5. Health care settings should be encouraged to use self appraisal tool for themselves to identify the gap in the establishment of MBFHI. This self appraisal tool should be incorporated in the national health programs for its long term sustainability.
6. BMS act amendment process of BMS act should be fastened and should be implemented soon.
7. There is a need for strong advocacy from governmental and non-governmental organization for the proper implementation of sexual and reproductive act 2075 (2019). Awareness programs for women regarding theirs' breastfeeding right should be initiated.
8. Implementation and integration of IYCF practical skills in curriculum of health professionals is recommended.
9. Immunization clinics / growth monitoring should focus more on breast feeding and complimentary feeding counseling. The growth card should be used as tools for proper counseling to mothers on IYCF.
10. Public needs more awareness regarding danger of formula and bottle feeding indicating need to increase awareness about the risk of artificial feeding. Communicative strategies should be continuous process throughout the year and should also include BMS act.
11. Advocacy for its inclusion of emergency management in pre-service curriculum of medical and paramedical including refresher training into in-service is required.