World Breastfeeding Trends Initiative (WBT*i*)

IBFAN ASIA

IBFAN Asia
BP-33, Pitam Pura, Delhi-110 034, India
Phone: 91-11-27343608, Fax : 91-11-27343606,
E-mail: info@ibfanasia.org , wbti@worldbreastfeedingtrends.org
Website : www.worldbreastfeedingtrends.org

The World Breastfeeding Trends Initiative (WBT*i*)

Name of the Country: SÃO TOMÉ & PRÍNCIPE

Year: 2010

Introduction

The World Breastfeeding Trend Initiative (WBTi) is a monitoring and evaluation tool linked to IBFAN and WABA. It was an innovative experience to the MoH Sao Tome e Principe and it was very well accepted by a team of 14 motivated and active participants who attended the training workshop.

A core team comprised of 4 staff members was set up to organize the event.
All invited institutions attended and some invited guests for the opening ceremony have volunteered themselves to participate in the training.

Background

The Democratic Republic of Sao Tome and Principe, is the smallest Portuguese-speaking island nation in the Gulf of Guinea, off the western equatorial coast of Central Africa. It consists of two archipelagos around the two main islands: São Tomé and Príncipe, with a total population of 165,000, and under-five population of 23,000 (2010).
About 157,500 live on São Tomé and 6,000 on Príncipe. All are descended from various ethnic groups that have migrated to the islands since 1485.

Health and Nutrition
According to the Countdown to 2015 Maternal, Newborn and Child Survival data, the Infant Mortality Rate is 53/1000live births (2010) , Under-five Mortality Rate is 80/1000 live births ((2010) - IGME, 2011)) and Maternal Mortality Ratio is 70/100,000 births ((2010)- MMEIG, 2012)). Eighty two percent (82%) live births are attended by skilled health professional (DHS 2008-2009).
Immunization has good coverage, since in 2010 98% of children were immunized against measles, and the same percentage was immunized with 3 doses DTP (WHO/UNICEF); Vitamin A supplementation (two dose coverage is 41% (2010).
The percentage of children <5 years who are underweight are 14% and 32% are stunted. Low Birth Weight incidence (moderate and severe is 8% (2006).
Early Initiation of Breastfeeding (within one hour after birth) is 45% (2008-2009); the introduction of solids, semi solids/soft foods is 74% (2008-2009).
There was a resurgence of malaria in the country in 2010, but the exact cause is unknown.[17] Female life expectancy at birth was 65.1 years in between 2005 and 2010, and male life expectancy at 62.8 for the same time period.[18] Healthy life expectancy at birth was at 64.7 years in 2011.[19]

In 2010, about 32% of population have access to piped drinking water and 57% of other improved water supplying sources in urban areas; in the rural settings more people access other improved water supplying (70% than piped one (18%). A similar trend happens with improved sanitation coverage, whereby 30% of population has access to improved sanitation in urban setting, and only 18% in rural areas. The majority (64%) of rural communities practice open defecation (WHO/UNICEF JMP, 2012).

Education and Labor
A significant portion of the STP workforce is young, relatively well–educated and multilingual (Portuguese and French). However, further training is needed as the economy continues to develop. The cost for basic unskilled labor is about $35 to $50 per month, and it is increasing over time. Minimum wage, workday, overtime, paid annual vacations, and holidays are established by STP labor laws. Women are entitled to state-funded maternity leave for a period of 30 days before and 30 days after childbirth. The law does not prohibit anti-union discrimination or retaliation against strikers. Labor laws, including occupational health and safety standards, are poorly enforced due to a lack of resources. Workers' collective bargaining agreements remain relatively weak due to the government's role as the principal employer and key interlocutor in labor matters, including wages (Source: 2012 Investment Climate Statement, Bureau Of Economic And Business Affairs, June 2012 Report).

Assessment process followed by the country

In April 2010, an advocacy visit was carried out by the IBFAN Africa Regional Coordinator and the Lusophone Porgramme Officer to Sao Tome.
Among the objectives of the visit was:

- To train a multidisciplinary and multisectoral team of professionals on the use of the WBTi assessment tool and the process of collecting, analyzing and using the report for decision making to improve infant and young child feeding and the implementation of the Global strategy, thereby supporting the country in achieving the MDG's in 2015;

- To call for the UN agencies to support national groups that are implementing IYCF and maternal health programmes, as a way of making recognition of the community support groups.

A core team comprised of 4 staff members was set up to organize the logistics of the training. Fourteen (14) participants from different governmental and non-governmental organizations were invited and some guests of the opening ceremony have volunteered themselves to participate in the training.

An action plan was developed to finalize the task, and a report was produced and validated by stakeholders, before sending to the regional Office.
Among the stakeholders/partners that validated the Report were:

- Ministry of Health
- WFP
- WHO
- UNICEF
- Ministry of Education
- International Medical Assistance
- Chamber of Commerce
- Ministry of Agriculture and Fisheries

Constraints:

Given the staff turn-over, the core group members who successful conducted the WBTi Assessment and produced the Report could not be reached to input on the Report after receiving comments from the WBTi centre in Asia. As a result, it took the IBFAN Africa Regional Office almost 2 year of frequent attempt to get feed–back from the country with no success. Ultimately, internet search had to be conducted in order to fill up the gaps, for the missing information.

Assessment Findings

Indicator 1: *National Policy, Programme and Coordination*

Key Question: Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National Infant and Young Child Feeding Committee and Coordinator?

Criteria of Indicator 6	Scoring	Results ✓ *Check any one*
1.1) A national Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2	
1.2) The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	2	
1.3) A National Plan of Action has been developed with the policy	2	
1.4) The plan is adequately funded	1	
1.5) There is a National Breastfeeding Committee	1	
1.6) The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	
1.7) The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5	
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	
Total Score	**0/ 10**	**0**

Information and Sources Used:

- National Health Development Plan (2001-2005)

Gaps:

- There is no national infant and young child feeding/breastfeeding policy that protects promotes and supports optimal infant and young child feeding, despite the existence of a National Health Development Plan (2001-2005) which includes some guidelines for this practise.

Recommendations:

- To make advocacy to the Ministry of Health for the elaboration of a national infant and young child feeding policy, as well as a National Plan and establish a proper committee.

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

Key Question:

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

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

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

2A) Quantitative

2.1) What percentage of hospitals and maternity facilities that provide maternity services have been designated "Baby Friendly" based on the global or national criteria? ***0 %***

2B) Qualitative

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

BFHI designated hospitals that have been certified after a minimum recommended training of 18 hours for all its staff working in maternity services ***0 %***

Qualitative

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

Criteria	Score	Results ✓ *Check that apply*
2.3) BFHI programme relies on training of health workers	.5	
2.4) A standard monitoring system is in place	.5	
2.5) An assessment system relies on interviews of mothers	.5	
2.6) Reassessment systems have been incorporated in national plans	.5	
2.7) There is a time-bound program to increase the number of BFHI institutions in the country	.5	
Total Score		
Total Score 2A, 2B and 2C	**0/10**	**0**

Information and Sources Used:

- Country Profiles (BFHI analysis report, Nutrition section, UNICEF), February 1999.

Gaps:

- There are 7 maternity/hospitals in the country, but none of them have been officially designated as "Baby Friendly"

Recommendations:

- To train hospital teams on BFHI and gradually expand the program to other hospitals/maternities.

Indicator 3: *Implementation of the International Code*

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

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

Information and Sources Used:

State of the Code by Country. ICDC 2009

Gaps:

- No awareness of the Code

Recommendations:

- To carry out Advocacy to the Ministry of Commerce since is in charge of the matter in the country, for the adoption of the International Code of Marketing of Breastmilk Substitutes and its implementation in the country.

Indicator 4: *Maternity Protection*

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

Criteria	Score	Results Check ✓ that apply
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave		
a. Any leave less than 14 weeks	0.5	✓ 1;3
b. 14 to 17weeks	1	
c. 18 to 25 weeks	1.5	
d. 26 weeks or more	2	
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.		
a. Unpaid break	0.5	
b. Paid break	1	✓ 2
4.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	
4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector.	1	
4.5) Women in informal/unorganized and agriculture sector are:		
a. accorded some protective measures	0.5	
b. accorded the same protection as women working in the formal sector	1	
4.6) a. Information about maternity protection laws, regulations, or policies is made available to workers	0.5	✓ 2
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.'	0.5	
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	✓ 2
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	
4.9) There is legislation providing health protection for pregnant and breastfeeding workers and the legislation provides that they are informed about hazardous conditions in	0.5	

the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.		
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5	
4.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5	
4.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5	
Total Score:	**2.5/10**	

Information and Sources Used:

- [1]The World of Work, No. 24. April 1998
- [2]Diário da República nº 12 of 11 June 1992; Lei nº6/92 (The Republic's Gazette nr.12) Law nº6/92
- [3]2012 Investment Climate Statement**.** Bureau of Economic and Business Affairs. June 2012 Report

Gaps:

- Presently the country has legislation in place, but it does not establish clearly the points proposed in this indicator. However, new legislation has been discussed and passed by the National Assembly and still to be promulgated, which grants 14 weeks of paid leave as well as paid breaks. The same legislation also grants 3 days optional paternity leave for the private sector.

Recommendations:

- Disseminate though the media the laws that protect Maternity, and carry out advocacy in the Ministry of Labour so that other laws on maternity and paternity can be implemented in the country.

Indicator 5: *Health and Nutrition Care System*

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

Criteria	**Results** ✓ *Check that apply*		
	Adequate	Inadequate	No Reference
5.1) A review of health provider schools and pre-service education programmes in the country[1] indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
	✓		
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.	2	1	0
	✓		
5.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers.[2]	2	1	0
	✓		
5.4) Health workers are trained with responsibility towards Code implementation as a key input.	1	0.5	0
		✓	
5.5) Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrhoeal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1	0.5	0
	✓		
5.6) These in-service training programmes are being provided throughout the country.[3]	1	0.5	0
		✓	
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick	1	0.5	0
	✓		
Total Score:	**9/10**		

Information and Sources Used:

- National Health Education Centre (CNES), 2008

1 Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

2 The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

3 Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

Gaps

- These programs exist and are within reach of the population. However, there is little use particularly in the countryside.

Recommendations

- Effective dissemination of these programms targeting the countryside

Indicator 6: *Mother Support and Community Outreach*

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

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

Information and Sources Used:

- National Health Education Centre (CNES), 2008

Gaps:

- The services are in place, but there is lack of a multitask team to provide them for the pregnant and lactating women, in most of the national territory.

Recommendations:

- There must be an evolution towards a sector-wide strategy, i.e. work with multitask teams by integrating sector that have not yet been included in the system.
- The health care and nutrition system should be more monitored by the health technicians in the communities.

Indicator 7: *Information Support*

Key question: Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?

Criteria	**Results** ✓ *Check that apply*		
	Yes	To some degree	No
7.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.	2	1	0
		✓	
7.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2	1	0
		✓	
7.3) Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.	2	1	0
	✓		
7.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2	1	0
		✓	
7.5) A national IEC campaign or programme[4] using electronic and print media and activities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months.	2	1	0
			✓
Total Score:	**5/10**		

Information and Sources Used:

- National Health Education Centre (CNES), 2008

Gaps:

- The Information, Education and Communication (IEC) services are not being properly implemented.

Recommendations:

- Provide advocacy to the Ministry of Health for more collaboration between the National Health Education Centre and the NGOs that operate in the communities.
- Sensitize the above-mentioned Ministry for the implementation of an effective Information, Education and communication (IEC) campaign.

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

Indicator 8: *Infant Feeding and HIV*

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

Criteria	**Results** ✓ *Check that apply*		
	Yes	To some degree	No
8.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2	1	0
	✓		
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0
	✓		
8.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5	0
	✓		
8.4) Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5	0
	✓		
8.5) Infant feeding counselling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.	1	0.5	0
	✓		
8.6) Mothers are supported in making their infant feeding decisions with further counselling and follow-up to make implementation of these decisions as safe as possible.	1	0.5	0
	✓		
8.7) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0
	✓		
8.8) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5	0
	✓		
8.9) The Baby-friendly Hospital Initiative incorporates provision of guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers.	1	0.5	0
			✓
Total Score:	**9/10**		

Information and Sources Used:

- National Program for Fighting Against HIV/AIDS, 2008

Gaps:

- There is need to improve the performance of the professionals on how to assess and provide support to HIV positive mothers

Recommendations:

- Nutrition staff should be involved in counselling and monitoring of feeding of HIV positive children

Indicator 9: *Infant Feeding during Emergencies*

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

Criteria	**Results** ✓ *Check that apply*		
	Yes	To some degree	No
9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies	2	1	0
			✓
9.2) Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
			✓
9.3) An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed	2	1	0
			✓
9.4) Resources identified for implementation of the plan during emergencies	2	1	0
			✓
9.5) Appropriate teaching material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	2	1	0
			✓
Total Score:	**0/10**		

Gaps:

- There is no appropriate policy or program to ensure that mothers, infants and children will be provided with adequate protection and support for appropriate feeding during emergencies.

Recommendations:

- Adopt a policy of prevention for emergencies.

Indicator 10: *Monitoring and Evaluation*

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

Criteria	**Results** ✓ *Check that apply*		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
	✓		
10.2) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.	2	1	0
	✓		
10.3) Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	2	1	0
	✓		
10.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers	2	1	0
	✓		
10.5) Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys.	2	1	0
	✓		
Total Score:	**10/10**		

Information and Sources Used:

- **Programa de Saúde Reprodutiva,2008**
  (Reproductive Health Program, 2008)

Gaps:

- Lack of interaction between the National Nutrition Program and the Reproductive Health Program

Recommendations:

- In São Tomé, the surveys are usually carried out every 3 years. It is proposed that these be carried out in shorter intervals.
- There is need to improve the sector-wide articulation with the key developments elements of this question, to allow for a general integrated plan, with adequate monitoring and evaluation.

Indicator 11: Early Initiation of Breastfeeding

Key question: Percentage of babies breastfed within one hour of birth 35%

Source of data:

- *The State of World's Children, 2011. Unicef*

Summary Comments

- This percentage refers to the year 2005-2009. This was the most recent data available according to the source.

Indicator 12: Exclusive breastfeeding for the first six months

Key question: Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours? 51%

Source of data:

- *The State of World's Children, 2011. Unicef*

Summary Comments:

According to the DHS, 2008 exclusive breastfeeding is not a common practice in Sao Tome and Principe. Therefore, slightly more than half of babies are exclusively breastfed across the country. However, breastfeeding is the norm irrespective of social and demographic characteristics.

Indicator 13: Median duration of breastfeeding

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

Summary Comments

Data was not available.

Indicator 14: Bottle feeding

Key question: What percentage of breastfed babies less than 6 months old receives other foods or drinks from bottles? 18%

Source of data:

- DHS, 2008

Summary Comments

- 9% of children less than 2 months were bottle-fed in 24 h prior the interview with the months;
- 18% were bottle-fed between 4-5 months

Indicator 15: Complementary feeding

Key question: Percentage of breastfed babies receiving complementary foods at 6-9 months of age? 73%

Source of data:

- DHS, 2008

Summary Comments:

- Only 73% of children 6-8 months receive complementary feeding and between 9-11 months is 89%.

Key Gaps:

- The initiation of breastfeeding varies according to the region. In the Principe's Region only 25% of children's are breastfed within the first hour after birth. In addition, between 3-16% of babies received food other than breastmilk, before breastfeeding has initiated.

- There is a difference in feeding practices between urban (13%) and rural (11%) and the level of education, being higher among mothers with secondary level of education (49%)- DHS, 2008.

Key Recommendations

- There is a need for urgent implementation of the WHO recommendation on Infant and Young Child Feeding (IYCF);
- Train all hospital staff and counsellors on the new recommendations
- Develop IYCF policy and implement it in effective manner.