



World Breastfeeding Trends Initiative (WBTi)

Assessment Report





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Report



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The World Breastfeeding Trends Initiative (WBTi)

Singapore
2015

PHOTO

Introduction

Even before the World Health Organization (WHO) International Code of Marketing of Breast Milk Substitutes in 1981, to guide the marketing practices of the Infant Food Industry as well as protect and promote the practice of breastfeeding in Singapore, the Ministry of Health (MOH) established the Sale of Infant Foods Ethics Committee, Singapore (SIFECs) in 1979.

Breastfeeding rates started to decline in the 1950s and was an all time low in the 1970s when women were encouraged to enter the workforce. The Breastfeeding Mother's Support Group (Singapore) consisting of lay people was formed in 1975 to support and counsel mothers. It was only with the formation of the Association of Breastfeeding Advocacy (Singapore), ABAS in 2003, an alliance of health professionals, associations and hospitals with maternity services that health professionals were formally taking an active part in promoting breastfeeding in Singapore. This started after the Breastfeeding Support Group invited Prof. Lawrence Gardner to speak to medical professionals in the first ever medical seminar in breastfeeding. This triggered a conversation with the Health Promotion Board and formation of the Breastfeeding Promotion Committee in 2001 which was later known as ABAS.

The first ever national survey was conducted in 2001 and although many mothers initiate breastfeeding, majority practiced mixed feeding with formula supplementation and few continue for long. Despite education to the public and health professionals breastfeeding rates remain low. Another national breastfeeding survey in 2011 showed some improvement in initiation but the breastfeeding rates remain low. The breakthrough happened in 2012 when the Health Promotion Board mandated that formula milk can no longer be given free in the hospitals, in accordance of the WHO Code. The earlier SIFECs code did not have this stipulation. This paved the way and culminated in the accreditation of the three restructured hospitals, National University Hospital and Singapore General Hospital in 2013 and Kangland Kerbau Hospital in 2014 as Baby Friendly. This has led to significant improvement in breastfeeding rates of the individual hospitals but there are five private hospitals where majority of women deliver which have yet to receive accreditation.

The general feeling is that breastfeeding rates are increasing but much more work needs to be done.

About WBTi

World Breastfeeding Trends Initiative (WBTi)

Background

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

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

Once assessment of gaps is carried out, the data on 15 indicators is fed into the questionnaire using the WBTi web based toolkit© which is specifically designed to meet this need. The toolkit objectively quantifies the data to provide a colour- coded rating in Red, Yellow, Blue or Green. The

toolkit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

Each indicator used for assessment has following components;

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

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

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

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

Background

In 2014, the population of Singapore is 5.4 million. The infant mortality rate is 1.8 per 1000 live births and under 5 mortality is 2.6 per 1,000 live births. Singapore has clean water and formula feeding is the norm although the breastfeeding rates have improved especially in recent years.

There were two national breastfeeding surveys conducted in 2001 and 2011. It was found that there was an increase in the mothers who attempted to breastfeed (98.6% in 2011 vs. 94.5% in 2001). The proportion of mothers who continued breastfeeding at the first, second and sixth month were 90.4% vs. 71.6%, 80.6% vs. 49.6% and 41.2% vs. 21.1% in 2011 and 2001 respectively. Exclusive breastfeeding rates have also increased in 2011, however, they are still much below the recommendations with 35.8%, 28.1% and 0.9% at the first, second and sixth month. Similar to the 2001 results, the top reason cited for initiation to breastfeeding was that breast milk is best for baby (79.8%). Not enough milk supply remained the top reason for stopping breastfeeding at 2 and 6 months. Other reasons include the need to return to work and tiredness felt by the mothers. Twelve percent of mothers mentioned that the facilities at workplace are not conducive for breastfeeding. About 34% of the mothers reported they would have continued breastfeeding if they could produce enough breast milk.

Health Promotion Board mandated that formula milk will no longer be given free in the hospitals, in accordance of the WHO Code in 2012. This led to the Baby Friendly Hospital Initiative and it culminated in the accreditation of the three restructured hospitals, National University Hospitals, Singapore General Hospital and KK Hospital for the first time in Singapore. This has led to significant improvement in breastfeeding rates of the individual hospitals.

The Health Promotion Board also issued a guideline on infant and child feeding and a resource toolkit, "Healthy Start for your Baby" was developed in 2012 on infant and child feeding is distributed to all mothers.

Assessment process followed by the country

A Core Committee comprising various representatives from different professions and organisations was formed to conduct the WBTi assessment. Several meetings were conducted and members in the core group were assigned to gather information on specified indicators. In-depth discussions at each meeting were made on the indicators and consensus made before the findings documented.

The Core Committee Members are:

1. Ms Cynthia Pang, Lactation Consultant, KK Hospital; Honorary Secretary, ABAS
2. Dr Chua Mei Chien, Neonatal Senior Consultant, KK Hospital; 1st Vice President, ABAS
3. Dr Yong Tze Tein, OBGYN Senior Consultant, Singapore General Hospital; President ABAS
4. Ms Julie Tay, Senior Nurse Clinician, Midwife; Executive Member, ABAS
5. Ms Pamela Lim, Counsellor Joyful Parenting & Breastfeeding, Family Life Society

The documented findings will be distributed to the various partners for review. Upon reviewed, the selected indicators for improvement with the suggested recommendations will be worked on by the Core Committee Members.

List of the partners for the assessment process

The following organisations will be invited to review the findings as part of the assessment process. The representatives from the various area are pending confirmation from the organization. At this point of the report, the preliminary assessment report has not been distributed for review by the listed partners.

SN	Organisation	Name
1.	Health Promotion Board	TBC
2.	Sales of Infant Food Ethics Committee, Singapore (SIFECS)	TBC
3.	Breastfeeding Mother Support Group, Singapore (BMSG)	Dr Mythili
4.	National Trade Union Congress (NTUC) U Family	TBC
5.	Enviromentalist, Lawyer	Ms Fazial Jamal

Assessment Findings

Indicator 1: National Policy, Programme and Coordination

Key question: *Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National infant and young child feeding committee and a coordinator for the committee ?*

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results ✓ <i>Check any one</i>
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	1	✓
1.2) The policy recommended exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	1	✓
1.3) A national plan of action developed based on the policy	2	
1.4) The plan is adequately funded	2	
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1	✓
1.6) The national breastfeeding (infant and young child feeding) committee meets , monitors and reviews on a regular basis	2	✓
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5	✓
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level.	0.5	✓
Total Score	6/10	

Information Sources Used (please list):

1. https://www.moh.gov.sg/.../management_of_breastfeeding_for_fullterm_infants.pdf
2. https://www.moh.gov.sg/.../management_of_breastfeeding_for_preterm_infants.pdf
3. Health Promotion Board, www.hpb.gov.sg

Conclusions (Summarize which aspects of IYCF policy, program and coordination are appropriate; which need improvement and why; and any further analysis needed): **There is an infant and young child and breastfeeding policy, however there is no national plan developed based on the policy**

Gaps (*List gaps identified in the implementation of this indicator*) :

1. *Lack of national plan of action related to the policy*

Recommendations (*List actions recommended to bridge the gaps*):

1. *Work with Ministry of Health and Health Promotion Board to develop a national plan*

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

Key questions:

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

Guidelines – Quantitative Criteria

2.1) 3 out of 9 total hospitals (both public & private)and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly” in the last 5 years **33%**

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

¹ **The Ten Steps To Successful Breastfeeding:** The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The steps for the United States are:

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breastmilk, unless medically indicated.
7. Practice “rooming in”-- allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

Guidelines – Qualitative Criteria

Quality of BFHI programme implementation:

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results √ Check that apply
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme ²	1.0	✓
2.3) A standard monitoring ³ system is in place	0.5	✓
2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5	✓
2.5) An assessment system relies on interviews of mothers.	0.5	✓
2.6) Reassessment ⁴ systems have been incorporated in national plans with a time bound implementation	1.0	✓
2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5	✓
2.8) HIV is integrated to BFHI programme	0.5	✓
2.9) National criteria are fully implementing Global BFHI criteria (See Annex 2.1)	0.5	✓
Total Score	5/5	
Total Score	7/10	

Information Sources Used (please list):

1. www.babyfriendly.org.sg
2. <https://www.moh.gov.sg/.../baby-friendly-hospital-initiative.html>

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

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

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

Conclusions (*Summarize how the country is doing in achieving Baby Friendly Hospital Initiative targets (implementing ten steps to successful breastfeeding) in quantity and quality both. List any aspects of the initiative needing improvement and why and any further analysis needed*):

Three hospitals have been accredited in 2013 and 2014. Dates of BFHI accreditation and projected dates of re-accreditation

- *National University Hospital – 1st August 2013 till 31st July 2016*
- *Singapore General Hospital – 1st November 2013 till 31st October 2016*
- *KK Women's and Children's Hospital – 1 June 2014 till 31st May 2017*

Gaps (*List gaps identified in the implementation of this indicator*) :

1. *Limited access to private hospitals*

Recommendations (*List action recommended to bridge the gaps*):

1. *To engage the private hospitals to implement some of the steps from the Ten Steps to Successful Breastfeeding*
2. *To prepare for the reaccreditation of the 3BFHI hospitals*

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

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

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

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

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

3.10 The measure/law provides for a monitoring system	1	
3.11 The measure provides for penalties and fines to be imposed to violators	1	
3.12 The compliance with the measure is monitored and violations reported to concerned agencies	1	✓
3.13 Violators of the law have been sanctioned during the last three years	1	
Total Score (3a + 3b)	2.5/10	

Information Sources Used (please list):

1. <http://www.hpb.gov.sg>
2. <http://www.hpb.gov.sg/HOPPortal/health-article/7112>

Conclusions: *(Summarize which aspects of Code implementation have been achieved, and which aspects need improvement and why. Identify areas needing further analysis)*

Gaps: *(List gaps identified in the implementation of this indicator) :*

1. *Lack of national policy and support*
2. *Gap between the SIFECs and WHO guidelines*

Recommendations: *(List action recommended to bridge the gaps):*

1. *Work with the relevant government authorities to formulate a national policy in line with the WHO code*

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 those working mothers in the informal sector?*

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results Check ✓ that apply
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave <ul style="list-style-type: none"> a. Any leave less than 14 weeks b. 14 to 17weeks c. 18 to 25 weeks d. 26 weeks or more 	0.5 1 1.5 2	✓
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. <ul style="list-style-type: none"> a. Unpaid break b. Paid break 	0.5 1	✓
4.3) Legislation obliges private sector employers of women in the country to <i>(more than one may be applicable)</i> <ul style="list-style-type: none"> a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks. 	0.5 0.5	
4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector. <i>(more than one may be applicable)</i> <ul style="list-style-type: none"> a. Space for Breastfeeding/Breastmilk expression b. Crèche 	1 0.5	
4.5) Women in informal/unorganized and agriculture sector are: <ul style="list-style-type: none"> a. accorded some protective measures b. accorded the same protection as women working in the formal sector 	0.5 1	

4.6) . <i>(more than one may be applicable)</i> a. Information about maternity protection laws, regulations, or policies is made available to workers.	0.5	✓
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	0.5	✓
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	✓
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	✓
4.9) There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	
Total Score:	3.5/10	

Information Sources Used (please list):

1. <http://www.mom.gov.sg/legislation/employment>
2. <http://www.mom.gov.sg/legislation/workplace-safety-and-health>

Conclusions (Summarize which aspects of the legislation are appropriate, and which aspects need improvement and why. Identify areas needing further analysis) :

- *Current maternity of 4 months and be further enhance*

Gaps (List gaps identified in the implementation of this indicator) :

1. *Longer maternity leave of up to 6months preferably paid leave*
2. *Paid nursing breaks*

Recommendations (List action recommended to bridge the gaps):

1. *Work with the labour movement and union to improve on the benefits for mothers including longer paid maternity leave and nursing breaks.*
2. *Work with labour movement and union to improve protection from pregnant to nursing mothers*

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

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

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

⁶ Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

⁷ The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women's health, NCDs etc.)		✓	
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. ⁸	1	0.5	0
		✓	
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick.	1	0.5	0
		✓	
Total Score:	4/10		

Information Sources Used (Please list):

1. <http://www.hpb.gov.sg>
2. <http://www.moh.gov.sg>

Conclusions: (Summarize which aspects of health and nutrition care system are appropriate and which need improvement and why. Identify areas needing further analysis.)

Although there are some degrees of education on infant and young child feeding being provided, these can be further enhanced to strength the support towards IYCF.

Gaps: (List gaps identified in the implementation of this indicator) :

1. *No standard guidelines for mother friendly childbirth and support*
2. *Inadequate in-service training for health care providers in the area of infant and young child feeding, feeding in special circumstances and medical conditions ; and code implementation*
3. *Lack of policies to ensure the mother and baby dyad remains intact when either one of them is sick*

Recommendations: (List action recommended to bridge the gaps):

1. *Work with health provider schools and pre-service education programmes for health professionals to improve on the education on infant and young child feeding.*

Indicator 6: Mother Support and Community Outreach - Community-based support for the pregnant and breastfeeding mother

⁸ Training programmes can be considered to be provided “throughout the country” if there is at least one training programme in each region or province or similar jurisdiction.

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

Guidelines for scoring			
Criteria	Scoring		
	✓ Check that apply		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based ante-natal and post -natal support systems with counseling services on infant and young child feeding.	2	1	0
		✓	
6.2) All women receive support for infant and young child feeding at birth for breastfeeding initiation.	2	1	0
		✓	
6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage.	2	1	0
		✓	
6.4) Community-based counseling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/Nutrition Policy.	2	1	0
			✓
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	1	0
		✓	
Total Score:	4/10		

Information Sources Used (please list):

1. <http://www.moh.gov.sg>

Conclusions (Summarize which aspects of a health and nutrition care system are adequate and which need improvement and why. Identify areas needing further analysis) :

Overall there is inadequate community based counselors and not all are adequately trained.

Gaps (List gaps identified in the implementation of this indicator) :

1. No integrated and inadequate community based counselors

Recommendations (*List action recommended to bridge the gaps*):

1. *Mentorship training program in collaboration with NTUC U Family to train and equip more community breastfeeding mentors and counselors*

Indicator 7: Information Support

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

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	√	<i>Check that apply</i>	
	Yes	To some degree	No
7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts or interest are avoided.	2	0	0
		✓	
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1	.5	0
		✓	
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding	1	.5	0
		✓	
7.3) IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding	2	1	0
		✓	
7.4. IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence	2	1	0
		✓	
7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF). ⁹	2	0	0
		✓	
Total Score:	3/10		

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

Information Sources Used (please list):

1. <http://www.hpb.gov.sg>
2. <http://www.hpb.gov.sg/HOPPportal/health-article/12140> *Healthy Start for Your Pregnancy*
3. <http://www.hpb.gov.sg/HOPPportal/health-article/12206> *Healthy Start for your baby*
4. <http://babyfriendly.org.sg/> *Baby Friendly Hospital Initiative*
5. https://www.moh.gov.sg/content/moh_web/home/pressRoom/Parliamentary_QA/2013/baby-friendly-hospital-initiative.html
6. <http://www.hpb.gov.sg/HOPPportal/health-article/7112> *Sales of Infant Food Ethics Committee Singapore*

Conclusions (*Summarize which aspects of the IEC programme are appropriate and which need improvement and why. Identify areas needing further analysis*):

IEC strategies for improving infant and young child feeding are inadequate.

Gaps (*List gaps identified in the implementation of this indicator*):

1. *The lack of a comprehensive national IEC strategies*
2. *Provision of consistent information in terms of posters, flipchart etc to all maternity hospitals or at least they need to be vetted for consistency and accuracy and free from commercial interest*

Recommendations (*List action recommended to bridge the gaps*):

1. *A national policy about clear nutrition information for infants and children to be drafted by the health promotion board and SIFECS*
2. *All pamphlets on infant nutrition should be vetted before distribution to public for accuracy and consistency*
3. *All maternity hospitals are to comply with provision of IEC that is consistent and free from commercial influence.*
4. *All maternity hospitals should not receive financial incentive in promotion of artificial feeding*
5. *All educational materials produced by medical professional bodies should be free from commercial influence and not sponsored by formula/infant food companies.*

Indicator 8: Infant Feeding and HIV

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

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

8.8) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0
8.9) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5	0
Total Score:	6.0/10		

Information Sources Used (please list):

1. <http://www.hpb.gov.sg/HOPPortal/health-article/1416> Pregnancy and HIV
2. <http://psh.sagepub.com/content/23/1/38.full.pdf> Pregnancy Outcomes in HIV-positive Women in Singapore. Proceedings of Singapore Healthcare. Volume 23. Number 1. 2014.

Conclusions (*Summarize which aspects of HIV and infant feeding programming are appropriate, and which aspects need improvement and why. Identify areas needing further analysis*) :

Testing and counselling to be readily available especially for couples considering pregnancy

Gaps (*List gaps identified in the implementation of this indicator*) :

1. *Routine testing and counselling not available for couples consideration pregnancy*
2. *Inadequate focus on infant feeding and HIV*

Recommendations (*List action recommended to bridge the gaps*):

1. *Policy on testing and counselling can be further enhanced.*

Indicator 9: Infant and Young Child Feeding during Emergencies

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

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

emergency preparedness and response plan			✓
9.5)			
a) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	1	0.5	0
			✓
b) Orientation and training is taking place as per the national emergency preparedness and response plan	1	0.5	0
			✓
Total Score:	----0---/10		

Information Sources Used (please list):

1. Nil

Conclusions (*Summarize which aspects of emergency preparedness and response are appropriate and which need improvement and why. Identify areas needing further analysis*):

No policies available

Gaps (*List gaps identified in the implementation of this indicator*):

1. No policies available to deal with nutrition and young child feeding during emergencies and national disasters.

Recommendations (*List actions recommended to bridge the gaps*):

1. To work with the relevant agencies and stakeholders to formulate guidelines and policies for infant and young child feeding during emergencies and natural disasters

Indicator 10: Mechanisms of Monitoring and Evaluation System

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

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	✓ Check that apply		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
		✓	
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions	2	1	0
		✓	
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2	1	0
		✓	
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2	1	0
			✓
10.5) Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2	1	0
		✓	
Total Score:	4/10		

Information Sources Used (please list):

1. <http://www.hpb.gov.sg>
2. <http://www.babyfriendly.org.sg>
3. <https://www.moh.gov.sg/.../baby-friendly-hospital-initiative.html>
4. <http://www.singstat.gov.sg/publications/statistics-singapore-newsletter> - Sep 2013.

Prevalence of Breastfeeding in Singapore

Conclusions (*Summarize which aspects of monitoring and evaluation are appropriate and which need improvement and why. Identify areas needing further analysis*) :

There is no defined national infant feeding programme and key decision makers are not using data to guide policies

Gaps (*List gaps identified in the implementation of this indicator*) :

1. *No existing infant nutrition policy*
2. *Lack of national surveillance programme that mandates data collection of breastfeeding rates*
3. *No unified criteria as to what data to collect*
4. *Key decision makers not looking at data to support efforts*
5. *No national infant feeding programme*

Recommendations (*List actions recommended to bridge the gaps*):

1. *National surveillance programme on data collection of breastfeeding rates from both BFHI and non-BFHI hospitals*
2. *Get key decision makers like HPB and Ministry of Health to develop a national infant feeding policy and data collection criteria.*

Indicator 11: Early Initiation of Breastfeeding

Key question: What is the percentage of babies breastfed within one hour of birth? 95% initiated breastfeeding

Guideline:

Indicator 11	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Initiation of Breastfeeding (within 1 hour)	0.1-29%	3	Red
	29.1-49%	6	Yellow
	49.1-89%	9	Blue
	89.1-100%	10	Green

Data Source (including year):

1. <http://www.singstat.gov.sg/publications/statistics-singapore-newsletter> - Sep 2013. Prevalence of Breastfeeding in Singapore
2. <http://www.annals.edu.sg/pdf/39VolNo2Feb2010/V39N2p88.pdf> Ann Acad Med Singapore. 2010 Feb;39(2):88-94
3. <http://heapro.oxfordjournals.org/content/20/3/229.short> Breastfeeding Prevalence and Practices amongst Singaporean Chinese, Malay & Indian Mothers. Health Promotion International. 2005. 20(3):229-237
4. http://www.ibfan.org/art/IBFAN-56_Singapore2011.pdf IBFAN 2011 CRC Singapore Report

Summary Comments :

95% initiated breastfeeding in hospital but the timing of the initiation was not reported.

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: What is the percentage of babies 0<6 months of age exclusively breastfed¹⁰ in the last 24 hours?1%

Guideline:

Indicator 12	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Exclusive Breastfeeding (for first 6 months)	0.1-11%	3	Red
	11.1-49%	6	Yellow
	49.1-89%	9	Blue
	89.1-100%	10	Green

Data Source (including year):

- <http://www.singstat.gov.sg/publications/statistics-singapore-newsletter> - Sep 2013. Prevalence of Breastfeeding in Singapore
- <http://www.annals.edu.sg/pdf/39VolNo2Feb2010/V39N2p88.pdf> Ann Acad Med Singapore. 2010 Feb;39(2):88-94
- <http://heapro.oxfordjournals.org/content/20/3/229.short> Breastfeeding Prevalence and Practices amongst Singaporean Chinese, Malay & Indian Mothers. Health Promotion International. 2005. 20(3):229-237
- http://www.ibfan.org/art/IBFAN-56_Singapore2011.pdf IBFAN 2011 CRC Singapore Report

Summary Comments :

At 6 months of age, only 1% of infants were still exclusively breastfed as reported in the National Survey in 2011.

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

Indicator 13: Median Duration of Breastfeeding

Key question: *Babies are breastfed for a median duration of how many months?1.8 mths*

Guideline:

Indicator 13	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Median Duration of Breastfeeding	0.1-18 Months	3	Red
	18.1-20 ”	6	Yellow
	20.1-22 ”	9	Blue
	22.1- 24 or beyond ”	10	Green

Data Source (including year):

- <http://www.singstat.gov.sg/publications/statistics-singapore-newsletter> - Sep 2013. Prevalence of Breastfeeding in Singapore
- <http://www.annals.edu.sg/pdf/39VolNo2Feb2010/V39N2p88.pdf> Ann Acad Med Singapore. 2010 Feb;39(2):88-94
- <http://heapro.oxfordjournals.org/content/20/3/229.short> Breastfeeding Prevalence and Practices amongst Singaporean Chinese, Malay & Indian Mothers. Health Promotion International. 2005. 20(3):229-237
- http://www.ibfan.org/art/IBFAN-56_Singapore2011.pdf IBFAN 2011 CRC Singapore Report

Summary Comments :

The median range of breastfeeding was 1.8 months as reported in 2011 national survey.

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? Not reported in National survey*

Guideline:

Indicator 14	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Bottle Feeding (0-12 months)	29.1-100%	3	Red
	4.1-29%	6	Yellow
	2.1-4%	9	Blue
	0.1-2%	10	Green

Data Source (including year):

1. <http://www.singstat.gov.sg/publications/statistics-singapore-newsletter> - Sep 2013. Prevalence of Breastfeeding in Singapore
2. <http://www.annals.edu.sg/pdf/39VolNo2Feb2010/V39N2p88.pdf> Ann Acad Med Singapore. 2010 Feb;39(2):88-94
3. <http://heapro.oxfordjournals.org/content/20/3/229.short> Breastfeeding Prevalence and Practices amongst Singaporean Chinese, Malay & Indian Mothers. Health Promotion International. 2005. 20(3):229-237
4. http://www.ibfan.org/art/IBFAN-56_Singapore2011.pdf IBFAN 2011 CRC Singapore Report

Summary Comments :

Not reported in the National Survey, 2011.

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

Key question: *Percentage of breastfed babies receiving complementary foods at 6-9 months of age?*
Not reported in the 2011, National Survey

Guideline

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

Data Source (including year):

1. <http://www.singstat.gov.sg/publications/statistics-singapore-newsletter> - Sep 2013. Prevalence of Breastfeeding in Singapore
2. <http://www.annals.edu.sg/pdf/39VolNo2Feb2010/V39N2p88.pdf> Ann Acad Med Singapore. 2010 Feb;39(2):88-94
3. <http://heapro.oxfordjournals.org/content/20/3/229.short> Breastfeeding Prevalence and Practices amongst Singaporean Chinese, Malay & Indian Mothers. Health Promotion International. 2005. 20(3):229-237
4. http://www.ibfan.org/art/IBFAN-56_Singapore2011.pdf IBFAN 2011 CRC Singapore Report

Summary Content

Complementary Feeding was not reported in the 2011 National Survey

Summary Part I: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Programme and Coordination	6
2. Baby Friendly Hospital Initiative	7
3. Implementation of the International Code	2.5
4. Maternity Protection	3.5
5. Health and Nutrition Care Systems	4
6. Mother Support and Community Outreach	4
7. Information Support	3
8. Infant Feeding and HIV	6
9. Infant Feeding during Emergencies	0
10. Monitoring and Evaluation	4

IBFAN Asia Guidelines for WBTi

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

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

Conclusions (*Summarize the achievements on the various programme components, what areas still need further work*)¹¹:

We scored 40 out of 100. In essence all the areas required further work. Our focus for the next 2 years will be on the Mother Support and Community Outreach, Mechanisms of Monitoring and Evaluation System and Baby Friendly Care and Baby-Friendly Hospital Initiative (BFHI).

¹¹ In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

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

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	NA	10
Indicator 12 Exclusive Breastfeeding for first 6 months	1%	3
Indicator 13 Median duration of Breastfeeding	1.8 months	3
Indicator 14 Bottle-feeding	NA	0
Indicator 15 Complementary Feeding	NA	0
Score Part II (Total)		16

IBFAN Asia Guidelines for WBTi

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

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

Conclusions (*Summarize which infant and young child feeding practices are good and which need improvement and why, any further analysis needed*)¹² :

Score of 16 out of 50

No available data in most of the indicators

¹² In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

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

Total score of infant and young child feeding **practices, policies and programmes (indicators 1-15)** are calculated 56 out of 150. Countries are then rated as:

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

Key Gaps

1. Lack of national plan of action related to the policy
2. Gap between the SIFECS and WHO guidelines
3. No integrated and inadequate community based counsellors
4. The lack of a comprehensive national IEC strategy
5. No policies available to deal with nutrition and young child feeding during emergencies and national disasters.
6. Lack of national surveillance programme and data on infant feeding

Key Recommendations

FY2016 and FY 2017

Education and Support in the Community

Development of Monitoring and Evaluation System

BFH accreditation and reaccreditation