Infant and Young Child Feeding Situation in Timor-Leste

A Workshop Report on the Assessment of IYCF*

*Workshop was jointly organized with support from the World Breastfeeding Trend Initiative (WBTi) and UNICEF

2014

EXECUTIVE SUMMARY

The 2012 Timor-Leste Assessment Report on the implementation of Infant and Young Child Feeding (IYCF) was completed through the consultation process during the 3-day workshop on 10-12 October 2011, supported by the Breastfeeding Trend Initiative (WBTi) of IBFAN Asia. The outputs of the 3-day workshop were reviewed and discussed among the technical working group that was conceiving to become the IYCF Committee. The review found that overall, Timor-Leste scores 79 out of 150 of total points and stands in YELLOW band in grid of Red, Yellow, Blue, and Green in ascending order of performance or achievement.

During the review process, the technical group identified gaps and proposed recommendations for 15 indicators for the report. Indicator 1-10 provides the information on the current IYCF policy and programmes while indictor 11-15 provides information on the IYCF practice. For the latter, the comparison between findings from the Timor-Leste Demographic Health Survey (TL-DHS) 2003 and TL-DHS 2009-2010. The assessment findings on the practice can be seen in the following table.

Indicator	TL-DHS 2003	TL-DHS 2009-2010
11. Percentage of babies breastfed within one hour of birth	46.9%	81.9%
12. Percentage of babies 0-6 months old exclusively breastfed	30.7%	51.5%
13. Median duration (month) breastfeeding	17.7 months	17.5 months
14. Percentage of breastfed children 0-6 months received bottle-feeding	12.7%	7%
15. Percentage of breastfeeding babies receiving complementary foods at 6-8 months of age[1]	86.8%	82%

The summary of identified gaps for indicators on IYCF policies and programmes:

1. Lack of strategy/policy such as the unavailability of breastfeeding policy and IYCF guidelines
2. The process and action to accelerate BFHI has been quite a challenge and slow progress has been observed since 2006
3. Lack of international code enactment such as BMS Code and inadequate mechanisms to enforce the implementation of BMS Code
4. Lack of law and enforcement on the maternity protection for the maternity leave, provision work side accommodation for breastfeeding, and security for women during pregnancy and breastfeeding
5. Lack of pre-service education and limited dissemination of standard and guidelines to health facilities and personnel working on maternity care on IYCF
6. Inadequate number of community-based support (Family Health Promoter (PSF) and Mother Support Group) trained in IYCF, and limited capacity of volunteers in counselling and delivering the messages to community
7. Unavailability comprehensive IEC strategy for improving IYCF practices
8. Inadequate numbers of resource trained for PPTCT program
9. There is no comprehensive strategy on IYCF in emergency, and trained community nor health staff for disaster management on IYCF
10. Lack of baseline and evaluation indicators on the IYF program and none of IYCF indicators included in the current HMIS

[1] TL-DHS 2003 age category for complementary feeding: <2mo, 3-4mo, 6-7mo, 8-9mo, 6-9mo. Complementary food is defined as any solid or semi-solid

The summary of recommendations to address the identified gaps on IYCF policies and programmes:

1. Develop and implement IYCF guidelines in line with the revised NNS
2. Advocacy to policy makers and donors
3. Strengthened the activities to accelerate the implementation of BFHI, and include the strategy in the IYCF guidelines
4. Advocacy for enactment of BMS Code as well as the mechanism for its implementation needs to take place and be strengthened
5. Improve the national legislation and enforcement the law for paid maternity leave until at least 16 weeks after pregnancy
6. Promote the regulation and legislation to allow any breastfeeding break or reduction of work hour, provide work side accommodation for breastfeeding and/or child care in the formal sector, provide health protection security for pregnant and breastfeeding mothers
7. The country should ratified the ILO maternity protection convention No 183 and also has not enacted or law to or shorter than C 18
8. Include IYCF component in the pre-service for health and public health professional, and equipped IYCF program implementer at district and sub-district level with monitoring of IYCF indicators
9. Train more community-based volunteers on the implementation, monitoring, recording and reporting IYCF information
10. Develop comprehensive national IEC strategy for improving IYCF
11. Improve capacity of health staff regarding the PPTCT and strengthen the implementation of the PPTCT guideline, as well as improve the M&E tool for the PPTCT
12. Inclusion of IYCF guidelines in the contingency action plan of NiE cluster
13. Training for NiE cluster members (that include IYCF-E)
14. Improve recording and reporting of IYCF indicators through HMIS and include IYCF indicators on population based survey/assessment

Suggestion to *WBTi*

More indicators for complementary feeding practices need to be added to the current WBTi indicators, especially the ones that reflect the quality of complementary feeding practice.

INTRODUCTION

This document is the report of the assessment of the state of implementation of the Global Strategy for Infant and Young Child Feeding, reflecting current policy and programmes that support optimal Infant and Young Child Feeding (IYCF) practices in Timor-Leste. The assessment was conducted during in October 2011 – April 2012. Using the process of the World Breastfeeding Trends Initiative (WBTi), an innovative initiative developed by International Baby Food Action Network (IBFAN) Asia as a system for Tracking, Assessing and Monitoring (TAM) the Global Strategy for Infant and Young Child Feeding using a web-based toolkit. The report has been done as collective efforts led by the Nutrition Department of the MOH with National Institute of Health (Institute Nacional de Saude), UNICEF and Alola Foundation and supported by IBFAN.

The World Breastfeeding Trends Initiative (WBTi) is a global initiative to assess policy and programmes that support women for breastfeeding. It measures the rates of practice of optimal infant and young child feeding, as well as the progress of nations on the ten indicators of policy and programmes based on the framework of action in the Global Strategy for Infant and Young Child Feeding, an essential component of any strategy for meeting the rights of the child, particularly the child's right to survival, health and adequate nutrition. The Global Strategy was ratified at the World Health Assembly in 2001, and subsequently adopted by UNICEF.

The WBTi serves as a lens to find out gaps in policy and programmes at national level and help nations initiate action to bridge these gaps. WBTi assessments are being implemented in more than 50 countries now, and will be conducted in over a hundred countries by 2009. This will help create one of the largest databases for information on policy and programmes that support breastfeeding women in the world. The WBTi is an integral part of the project “Global Breastfeeding Initiative for Child Survival” (GBiCS), in partnership with NORAD, in line with Norway's flagship programme, the 'Global Campaign for the Health Millennium Development Goals' launched in September 2007. The initiative is also receiving support from Sida through a “Global Proposal for Coordinated Action of IBFAN and WABA: Protecting, Promoting and Supporting Breastfeeding through Human Rights and Gender Equality”.

The national team consisted of Ministry of Health, UNICEF, Alola Foundation, and INS had done the assessment for the first time from October 2011 until April 2012.

The findings of the assessment will be used as parameter for IYCF situation in Timor-Leste of which its status will be regularly updated and its recommendations will be followed up through IYCF programming of the Ministry of Health and advocated to other related ministries.

The report is submitted to WBTi for online publication upon approval from the Ministry of Health, Republic Democratic of Timor-Leste.

BACKGROUND

Timor-Leste is the poorest nation in Asia and has amongst the worst health outcomes of the region. However, a strong government commitment to improving national health and the ongoing support from development partners has resulted in an improvement of health outcomes for the Timorese population. Further funding and efforts are urgently required in order to continue this improvement.

Childhood mortality levels are decreasing in Timor-Leste. During 2004-2009, the infant mortality rate was 45 deaths per 1,000 live births compared with 83 deaths for 1995-1999 (TL-DHS 2010). Under-5 mortality levels also decreased from 115 deaths per 1,000 live births to 64 during the same periods. However, Timor-Leste is one of countries in the Asia-Pacific region with alarming nutritional situation. The Timor-Leste Food and Nutrition Survey 2013 (TLFNS 2013) reveals that 50.2% of children under-five are stunted. About 37.7% of the under-five children are underweight and around 11% of children are either moderately or severely acute malnourished. Maternal malnutrition rate is also very high at 24.8%, perpetuate a vicious cycle of under nutrition leading to low birth weight and undernourished children.

According to the WHO's 2002 Global Strategy for Infant and Young Child Feeding, 'Malnutrition has been responsible, directly or indirectly, for 60% of the 10.9 million deaths annually among children under five. Over two-thirds of these deaths, which are often associated with inappropriate feeding practices, occur during the first year of life. No more than 35% of infants worldwide are exclusively breastfed during the first four months of life; complementary feeding frequently begins too early or too late, and foods are often nutritionally inadequate or unsafe. In Timor-Leste the underlying causes of malnutrition, poor feeding and caring practices are predominant. Although the exclusive breastfeeding among children 0-6 months is increased between 2003 and 2009, the percentage of children 6-23 months old who received minimum acceptable diet is still sub-optimal at 17.6% (TLFNS 2013).

In Timor-Leste, despite efforts in improving Infant and Young Child Feeding (IYCF) practices have already been in place, they still need strengthening. At the strategy level, the revision of NNS 2004 that is currently undergoing will incorporate recent technical, programmatic, strategic and political development, as well as issues and context of Timor-Leste. As such the NSS 2014-2019 will highlight nutrition interventions focusing on the window of opportunity for high-impact evidence-based intervention, including improved IYCF.

At the global level, the joint WHO and UNICEF "Global Strategy for Infant and Young Child Feeding" has been renewed its commitment to continuing joint action consistent with the Baby-Friendly Hospital Initiative (BFHI), the International Code of Marketing of Breast-milk Substitutes (BMS Code), and the Innocent Declaration on the Protection, Promotion and Support of Breastfeeding in 2005. In the scope of the Global Strategy, countries are urged to formulate, implement, monitor and evaluate a comprehensive national policy on infant and young child feeding. Appropriate infant and young child feeding practices include (1) exclusive breastfeeding for 6 months; (2) timely initiation of nutritionally adequate and safe complementary foods while continuing breastfeeding up to 2 years or beyond; and (3) appropriate feeding of infants and young children living in especially difficult circumstances (low-birth-weight infants, infants of HIV-positive mothers, infants in emergency situations, malnourished infants, etc.)

METHODOLOGY AND THE ASSESSMENT PROCESS

The assessment process was coordinated and organized by Nutrition Department, Ministry of Health Timor-Leste, ALOLA Foundation, Infant and Baby Food Action Network (IBFAN) Asia, with technical and financial support of UNICEF.

The assessment was done through a workshop and meetings that were organized by the 'conceived' Infant and Young Child (IYCF) committee led by the Ministry of Health. The committee played as core group for the assessment with support from IBFAN initiated the process in 2012. It has stimulated by the needs of the country to improve its information on the IYCF situation and identify the gaps and recommendations to improve the situation.

The National Workshop, 10 – 12 October 2011

Following internet correspondences, the Ministry of Health planned to have national workshop for policy makers, professionals, and civil society organizations to discuss and review the assessment for IYCF situation to be included in the WBT*i* report and website. The assessment was based on 15 indicators developed by WBT*i*, as shown in the Table below.

Indicator #	Focus
Indicator 1	National Policy, Programme and Coordination
Indicator 2	Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding
Indicator 3	Implementation of the International Code
Indicator 4	Maternity Protection
Indicator 5	Health and Nutrition Care System
Indicator 6	Mother Support and Community Outreach (Community-based Support for the pregnant and breastfeeding mother)
Indicator 7	Information support
Indicator 8	Infant Feeding and HIV
Indicator 9	Infant Feeding during Emergency
Indicator 10	Mechanisms of Monitoring and Evaluation System
Indicator 11 - 15	IYCF practices situation, in the country specific context 11. Early initiation of breastfeeding 12. Exclusive breastfeeding for the first six months 13. Median duration of breastfeeding 14. Bottle feeding 15. Complementary feeding

The objective of the workshop was to assess the state of implementation of the global strategy for infant and young child feeding, reflecting current policy and programmes that support optimal IYCF in Timor-Leste.

Prior to the workshop, the team of facilitators from IBFAN India, led by Dr.JP. Dadhich had a visit to Comoro and Licidere traditional markets to observe the locally available foods suitable for the complementary foods of young children. The visit was also done to observe the hygiene situation of the traditional market, where the products are sold.

The workshop was held on 10 - 12 October 2011 which participated by UNICEF, Ministry of Health (Nutrition, Maternal and Child Health, Health Promotion, Communicable Disease Department), National Institute of Health and Alola Foundation, in Dili. On Day-1 morning session, the workshop started with a brief introductory session from Dr. JP Dadhich and welcomed the participants and explained the objectives of the workshop, challenges and expectations from

participants. He briefly presented the assessment process through the WBT*i* concept and the role of WBT*i* role in advocacy and programme implementation. The presentation on the importance of breastfeeding and complementary feeding practices in childhood nutrition also took place and delivered by the facilitator member, Ms Ines Fernandes (CEO of Arugaan Foundation – Philippines – based NGO). The information on the current status and perspective of IYCF in Timor-Leste was presented by Ms Angelina Fernandes of Alola Foundation. The global experience on the tracking and monitoring IYCF indicators was presented by Ms Radha Holla Bhar (IBFAN Asia). She also highlighted the concept, relevant and the basis of the WBT*i* and required inputs to accomplish the assessment.

In the afternoon session of Day-1, the discussion and work focused on the 15 indicators of WBTi took place where the participants divided into groups and assigned to discuss certain indicators as follows:

Group 1 Indicator 1, 4, 7 and 10
Group 2 Indicators 3, 6 and 9
Group 3 Indicators 2, 5, 8, 11, 12, 13, 14 and 15

Each group made presentations in a plenary session, highlighting the necessary changes in the draft assessment findings as proposed by the group. A consensus was thus achieved to agree on the gaps. This exercise was continued until the end of Day-2

Gaps and Development of Recommendations

On Day-3, the participants were once gain divided into three groups for discussion on how to bridge identified gaps discussed on Day-1. Each group presented its deliberation in the plenary session. Sets of identified gaps and recommendations for each gap were then discussed and agreed among the participants.

Workshop was concluded with discussion on the way forward for country plans to finalize the report. The outcomes from the workshop were discussed in series of meeting among partners through the IYCF technical committee.

LIST OF PARTNERS FOR THE ASSESSMENT PROCESS

Total number of participants of the workshop was 15, representing the following organization and civil society

1. The Ministry of Health, Nutrition Department
2. The Ministry of Health, Maternal and Child Health Department
3. The Ministry of Health, Communicable Diseases Department
4. The Ministry of Health, Health Promotion Department
5. United Nations Children's Fund (UNICEF)
6. World Health Organization (WHO)
7. International Labor Organization (ILO)
8. ALOLA Foundation
9. Dili National Hospital
10. Institute National of Health
11. International Baby Food Action Network (IBFAN) Asia
12. Arugaan Foundation (Support System for Women with Infants and Young Children)

ASSESSMENT FINDINGS

The World Breastfeeding Trends Initiatives (WBT*i*) has identified 15 indicators in two parts:

1. Part-1, indicators related to IYCF Policies and Programmes (indicator 1-10)
2. Part-2, indicators related to IYCF Practices (indicator 11-15)

Part-1: Infant and Young Child Policies and Programmes

The information derived from the assessment of questions from each indicator for IYCF policies and programmes (indicator 1-10) were drawn from the review and discussion available information to answer the key questions and provided subset questions. The information was then quantify and compared against the set score and grade defined by the WBT*i* guidelines. Each indicator has maximum score of 10. There are some sub-set of questions that were of subjective nature and had been agreed among the core group using available information.

Achievement is checked in the results column. Total score of each indicator is given in the end of the table. Gaps for each indicator were then identified and recommendations to address the gaps were discussed and agreed by the core group.

In this part, a set of criteria had been developed based on the *Innocenti Declaration*, considering most of the targets of the global strategy for IYCF. For each indicator, there is a subset of questions leading to key achievement, indicating how a country is doing in a particular area. Each question has possible score of 0-3 and the indicator has maximum score of 10. Once information about the indicators is entered, the achievement on the particular target indicator is then rated and graded. For example, Red or grade 'D', Yellow or grade 'C', Blue or grade 'B', and Green or grade 'A'. After the tool kit provides the scores, the following guideline for rating is used.

IBFAN Asia Guideline for WBT*i*

Score	Color-rating	Grading
0 – 3	**RED**	**D**
4 – 6	**YELLOW**	**C**
7 – 9	**BLUE**	**B**
More than 9	**GREEN**	**A**

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?

Background

The *Innocenti Declaration* was adopted in 1990. It recommended that all governments have national breastfeeding committees and coordinators as established mechanisms to protect, promote and support breastfeeding in the country. The World Summit for Children (2000) recommended all governments to develop national breastfeeding policies. The calls for urgent action from all member states to develop, implement, monitor and evaluate a comprehensive policy on IYCF.

The table given below depicts the existing situation in India on National Policy, Programme and Coordination.

Criteria of Indicator 1	Scoring	Results
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	**3/10**	

Gaps

The following gaps were identified for the above criteria:

1. The national guidelines for IYCF is not available, although the IYCF will be the key area for nutrition intervention to be highlighted in the National Nutrition Strategy (NNS) 2014-2019 (Gaps for criteria 1.1 – 1.3)
2. Gaps on budget will be filled in by the government and support from donors (Criteria 1.4)
3. The BF committee is part of IYCF committee (Criteria 1.7)

Recommendations

1. Develop IYCF guidelines in line with the revised NNS
2. Advocacy to policy makers and donors
3. The IYCF committee needs to be established, approved by government and strengthened

Summary Comments

The national strategy for IYCF is not developed yet, however the revised National Nutrition Strategy 2014-2019 (NNS 2014-2019) highlight the priority of IYCF intervention areas. The strategy also include costed-prioritized interventions in the area of IYCF and it will be used as advocacy to mobilize financial support from donors. Following finalization and endorsement of the revised NNS 2014-2019, a comprehensive IYCF guidelines need to be developed and implemented.

Source of Information:

- Term of Reference. Infant and Young Child Feeding Committee. Ministry of Health, Timor-Leste. 2012
- Breastfeeding Policy (Draft). Ministry of Health, Timor-Leste. 2009

Indicator 2: *Baby Friendly Hospital Initiatives*
(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?

Background

The calls for all maternity services to fully practice all the Ten Steps to Successful Breastfeeding set out in UNICEF's 1999 Progress Report on BFHI lists the total number of hospitals/maternity facilities in each country and the total number designated "Baby Friendly". According to the Step 2 of ten steps, all staff in maternity services should be trained in lactation management. UNICEF and WHO recommend that all staff should receive at least 18 hours of training and that higher level of training is more desirable. Several countries initiated action on BFHI; however, progress made so far has been in numbers mostly and reports suggest that fall back happens if the skills of health workers are not sufficiently enhanced. This indicates that revitalization of BFHI is necessary and its assessment is also carried out periodically to sustain this programme and contribute to increase in early initiation and exclusive breastfeeding. The indicator focuses on both quantitative and qualitative aspects.

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?
33.3% (2 Out of 6 hospitals)

Criteria	Scoring	Results
0 – 7%	1	
8 – 49%	2	√
50 – 89%	3	
90 – 100%	4	
Rating on BFHI quantitative achievements	**2/4**	

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
30%

Criteria	Scoring	Results
0 – 25%	1	
26 – 50%	1.5	√
51 – 75%	2.5	
76 – 100%	3.5	
Rating on BFHI quantitative achievements	**1.5/3.5**	

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

Criteria	Scoring	Results
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	**0.5/2.5**	
Total Score 2A, 2B and 2C	**4.0/10**	

Gaps

1. The process and action to revive BFHI has been a challenge
2. BFHI has not shown significant progress from 2006, both in term of quantity of quality due to Military Conflict and Dili National Hospital used as IDP Camp.

Recommendations

1. Immediate steps should be taken to revive the BFHI programme
2. The 20 hours BF manual should be used to train health professionals, particularly those dealing newborn and pregnant and lactating women
3. BFHI should be part of IYCF strategy (in line with the NNS 2014-2019)

Summary Comments

Baby Friendly Hospital initiate (BFHI) was aimed at improving the standard of care in the health facilities through improved early initiation and exclusive breastfeeding. The design also included continued support in the community through fostering support groups. Currently, two hospitals have been internally assessed as BFHI hospitals. The process for external assessment for accreditation of the hospitals is ongoing. Technical support to accelerate the process of external evaluation is needed.

Source of Information:

- National Nutrition Strategy 2014-2019. Ministry of Health, Timor-Leste
- IYCF Training Report. Ministry of Health, Timor-Leste

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?

Background

The Innocenti Declaration calls for all governments to take action to implement all the articles of the *International Code of Marketing of Breast Milk Substitutes (BMS)* and the subsequent World Health Assembly resolutions. The aim of the Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution. The Code has been reaffirmed by the World Health Assembly several times while undertaking resolutions regarding various issues related with infant and young child feeding.

The table given below depicts the existing situation in Timor-Leste on Implementation of the International Code.

Criteria	Scoring	Results
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	**3/10**	

Gaps

1. Draft of BMS Code is available and needs to be finalized.
2. Inadequate mechanisms to enforce the implementation of BMS Code

Recommendations

1. BMS Code will be finalized and submitted for consultation with Council of Directors for finalization. Then it will be submitted to Council of Minister for approval if it becomes Law.
2. Developed the operational guideline to ensure the implementation of BMS code

3. Improve monitoring of BFHI at district level

Summary Comments

Timor-Leste has not been implementing the BMS Code, although the code has been drafted by the government. Efforts to have it enacted and implemented need to be improved. The code will be very crucial to bring down promotion of substitute to community, directly through electronic of print media. A formative research[2] found that although the breastfeeding is very common, mothers/caretakers would be willing to buy milk substitute if they had some more money. Thus, enforcement on the implementation of BMS Code will be very important.

Source of Information:

- National Nutrition Strategy 2014-2019, Ministry of Health, Timor-Leste
- Draft of Breast Milk Substitute. Ministry of Health, Timor-Leste, 2009

[2] Formative research on the IYCF practices among children 6-23months and the acceptability of MNP in Aileu district

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?

Background

The *Innocenti Declaration* (1999, 2005) and WHO Global Strategy for IYCF (2002) call for provision of imaginative legislation to protect the breastfeeding rights of working women and further monitoring of its application consistent ILO *Maternity Protection Convention No 183, 2000* (MPC No, 183) and Recommendation 191. MPC No 183 specifies that women workers should receive:

- Health protection, job protection and non-discrimination for pregnant and breastfeeding workers
- At least of 14 weeks of paid maternity leave
- One or more paid breastfeeding breaks daily or daily reduction of hours of work to breastfeed

Furthermore, Recommendation 191 encourages facilities for breastfeeding to be set up at or near workplace. The concept of maternity protection involves 7 aspects: 1) the scope of in term of who is covered); 2) leave – length, when it is taken, before or after giving birth, compulsory leave; the amount of paid leave and by whom it is pad, employer or government; 3) cash and medical benefits; 4) breastfeeding breaks; 5) breastfeeding facilities; 6) health protection for the pregnant and lactating women and her baby; 7) employment protection and non-discrimination.

Table below shows the existing situation in Timor-Leste

Criteria	Scoring	Results
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	√
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.	1	
a. Unpaid break	0.5	
b. Paid break	1	√
4.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	
4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector.	1	

4.5) Women in informal/unorganized and agriculture sector are:	1	
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	
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 and the legislation provides that 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.	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**	

Gaps

1. The paid maternity leave allowed to the women cover by the national legislation is only 12 weeks (Gap 4.1)
2. The women covered under the national legislation are not allowed any breastfeeding break or reduction of work hour (Gap 4.2)
3. There is provision in the legislation to provide work side accommodation for breastfeeding and/or child care in the formal sector (Gap 4.4)
4. Women in formal/unorganized are not accorded any maternity protection in the national legislation (Gap 4.5)
5. No information about maternity protection laws, regulation or policies is made available to works (Gap 4.6)
6. The legislation doesn't provide health protection for pregnant and breastfeeding mothers and also not provide job security during pregnancy and breastfeeding provide (Gap 4.9)
7. The country has not ratified the ILO maternity protection convention No 183 and also has not enacted or law to or shorter than C183 (Gap 4.10 & 4.12)

Recommendations

1. The paid maternity leave should be increase to 16 weeks in the national legislation (Gap 4.1)
2. The women covered under the national legislation should be allowed any breastfeeding break or reduction of work hour (Gap 4.2)

3. In the legislation to provide work side accommodation for breastfeeding and/or child care should be provided in the formal sector (Gap 4.4)
4. Women in formal/unorganized should be maternity protection in the national legislation (Gap 4.5)
5. Information about maternity protection laws, regulation or policies should be available to works (Gap 4.6)
6. the legislation should provide health protection for pregnant and breastfeeding mothers and also not provide job security during pregnancy and breastfeeding provide (Gap 4.9)
7. The country should ratified the ILO maternity protection convention No 183 and also has not enacted or law to or shorter than C 18 (4.10 & 4.12).

Summary Comments

The legislation is very important to improve the rate of exclusive breastfeeding among working mothers. However, the enforcement of these legislations need to be simultaneously be implemented with other actions to promote and educate the mothers on the benefits of maternity entitlements.

Source of Information:

- ILO Timor-Leste Social Protection Platform

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?

Background

The Global Strategy for Infant and Young Child Feeding states clearly how to achieve its targets and improving the health and nutrition care system is very critical to improve the promotion that lead to good practice of breastfeeding. Below is the information and situation reflects the indicator of health and nutrition care system in Timor-Leste.

Criteria	Results		
	Adequate	Inadequate	No Reference
5.1) A review of health provider schools and pre-service education programmes in the country[3] 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.[4]	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.[5]	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	**5.5/10**		

3 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.

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

5 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

1. There is no practical training given to doctors and nurses on IYCF in pre-service education (Gap 5.1)
2. Limited dissemination of standard and guidelines to health facilities and personnel working on maternity care (Gap 5.2)
3. HIV/AIDS, STI program is not yet integrated into the school's curriculum (Gap 5.5)
4. Dissemination of the documents and information (Gap 5.6)
5. Not all health care providers/ nutrition care providers are trained on HIV/AIDS (Gap 5.7)
6. Related contents and skills are integrated into the training program (Gap 5.8)

Recommendations

1. IYCF training of doctors and nurses during the internship (Gap 5.1)
2. All district health authorities should be responsible for monitoring of refresher course to include IYCF (Gap 5.2)
3. Advocacy for school curriculum (Gap 5.5)
4. Sharing and disseminating of documents and information to the relevant health care providers (Gap 5.6)
5. Training HIV/AIDS to improve coverage (Gap 5.7)
6. Integrate content of HIV/AIDS into other IYCF related materials (Gap 5.8)

Summary Comments

The sufficient capacity of health staff and community-based volunteers to promote and provide counselling for early initiation and exclusive breastfeeding, as well as promote timely and appropriate complementary feeding is one of key indicators for a success IYCF intervention. The pre-service curriculum for health and public health professionals, and training on how to counsel the mothers should be extended and implemented, in order to strengthen health care system support to improve IYCF practices.

Source of Information:

- National HIV/AIDS/STI Strategic Plan 2006-2011, Ministry of Health, Timor-Leste
- PMTCT Guidelines. Ministry of Health, Timor-Leste. 2010.

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?

Background

Community-based support on IYCF promotion is very essential as highlighted in the 10 Steps of BFHI and the Global Strategy for IYCF, which includes mother support and peer support. Mother support as defined by the Global Initiative is "any support provided to mothers for the purpose of improving breastfeeding practice".

The Government of Timor-Leste established an essential package of primary health care services called the Basic Services Package (BSP) where their delivery is implemented by community health volunteers or *Promotor Saude Familia* (PSF). This integrated community health services approach to roll-out Basic Services Package in the villages (*suco*) is called *SISCa* where it provides outreach activities on monthly basis. *SISCAs* activities are including health promotion and nutrition counseling. In implementing their work, PSFs also networks with Mother Support Group (MSG) to improve IYCF practices. Below is the existing situation in Timor-Leste on mother support and community outreach.

Criteria	Results		
	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**		

Gaps

1. Not all mother support groups and Family Health Promoter (PSF) have been trained in IYCF
2. Communication barriers among the MSG and PSF with community
3. Lack of inter-sectoral approach for IYCF interventions
4. Inadequate capacity of volunteers in counselling and delivering the messages to community

Recommendations

1. Develop capacity of health volunteers and mother support groups in counselling community on IYCF, and monitoring and reporting of their activities
2. Improve coordination mechanism of PSF and its linkage with MSG
3. Advocate for adoption of community-based support on IYCF by the Government system

Source of Information

- Annual Report, ALOLA Foundation Timor-Leste, 2013
- National Nutrition Strategy 2014-2019, Ministry of Health, Timor-Leste

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		
	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[6] 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	**4/10**		

Gaps

1. There is no comprehensive national IEC strategy for improving IYCF

Recommendations

1 Develop comprehensive national IEC strategy for improving IYCF
2 Advocacy for comprehensive National IYCF guidelines that includes an IEC strategy

Source of Information:

- IYCF materials, Ministry of Health, Timor-Leste
- Timor-Leste Food and Nutrition Survey 2013, Ministry of Health

[6] 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		
	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	**7.0/10**		

Gaps

1 Insufficient support in infant feeding counselling for HIV positive mothers
2 Inadequate numbers of resource trained for PMTCT program
3 Low awareness of the community members on the availability of the services

4 Inadequate capacity on M&E for PMTCT

Recommendations

1 Sharing and dissemination of documents / information
2 Advocacy for quarter support from all relevant stakeholders
3 Capacity development to more Health care provider to improve coverage with good quality of services
4 Expansion/scaling up of the services to all CHC in the districts
5 Comprehensive national policy including IYCF in HIV
6 Strengthen the link between HIV program and IYCF program

Source of Information:

- National HIV/AIDS/STI Strategic Plan 2006-2011, Ministry of Health, Timor-Leste
- IYCF Community Counselling Package (Final Draft), Ministry of Health, Timor-Leste. 2013

Indicator 9 : *Infant Feeding during Emergency*

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		
	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	**3/10**		

Gaps

1. There is no comprehensive strategy on IYCF in emergency
2. There is no mechanism to monitor violations of IMS Act during relief operations
3. There is no training for disaster management teams on IYCF

Recommendations

1. Inclusion of IYCF guidelines in case of disaster (from national guidelines) needs to be included ad updated in contingency action plan of NiE cluster CP
2. Monitor / document use of infant milk substitutes and support to breastfeeding during disasters / emergencies.
3. Training for NiE cluster members (that include IYCF-E)

Source of Information:

- National Nutrition Strategy 2014-2019, Ministry of Health, Timor-Leste
- Nutrition in Emergency Contingency Plan, Timor-Leste

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		
	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:	**4/10**		

Gaps

1. Monitoring key indicators of IYCF are not integrated into the regular health management information system
2. No age-wise disaggregation for children between 1-2 years, the vulnerable age when malnutrition rate is the highest
3.

Recommendations

1. Improve recording and reporting of IYCF indicators through HMIS
2. Collect data on IYCF indicators on regular basis (through survey/assessment/nutrition surveillance)
3. Disseminate the information to policy makers

Source of Information

- Timor-Leste Demographic Health Survey 2009-2010.
- Timor-Leste Food and Nutrition Survey 2013
- National Nutrition Monitoring and Evaluation Framework (Draft). Ministry of Health, Timor-Leste. 2014

Indicator 11 : *Early Initiation of Breastfeeding*

Key question

Percentage of babies' breastfed within one hour of birth

In Timor-Leste, despite that the low rate of mothers gives birth at health facility and majority deliver their babies at home (78%), the breastfeeding is quite common. Early initiation breastfeeding in Timor-Leste is very good where 93.4% of babies received breastmilk within one hour of delivery.

Indicator	WHOs' Rating Category (%)	Current Status (%)	IBFAN Asia Guideline for WBTi		
			Scores	*Color-rating*	*Grading*
Early Initiation of Breastfeeding (within 1 hour after delivery)	0 – 29		**3**	**RED**	**D**
	30 – 49		**6**	**YELLOW**	**C**
	50 – 89		**9**	**BLUE**	**B**
	90 – 100	93.4%	**10**	**GREEN**	**A**

Source of Data: Timor-Leste Food and Nutrition Survey 2013

Summary Comments

The percentage of children who are breastfed early has increased in the past six years, particularly early initiation within 1 hour after delivery) from 81.7% in 2009-2010 to 93.4% in 2013. Support for delivering correct information on breastfeeding needs to be strengthened to maintain the high rate of early initiation of breastfeeding.

Source of Information:

- Timor-Leste Demographic Health Survey 2009/10. National Statistics Directorate, Ministry of Finance, Timor-Leste
- Timor-Leste Food and Nutrition Survey 2013. Ministry of Health

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

The exclusive breastfeeding in Timor-Leste has shown some improvement in the past years. Current exclusive breastfeeding rate based on TL-DHS 2009-2010 is **51.5%**

Indicator	WHOs' Rating Category (%)	Current Status (%)	IBFAN Asia Guideline for WBTi		
			Scores	*Color-rating*	*Grading*
Exclusive breastfeeding for the first six months	0 – 11		**3**	**RED**	**D**
	12 – 49		**6**	**YELLOW**	**C**
	50 – 89	**63.3%**	**9**	**BLUE**	**B**
	90 – 100		**10**	**GREEN**	**A**

Source of Data: Timor-Leste Food and Nutrition Survey 2013

Summary Comments

Exclusive breastfeeding is much more a complex behavior; it needs behavior change at many specific times. For example, giving nothing other than mother's milk right from birth to six months is met with several challenges including cultural practices, lack of proper information and above all strong interference by the commercial sector that aggressively promotes formula in the health systems. This is why not much has changed since 10 years, when the benefits of exclusive breastfeeding started to become known. It is clear that giving simple information is not enough. This area needs a lot more attention: women need counseling on optimal exclusive breastfeeding practice, meaning that the infant receives only breast milk (from his/her mother or a wet nurse, or expressed breast milk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, or mineral supplements.

More concerted efforts are needed to improve the rate of exclusive breastfeeding in Timor-Leste. Recent formative research[7] revealed that the mothers/caretakers provided breastmilk for their infants because they could not afford the substitute for the breastmilk. Thus, there is a risk that this behavior can be negatively influenced by strong promotion on the breastmilk substitute, especially when the households have little bit more money to buy the substitute. Thus, promotion exclusive breastfeeding needs to be strengthened and the BMS Code needs to be enactment.

Source of Information:

- Timor-Leste Demographic Health Survey 2009/10.
- Timor-Leste Food and Nutrition Survey 2013. Ministry of Health

[7] Formative Research on IYCF practices and acceptability of Micronutrient Powder (MNP) among children 6-23months old in Aileu. MoH and UNICEF, 2011

Indicator 13 : *Median Duration of Breastfeeding*

Key question

Babies are breastfed for a median duration of how many months

Breastfeeding until the infants is 24 months old is recommended. The median duration of breastfeeding in Timor-Leste based on the TL-DHS 2009-2010 is **17.5** months. This is quite alarming based on the WHO's rating category.

Indicator	WHOs' Rating Category (months)	Current Status (months)	IBFAN Asia Guideline for WBTi		
			Scores	*Color-rating*	*Grading*
Median duration of breastfeeding	0 – 17 months	**17.5**	**3**	**RED**	**D**
	18 – 20 months		**6**	**YELLOW**	**C**
	21 – 22 months		**9**	**BLUE**	**B**
	23 – 24 months		**10**	**GREEN**	**A**

Source of Data: Timor-Leste Demographic & Health Survey 2009- 2010 (TL-DHS)

Summary Comments

Despite the common practice in breastfeeding in Timor-Leste, in term of duration of breastfeeding still needs improvement. Thus, promotion on prolonged breastfeeding until 24 for months and beyond needs to be strengthened.

Source of Information:

- Timor-Leste Demographic Health Survey 2009/10.
- Timor-Leste Food and Nutrition Survey 2013. Ministry of Health

Indicator 14 : *Bottle Feeding among Infants <6months*

Key question

What percentage of breastfed babies less than 6 months old receives other foods or drinks from bottles?

Bottle-feeding is usually associated with increased risk of illness, especially diarrhea. The practice of bottle-feeding with nipple is not widespread, though it falls for a warning according to WHO's rating where **7%** of children 0-5 months old were bottle-fed.

Indicator	WHOs' Rating Category (%)	Current Status (months)	IBFAN Asia Guideline for WBTi		
			Scores	*Color-rating*	*Grading*
Bottle-feeding among infants 0-6 months old	30 – 100%		**3**	**RED**	**D**
	5 – 29%	**7%**	**6**	**YELLOW**	**C**
	3 – 4%		**9**	**BLUE**	**B**
	0 – 2%		**10**	**GREEN**	**A**

Source of Data: Timor-Leste Demographic & Health Survey 2009- 2010 (TL-DHS)

Summary Comments

Based on TL-DHS 2009-2010, bottle-feeding practice was higher among children 12-17 months old where 19% of them were bottle-fed. Communication to educate mothers and caretakers on the risks of bottle-feeding for their children health needs to be strengthened, along with the awareness on the harmful effects if formula and breastmilk substitute.

Source of Information:

- Timor-Leste Demographic Health Survey 2009/10.
- Timor-Leste Food and Nutrition Survey 2013. Ministry of Health

Indicator 15 : *Complementary Feeding*

Key question

Percentage of breastfed babies receiving complementary foods at 6-9 months of age

After six months old, infants and young children need additional nutrition from complementary food along with continued breastfeeding. The complementary food should be offered timely and appropriately. The criteria such as the age of children, frequency and amount of food, the texture of the food, good variety and hygiene practice should be considered. Additionally, infants and young children need to stimulate for active feeding. The complementary feeding practice among young children in Timor-Leste is still sub-optimal where only 17.6%% of children 6-23 months received timely and appropriate complementary food (Source: Timor-Leste Food and Nutrition Survey 2013). Although the percentage of children of 6-8 months received complementary food quite high at **82%** (TLDHS 2009/10), it was mainly plain rice porridge.

Indicator	WHOs' Rating Category (%)	Current Status (months)	IBFAN Asia Guideline for WBTi		
			Scores	*Color-rating*	*Grading*
Complementary Feeding among 6-8 months[8]	0 – 59%		**3**	**RED**	**D**
	60 – 79%		**6**	**YELLOW**	**C**
	80 – 94%	**82%**	**9**	**BLUE**	**B**
	95 – 100%		**10**	**GREEN**	**A**

Source of Data: Timor-Leste Demographic & Health Survey 2009- 2010 (TL-DHS)

Summary Comments

There is positive improvement in Timor Leste during the last five years. What is needed is to enhance the quality of complementary feeding. The TL-DHS 2009-2010 showed that the percentage of children 6-9 months old that received solid food + vitamin a-rich food was 25.6% while the percentage of children from the same age group that received solid food + meat/poultry/eggs was 29%. Thus, promotion on optimal complementary feeding needs to be strengthened through intensive counseling. In the area of food-insecure, support on the access to nutritious foods need to be improved as well.

More indicators for complementary feeding practices need to be added to the current WBT*i* indicators, especially the ones that reflect the quality of complementary feeding practice for children 6-23 months old.

Source of Information:

- Timor-Leste Demographic Health Survey 2009/10.
- Timor-Leste Food and Nutrition Survey 2013. Ministry of Health

[8] The TL-DHS data collected information by age category as follows: 0-1mo, 2-3mo, 4-5mo, 6-8 mo, 9-11mo, 12-17mo, 18-23mo, 24-35mo, and 6-23mo

Comparison Between TL-DHS 2003 and 2009-2010 on Indicator 11-15

There has been an improvement in the early initiation of breastfeeding from 46.9% to 81.9%. Exclusive breastfeeding for the first six months have improved from 31% to 51.5%, median duration of breastfeeding from 18.5 months to 17.5 months, while bottle feeding has decreased from 12.7% to 7%. The percentage of children 6-8 months received complementary food has is 82%.

Indicator	TL-DHS 2009-2010	TLFNS 2013
11. Percentage of babies breastfed within one hour of birth	81.9%	81.9%
12. Percentage of babies 0-6 months old exclusively breastfed	51.5%	51.5%
13. Median duration (month) breastfeeding	17.7 months (DHS 2003)	17.5 months (DHS 2009/10)
14. Percentage of breastfed children 0-6 months received bottle-feeding	7%	25.3% (0-23 mo, TLFNS 2013)
15. Percentage of breastfeeding babies receiving complementary foods at 6-8 months of age[9]	86.8% (TLDHS 2003)	82% (TLFNS 2013)

[9] TL-DHS 2003 age category for complementary feeding: <2mo, 3-4mo, 6-7mo, 8-9mo, 6-9mo. Complementary food is defined as any solid or semi-solid

Summary of Indicator Results

Infant and Young Child Feeding Policies and Programmes		
Targets		**Score (out of 10)**
Indicator 1	National Policy, Programme and Coordination	3.0/10
Indicator 2	Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding	4.0/10
Indicator 3	Implementation of the International Code	3.0/10
Indicator 4	Maternity Protection	2.5/10
Indicator 5	Health and Nutrition Care System	5.5/10
Indicator 6	Mother Support and Community Outreach (Community-based Support for the pregnant and breastfeeding mother)	5.0/10
Indicator 7	Information support	5.0/10
Indicator 8	Infant Feeding and HIV	7.0/10
Indicator 9	Infant Feeding during Emergency	3.0/10
Indicator 10	Mechanisms of Monitoring and Evaluation System	4.0/10
	Total Score IYCF Policies and Programmes	**43/100**

Guidelines

Score	Color-rating	Grading	Existing Situation
0 – 30	RED	D	
31 – 60	YELLOW	C	
61 – 90	BLUE	B	
91 - 100	GREEN	A	

Infant and Young Child Feeding Practices			
IYCF Practices		**Result**	**Score**
Indicator 11	Early initiation of breastfeeding	81.9%	9/10
Indicator 12	Exclusive breastfeeding for the first six months	51.5%	9/10
Indicator 13	Median duration of breastfeeding	17.5 months	3/10
Indicator 14	Bottle-feeding among children 0-6 months	7%	6/10
Indicator 15	Complementary feeding among children 6-8 months	82%	9/10
	Total Score IYCF Practice		**36/50**

Guidelines

Score	Color-rating	Grading	Existing Situation
0 – 15	RED	D	
16 – 30	YELLOW	C	
31 – 45	BLUE	B	
45 - 50	GREEN	A	

Total of IYCF Policies and Programmes, and Practices

Total score of infant and young child feeding practices, policies and programmes (indicators 1-15) are calculated out of total score of 150.

Guidelines

Score	Color-rating	Grading	Existing Situation
0 – 45	RED	D	
46 – 90	YELLOW	C	**79/150**
91 – 135	BLUE	B	
136 – 150	GREEN	A	