

WBTi DATABASE QUESTIONNAIRE

Country Name: Pakistan

Year: 2009

Part I

(1) Percentage of babies breastfed within one hour of birth 29%

Comments, Summary and Source of Data

Pakistan Demographic Health survey 2007

**(2) Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours
37%**

Tick here if this data available is for babies of 0-4 months only.

Comments, Summary and Source of Data

Pakistan Demographic Health survey 2007

(3) Babies are breastfed for a median duration of how many months? 19%

Comments, Summary and Source of Data

Pakistan Demographic Health survey 2007

**(4) Percentage of breastfed babies less than 6 months old receives other foods or drinks
from bottles? 27%**

Comments, Summary and Source of Data

Pakistan Demographic Health survey 2007

**(5) Percentage of breastfed babies receiving complementary foods at 6-9 months of
age? 36.3%**

Comments, Summary and Source of Data

*This Data id from Pakistan Demographic survey conducted in 2007. This is the latest national wide and
authenticated survey.*

Part II

(6) National Policy, Programme and Coordination

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? (*Check that apply*)

[6.1] A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government ✓

[6.2] 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 .
✓

[6.3] A national plan of action developed with the policy ✓

[6.4] The plan is adequately funded (Plan is not adequately not funded

[6.5] There is a National Breastfeeding Committee ✓

[6.6] The national breastfeeding (infant and young child feeding) committee meets and reviews on a regular basis

[6.7] The national breastfeeding (infant and young child feeding) committee links with all other sectors like health, nutrition, information etc. effectively ✓

[6.8] The National Breastfeeding Committee is headed by a coordinator with clear terms of reference ✓

Information and source used

- National IYCF Strategy 2009.
- Notification of NIFB
- Annual Nutrition report 2008 (MOH document)

Gaps

The National IYCF strategy is formulated with the consultation of federal, Provincial health departments, Pakistan Paediatric associates, other medical Organizations, Pakistan Nursing counsels, Development partners and the proposed a national IYCF strategy. The Strategy is submitted to federal health ministry for the final approval of competent authority.(Approved on 15th April 2009) There is shortage of funds for proper implementation of IYCF strategy.

The Breast feeding committee is formulated in 2002 but they are not holding their meeting on regular basis. The links with other departments and line ministries are not effectively develop. There is need to regularised the meetings and strengthen the linkages with the line ministries and departments

Recommendations

The national Nutrition wing, Ministry of health should take lead to organise this meeting. The Ministry of health should allocate funds for the implementation of IYCF strategy in forth coming Govt Document going to formulate for the Nutrition Wing, ministry of Health. The Development partners should support Govt for the implementation of IYCF strategy

Summarize which aspects of IYCF policy, program and coordination are good and which need improvement and why? Any further analysis needed and recommendations for action

The National IYCF strategy is formulated with the consultation of federal, Provincial health departments, Pakistan Paediatric associates, other medical Organizations, Pakistan Nursing counsels, Development partners and the proposed a national IYCF strategy. The Strategy is submitted to federal health ministry for the final approval of competent authority(Approved on 15th April 2009). There is shortage of funds for proper implementation of IYCF strategy. The Breast feeding committee is formulated in 2002 but not holding their meeting on regular basis. The links with other departments and line ministries are not effectively develop. There is need to regularised the meetings and strengthen the linkages with the line ministries and departments. The national Nutrition wing, Ministry of health should take lead to organised this meeting.

(7) Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)

(7(A)) - What percentage of hospitals and maternity facilities those provide maternity services have been designated "Baby Friendly" based on the national criteria?

and maternity facilities offering maternity services have been designated "Baby Friendly"

[7.1] Percentage of total hospitals (both public & private) and maternity facilities offering maternity services have been designated "Baby Friendly" for implementing ten steps to successful breastfeeding out of 135 only 65 hospital has been declared BFH in 2003

45.9%

(7(B)) - What is the skilled training input and sustainability of BFHI programme?

[7.2] Percentage of BFHI designated hospitals that have been certified after a minimum recommended training of 18 hrs for its entire staff working in maternity services.

(7(C)) - What is the quality of BFHI programme implementation? (Check that apply)

[7.3] BFHI programme relies on training of health workers ✓

[7.4] A standard monitoring system is in place (previously) ✓

[7.5] An assessment system relies on interviews of mothers ✓

[7.6] Reassessment systems have been incorporated in national plans

7.7) There is a time-bound program to increase the number of BFHI institutions in the country ✓

Information and source used

BFHI Evaluation report of Ministry of Health 2005

Gaps

The BFHI was started with the support of development partners but due to non commitment of Govt, this initiative was only reached to few hospitals. The development partners and donor stop its funding and this initiative comes to an end in 2003. Even now govt is not promoting this initiative; rather the Govt is focusing on community base intervention.

Recommendations

Firstly, the BFHI should be reviewed in depth and after the identification of gaps and issue, this initiative should be restarted on small scale and latter on it should be replicated on phase wise manner to other parts of the country. The Govt should own this initiative and take lead in its implementation

Summarize how the country is doing in achieving Baby friendly targets in quantity and quality both. List any aspects of the initiative needing improvement and why? Any further analysis needed and recommendations for action

The BFHI was with the support of development partners but due to non commitment of Govt, this initiative was not only reach to few hospitals. The funding agency stops its fund and this initiative was faded out. Even now govt is not promoting this initiative; rather the Govt is focusing on community base intervention. In the project document of National nutrition program, there is very little money allocated for BFHI.

(8) Implementation of the International Code

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? (Check those apply, If more than one is applicable, record the highest score)

- [8.1] No action taken
- [8.2] The best approach is being studied
- [8.3] National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable
- [8.4] National measures (to take into account measures other than law), awaiting final approval
- [8.5] Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions
- [8.6] Some articles of the Code as a voluntary measure
- [8.7] Code as a voluntary measure
- [8.8] Some articles of the Code as law
- [8.9] All articles of the Code as law
- [8.10] All articles of the Code as law, monitored and enforced

Information and source used

- Breast feeding ordinance 2002
- Draft Breast feeding rule 2009

Gaps

The breast feeding ordinance passed in 2002 but the rules and regulations are approved in 2009. It delays the implementation of Law in true spirit and real manner.

Recommendations

The Development partners should provide financial support the Ministry of health for the implementation of these rules.

Summarize which aspects of the Code compliance have been achieved and which need improvement and why? Any further analysis and recommendations for action

The Breast feeding Law (ordinance) is approved in 2002. This law covers all the International Code. The rules and regulation is prepared and final draft is submitted to competent authority to approval which will be approved within few weeks. The Law is implemented all over

Pakistan. National Infant feeding board is one of the key component of this LAW which has to meet on regular basis but unfortunately , it is not holding its meeting regular meetings.

(9) Maternity Protection

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? (*Check that apply*)

[9.1] Women covered by the national legislation are allowed the following weeks of paid maternity leave

Any leave less than 14 weeks

14 to 17 weeks

18 to 25 weeks

26 weeks or more

[9.2] Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. NA

Unpaid break

Paid break

[9.3] Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.

[9.4] There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector.

[9.5] Women in informal/unorganized and agriculture sector are:

accorded some protective measures

accorded the same protection as women working in the formal sector

[9.6]

a. Information about maternity protection laws, regulations, or policies is made available to workers. ✓

b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided. ✓

[9.7] Paternity leave is granted in public sector for at least 3 days.

[9.8] Paternity leave is granted in the private sector for at least 3 days.

[9.9] 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. ✓

[9.10] There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.

[9.11] ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.

[9.12] The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.

Information and source used

- Breast feeding ordinance 2002
- Official documents of Govt of Pakistan
- Service Rule 1977
- Labour law , Govt of Pakistan
- Breast feeding practice at work place survey 2008

Gaps

The maternity leaves are 12 weeks in govt department and even this cover 6 week before the delivery and 6 weeks after the delivery. The private sector is totally un-monitored. The labour inspectors are present but they are not fully versed with the right of lactating mother/workers. The workers are not fully aware of their right regarding the breast feeding.

Recommendations

- The Maternity leave should be enhanced to 6 month
- The private sector should be included in the implementation of Maternity leave.
- The private sector should be monitored for the implementation of right of women related to breast feeding

- The information should be provided to all workers regarding their right for the breast feeding

Summarize which aspects of the legislation are good and which need improvement and why? Any further analysis needed and recommendations for action

The maternity leave in the formal sector is 12 week (6 week before and 6 week after) while in the informal sector there is no maternity leave. There are no legislations to designate the separate place for the breast feeding. The private sector is not properly monitor. The informal sector is not covered by legislation and there is no monitoring system in place. There is need to revised the legislation and incorporate the entire article which is in the ILO PMC no 183. The maternity lave should be increased to 6 months after the delivery.

(10) Health and Nutrition Care Systems

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? *(Check that apply)*

[10.1] A review of health provider schools and pre-service education programmes in the country indicates that infant and young child feeding curricula or session plans are adequate/inadequate

Adequate Inadequate No-reference

[10.2] Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.

Adequate Inadequate No-reference

[10.3] There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers.

Adequate Inadequate No-reference

[10.4] Health workers are trained with responsibility towards Code implementation as a key input.

Adequate Inadequate No-reference

[10.5] Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)

Adequate Inadequate No-reference

[10.6] These in-service training programmes are being provided throughout the country.

Adequate Inadequate No-reference

[10.7] Child health policies provide for mothers and babies to stay together when one of them is sick.

Adequate Inadequate No-reference

Information and source used

Curriculum of under graduate doctors, paramedics, community workers

Policy documents of Min of Health.

Policy documents of provincial health departments on in service trainings.

Gaps

There is no regular in service training program on breast feeding who cover all the health care providers in department of health. There is one project being implemented by Nutrition wing with the support of USAID, PAIMAN, and UNICEF in few districts of Pakistan.

The pre service training on breast feeding is not properly implemented. Only community health worker has proper curriculum in pre service training on breast feeding while the rest of the health care providers do not have the proper and required amount of knowledge on breast feeding during pre service training. Only USAID funded project PAIMAN is working on pre service training component for Health care provider to include breast feeding chapter.

The child health policy only allows mother to stay with sick child but it does not allow child to stay with the mother.

Recommendations

A chapter on breast feeding should be added in all the pre service curriculum of health care provider.

There is a need to develop in service training program which include breast feeding components.

Summarize which aspects of health and nutrition are good and which need improvement and why? Identify areas needing further analysis and recommendations for action.

The IYCF training modules have been adopted by the Govt and it is being implemented in the selected health facilities. These health facilities are from Public sectors only and due to scarcity of fund, Govt is unable to implement this in service program in all public sectors health facilities. Some development partners including, PAIMAN, USAID and UNICEF, also implementing in-services trainings. Now Govt is focusing on pre-service training in all health care providers. This will cover the private sector which is till now neglected by Govt and Development partners.

(11) Mother Support and Community Outreach - Community-based Support for the pregnant and breastfeeding mother

Are there mother support and community outreach systems in place to protect, promote and support optimal infant and young child feeding? (*Check that apply*)

[11.1] All pregnant women have access to community-based support systems and services on infant and young child feeding?

Yes To Some Degree No

[11.2] All women have access to support for infant and young child feeding after birth

Yes To Some Degree No

[11.3] Infant and young child feeding support services have national coverage.

Yes To Some Degree No

[11.4] 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).

Yes To Some Degree No

[11.5] Community-based volunteers and health workers possess correct information and are trained in counseling and listening skills for infant and young child feeding.

Yes To Some Degree No

Information and source used

PC-I of LHWs program

PC-I of MNCH program

Gaps

The community health workers known as lady health workers are the only well establish force in Pakistan who work at community level. But they only cover 70% of the population. In the LHWs uncovered area, there is no proper system of volunteers and community workers who provides the services to mother and child on breast feeding.

The IYCF strategy also stresses the community component and the draft PC-I of Nutrition wing also emphasis on the involvement of community workers for the promotion of breast feeding

Recommendations

The new cadre of Community Midwives and other volunteers should be involved in the promotion of breast feeding

Summarize which aspects of community outreach are good and which need improvement and why? Identify areas needing further analysis and recommendations for action.

National Program for family planning and primary health care commonly know as lady health workers program is the biggest program in Pakistan and has more then 90,000 lady health workers but even this program is covering 70% of population. Rest of the area is uncovered and deprived of any community out reach program. But this program is providing completed information about the IYCF and the Lady Health workers has skill to handle the problem regarding breast feeding.

(12) Information Support

Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented? (Check that apply)

[12.1] There is a comprehensive national IEC strategy for improving infant and young child feeding

Yes To some degree No

[12.2] IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels

Yes To some degree No

[12.3] 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

Yes To some degree No

[12.4] The content of IEC messages is technically correct, sound, based on national or international guidelines.

Yes To some degree No

[12.5] A national IEC Campaign or programme using electronic and print media and activities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months

Yes To some degree No

Information and source used

- National Draft IEC strategy by Ministry of Health
- National Draft IEC strategy of National MNCH program

Gaps

There is no definite IEC strategy for breast feeding but breast feeding is address in all IEC strategies of ministry of Health in some manner. The massages are developed on scientific manners but it did not disseminate on systematic manner

Recommendations

A separate IEC strategy should be developed for IYCF which is already a key component of IYCF strategy

Summarize which aspects of the Information, education and communication (IEC) programme are good and which need improvement and why? Identify areas needing further analysis and recommendations for action.

There is no separate IEC strategy specially designed for IYCF but there are three different National programs promoting breast feeding and that are National Nutrition program, Lady health workers program and National maternal neonatal and child Health program. These programs have their own IEC strategy and through their strategy, they are promoting breast feeding and complementary feeding. They have developed unified massages which are technically correct.

(13) Infant Feeding and HIV

Are policies and programmes in place to ensure that HIV – positive mothers are informed about risks and benefits of different infant feeding options and supported in carrying out their infant feeding decisions? (Check that apply)

[13.1] The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV

Yes To some degree No

[13.2] The infant feeding and HIV policy gives effect to the International Code/ National Legislation

Yes To some degree No

[13.3] 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 counseling and support.

Yes To some degree No

[13.4] Voluntary and Confidential Counseling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.

Yes To some degree No

[13.5] Infant feeding counseling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.

Yes To some degree No

[13.6] Mothers are supported in making their infant feeding decisions with further counseling and follow-up to make implementation of these decisions as safe as possible.

Yes To some degree No

[13.7] 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.

Yes To some degree No

[13.8] 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.

Yes To some degree No

[13.9] 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.

Yes To some degree No

Information and source used

Policy document of HIV AIDS program

Policy document of Nutrition Wing

IYCF strategy documents

IYCF counselling course

Gaps

The HIV is not a burning issue in Pakistan. There are very few counselling centre for HIV which cannot cater whole population

Recommendations

Proper attention should be paid to high light the risk of HIV specially during breast feeding time

Summarize which aspects of HIV and infant feeding programming are good and which need improvement and why? Identify areas needing further analysis and recommendations for action

Pakistan is high risk and low prevalence for HIV. There are only 9 VCT centre in Pakistan which are insufficient to cater whole Pakistan. As BFHI is not actively implemented in Pakistan so the HIV is not incorporated in the BFHI.

(14) Infant Feeding During Emergencies

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? *(Check that apply)*

[14.1] The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies.

Yes To some degree No

[14.2] 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.

Yes To some degree No

[14.3] 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.

Yes To some degree No

[14.4] Resources identified for implementation of the plan during emergencies

Yes To some degree No

[14.5] 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.

Yes To some degree No

Information and source used

National Policy for Disaster management

Project document of disaster management Project

Gaps

The Policy and guidelines are prepared but there is no allocation of fund especially for protect and promotion of breast feeding during emergency. The health care providers are not trained on emergency preparedness especially for IYCF.

Recommendations

Fund should be identified and allocated for breast feeding during disaster. The pre-service program should be started on disaster management including IYCF

Summarize which aspects of emergency preparedness are good and which need improvement and why? Identify areas needing further analysis and recommendations for action

There is broad guideline developed on IYCF in emergencies but no detail policy with clear cut responsibility has been development. The funds are not allocated for this activity. The Health care providers are not trained on emergencies preparedness especially for IYCF during pre service trainings. The proper manuals have been prepared for in service trainings and the training is being imparted.

(15) Mechanisms of Monitoring and Evaluation System

Are monitoring and evaluation data routinely collected and used to improve infant and young child feeding practices? (*Check that apply*)

[15.1] Monitoring and evaluation components are built into major infant and young child feeding program activities

Yes To Some degree No

[15.2] Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.

Yes To Some degree No

[15.3] Adequate baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.

Yes To Some degree No

[15.4] Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers.

Yes To Some degree No

[15.5] 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.
Yes To Some degree No

Information and source used

Document of health and information system

LHWs MIS system

Nutrition Program

Gaps

There are only few projects working for IYCF. These projects have baseline information and they have inbuilt mechanism for monitoring. But the national Health and Management Information System and districts health information system do not have proper indicators for breast feeding.

Recommendations

The indicators related to IYCF should be included in National HMIS and DHIS

Summarize which aspects of monitoring and evaluation are good and which need improvement and why? Identify areas needing further analysis and recommendations for action.

The entire nutritional program has indicators related to IYCF and the reports are used by the managers for planning the different programs and activities. But the national Health and information system of Pakistan does not have all the indicators related IYCF and there is no regular monitoring system for IYCF on national scale.

List of partners involved in Assessment

Ministry of Health

The National Nutrition Program

The MNCH program

The national Program for Family Planning and Primary Health Care

Provincial Health departments of all four provinces.

Pakistan Paediatric Association

Paediatricians

Gynaecologist

Public Health Specialist

Ministry of Law, Justices and Human right

Ministry of Planning

USAID

PAIMAN

UNICEF

WHO

Save the children US

Save the children UK