# **BRUNEI DARUSSALAM**

# Report Card: Year 2016



The State of Infant and Young Child Feeding (IYCF)

Policies and Programmes (Indicator 1-10)		Practices (Indicator 11-15)	
Sco	Score Out of 10		
1. National Policy, Programme and Coordination Concerns national policy plan of actions, funding and coordination issues.	10	92,2%	73.3%
2. Baby Friendly Hospital Initiative Concerns percentage BFHI hospitals, training, standard monitoring, assessment and reassessment systems.	2.5		
3. Implementation of the International Code of Marketing of Breastmilk Substitutes  Concerns implementation of the Code as law, monitored and enforced.	2.0	Indicator 11: Early Initiation of Breastfeeding (Score: 10/10)	Indicator 12: Exclusive Breastfeeding for the first 6 months (Score: 6/10)
4. Maternity Protection  Concerns paid maternity leave, paid breastfeeding breaks, national legislation encouraging work site accommodation for breastfeeding and/or childcare and ratification of ILO MPC No 183.	4.0	,	
5. Health and Nutrition Care Systems Concerns health provider schools and pre-service education programmes, standards and guidelines for mother-friendly childbirth procedures, in-service training programmes.	5.0	8 Months Indicator 13: Median Duration of breastfeeding (score: 3/10)	
6. Mother Support and Community Outreach- Community-based support for the pregnant and breastfeeding mother Concerns skilled counseling services on infant and young child feeding, and its access to all women. (During pregnancy and after birth)	8.0		
7. Information Support Concerns national IEC strategy for improving infant and young child feeding, actively implemented at local levels.	8.0		95.1%
8. Infant and Young Child Feeding and HIV Concerns policy and programmes to address infant feeding and HIV issue and on-going monitoring of the effects of interventions on infant feeding practices and health outcomes for mothers and infants.	8.5	96.5%	55.1%
9. Infant and Young Child Feeding during Emergencies Concerns policy and programme on infant and young child feeding in emergencies and material on IYCF in emergencies integrated into pre-service and in-service training for emergency management.	1.0	Indicator 14: Bottle-feeding (Score: 3/10)	Indicator 15: Complementary Feeding
10. Mechanisms of Monitoring and Evaluation System  Concerns monitoring, management and information system (MIS) as part of the planning and management process.	7.0		(Score: 10/10)

# Total Score (Indicator 1-15):88/150

- Key to scoring, colour-rating, grading and ranking:

  1. The level of achievement of infant feeding practices is taken in percentage' except median duration, which is an absolute number of months.

  2. For indicators 1 to 10, there is a sub set of questions leading to key achievement, indicating how a country is doing in a particular area. Each indicator has a maximum of 10.

  3. In the case of indicators 1 to 15 on practices, key to rating is used from the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". Scoring and colour-rating are provided according to IBFAN Asia Guidelines for WBT. Each indicator is scored out of maximum of 10.

  4. IBFAN Asia Guidelines for WBT for rating individual indicators 1 to 15 are as: 0 3 is rated Red, 4 6 is rated Yellow, 7 9 is rated Blue and more than 9 is rated Green.

  5. Total score of all indicators 1 to 15 is calculated out of 150.

# World Breastfeeding Trends Initiative (WBTi)

## **Key Gaps**

- Funding are allocated as per request from Ministry of Health
- Limited capacity in implementation of Maternal, Infant & Young Child Nutrition [MIYCN]-related policies and funding allocations
- No accredited BFHI Hospitals
- No national standard for BFHI monitoring system in place
- No sustainable BFHI assessment system in place
- Constraints in human resource numbers and expertise dedicated to the development and implementation of the International Code
- International Code of Marketing adopted voluntarily, but not legislated
- No specific *clause* on breastfeeding breaks in national legislation
- Prior to October 2014, there is no compulsory provision for breastfeeding facilities in work places within the government and private sectors in the national legislation
- Provision of creches in workplaces is currently voluntary
- No standards and/or guidelines for mother-friendly and childbirth procedures
- Inadequate in-service training programmes related to IYCF for health professionals, social and community workers
- Inadequate numbers of volunteers and health care workers trained in counselling skills for infant and young child feeding
- Inadequate patient information materials on the risk of artificial feeding and preparation and handling of powdered infant formula
- Inadequate documentation on comprehensive policy and guidelines on HIV and infant feeding
- Inadequate focus on infant and young child feeding as part of emergencies preparedness plan
- Monitoring and evaluation of IYCF programme are only carried out during national nutritional and health surveys
- Lack of data management and analysis for generating information

### **Key Recommendations**

- To include MIYCN-related activities funding under the annual Performance Based Budgeting of Ministry of Health
- To widely disseminate MIYCN-related policies to both government and non-government sectors through roadshows, media campaigns, organize educational talks at respective ministries, organize joint events with NGOs
- To develop sustainable BFHI assessment system for BFHI accreditation in collaboration with external assessors and technical support from WHO and UNICEF
- To develop and implement national standard for BFHI monitoring system (Technical Working Group 1 and Technical Working Group 4 of MIYCN Taskforce)

# **Key Recommendations**

- To include BFHI assessment tool/interviews of mothers as part of nursing checklist in postnatal wards
- To formalize the Technical Working Group on the International Code
- To finalize and submit the draft on Health Worker's Code to the Minister of Health for endorsement
- To incorporate the Health Worker's Code in the proposed Health Care Facility Act Workshop to educate and raise awareness to all stakeholders and personnel
- To endorse Breastfeeding Breaks Policy by the government of Brunei Darussalam
- To establish on-site mother-and-baby-friendly childcare facilities
- To advocate for the endorsement of maternity protection policy encompassing the rights of women in all sectors
- To propose/advocate flexible working hours, part-time jobs and/or job sharing policy for breastfeeding mothers
- To propose/advocate Paternity Leave Policy
- To disseminate information on breastfeeding-friendly work policies to all agencies/sectors
- To develop standards, guidelines and policies for motherfriendly childbirth practices
- To introduce training programmes on mother-friendly childbirth practices among healthcare workers
- To expand the programme by increasing capacity, targeting more resources and training
- To include information on the risks of artificial feeding in the breastfeeding booklet
- To develop patient information leaflets on guidelines on safe preparation and handling of powdered infant formula (limited to specific patients)
- To strengthen and update documentation on policy and guidelines on HIV and infant feeding
- To incorporate IYCF component and training in emergency preparedness
- To work towards incorporating infant and young child feeding as part of emergencies preparedness plan with key stakeholders e.g. National Disaster Management Centre (NDMC), Ministry of Youth, Culture & Sports, NGOs, Brunei Darussalam Red Crescent Society, community volunteer groups
- To build capacity on data management and analysis
- To develop the monitoring and evaluation system/tools based on available tools from UNICEF such as WBTi
- To build monitoring and surveillance system of IYCF/MIYCN in the electronic health records (Brunei Darussalam Healthcare Information and Management System)

# World Breastfeeding Trends Initiative (WBTi)

# **Brunei Darussalam's Assessment Process**

The assessment process was carried out by Maternal, Infant & Young Child Nutrition [MIYCN] Taskforce under the Ministry of Health, Brunei Darussalam. A preliminary assessment was done amongst few key members from MIYCN Taskforce through media communication and meetings. Following that, a two-day retreat was organized involving key members of the MIYCN Taskforce as well as other health professionals within the Ministry of Health and other non-health sectors (PAPPARSB Institute of Health Science, Universiti of Brunei Darussalam). The objectives of the retreat were:

- To introduce what is WBTi Tool
- To go through each 15 indicators
- To give and finalise the scores for each 15 indicators as well as sources use for the scores
- To mind-map gaps and recommendations for each indicators
- To share the process of the WBTi tool into making a Report Card

Outcomes from the retreat were then shared with the Director of Health Services, who is also the Co-Chair for MIYCN Taskforce, during the quarterly meeting of the taskforce with other members and relevant people, for verification and approval of the scores. Any new information, comments and suggestions were also incorporated into the assessment report during the meeting. The assessment report was sent to the Permanent Secretary of Ministry of Health, Chair for MICYN Taskforce, for final approval before sending to WBTi coordinating office (IBFAN).

### **Partner Organisations**

- Dr Hjh Rafidah binti Haji Gharif, Director of Health Services; Co-Chair for MIYCN Taskforce, Ministry of Health
- Associate Professor Dr. Hajah Roselina binti Dato Paduka Haji Yaakub, Consultant Obstetrician and Gynaecologist and head of Obstetrics and Gynaecology Speciality for Department of Medical Services; Deputy Co-Chair for MIYCN Taskforce, Ministry of Health. Associate Professor Pengiran Anak Puteri Hajah Rashidah Sa'adatul Bolkiah (PAPHRSB) Institute of Health Sciences, Universiti Brunei Darussalam
- Dr. Hajah Rohayati binti Haji Mohd. Taib, Consultant Paediatrician and Head of Paediatrics Specialty for Department of Medical Services; Deputy Co-Chair for MICYN Taskforce, Ministry of Health
- Dr. Ong Sok King, Medical Specialist (Public Health), NCD Prevention and Control Unit, Ministry of Health
- Dr Hjh Emilia binti Hj Mohd. Kassim, Acting Senior Medical Officer, Paediatrics Department, Raja Isteri
   Pengiran Anak Saleha Hospital; Member MIYCN Taskforce
- Dr Soon Ing Shian, Consultant Paediatrician, Raja Isteri Pengiran Anak Saleha Hospital
- Dr Dk Masdiana Nabila Muliati binti Pg Hj Tahir, Paediatrician, Raja Isteri Pengiran Anak Saleha Hospital
- Dr Hjh Norol-Ehsan binti Hj Abd Hamid, Medical Officer, Health Promotion Centre, Ministry of Health
- Dr Nik Afiqah binti Hj Md Tuah, Lecturer, PAPHRSB Institute of Health Sciences, Universiti Brunei Darussalam
- Matron Hjh Siti Abibah binti Hj Abd Fattah, Special Grade Nursing Officer, Obstetrics and Gynaecology
   Department, Raja Isteri Pengiran Anak Saleha Hospital
- Hjh Roseyati binti Dato Paduka Hj Yaakub, Senior Dietitian, Community Health Division, Department of Health Services; Secretariat for MIYCN Taskforce, Ministry of Health
- Hjh Saniwati binti Haji Md Noor, Special Grade Nursing Officer, Community Health Division, Department of Nursing Services; Member MIYCN Taskforce, Ministry of Health

# World Breastfeeding Trends Initiative (WBTi)

## **Partner Organisations**

- Hjh Ramlah binti Kisut @ Kesut, Nursing Officer, Community Health Division, Department of Nursing Services;
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   Ministry of Health
- Hjh Si-Rose binti Hj Musa, Staff Nurse, Obstetrics and Gynaecology Department, Raja Isteri Pengiran Anak Saleha Hospital; Secretariat for MIYCN Taskforce, Ministry of Health

### For detailed report please contact



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#### WBTi Coordinating Office





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#### Global Commitments on Infant and Young Child Feeding

- Global Strategy for Infant and Young Child Feeding 2002: World Health Assembly (WHA) and UNICEF adopted the Global Strategy, which sets five additional targets: national policy on infant and young child feeding, community outreach, information support, infant feeding in difficult circumstances and monitoring and evaluation. http://www.who.uni.child-adolescent.
- Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding 1990:
   http://www.unicof.ore/programme/breastfeeding/innocenti.htm
- World Health Assembly Resolutions: call upon Member States to implement policies and programmes to improve infant nutrition. The recent resolution adopted on May 27,2006 calls on Member States to implement Global Strategy for Infant and Young Child Feeding and multilateral and bilateral donor arrangements and international financial institutions to direct financial resources for Member States to carry out these efforts. Resolutions 49.15, 58.32, 61.20 call upon member states to avoid conflicts of interests in programmes of child health.
- http://www.who.int/gb/ebwha/pdf\_files/WHA58/WHA58\_32-en.pdf http://www.who.int/gb/ebwha/pdf\_files/A61/A61\_R20-en.pdf
- WHO HIV and Infant Feeding Technical Consultation Consensus Statement, Geneva, October 25-27, 2006: http://www.who.int/hiv/mediacentre/Infantfeedingconsensusstatement.pf.pd
- Millennium Development Goals: www.un.org/millenniumgoals/
- Innocenti Declaration 2005 on Infant and Young Child Feeding: www.unicef.org/nutrition/index\_breastfeeding.html
- Maternity Protection Convention: <u>http://www.ilo.org/</u>

The World Breastfeeding Trends Initiative (WBTi) is IBFAN Asia's flagship programme.WBTi is being implemented as an integral part of two projects "Global Breastfeeding Initiative for Child Survival" (GBiCS), in partnership with the Norwegian Agency for Development Cooperation (Norad) and Global Proposal for Coordinated Action of IBFAN and WABA: Protecting, Promoting and Supporting Breastfeeding through Human Rights and Gender Equality" in partnership with Swedish International Development Agency (Sida).