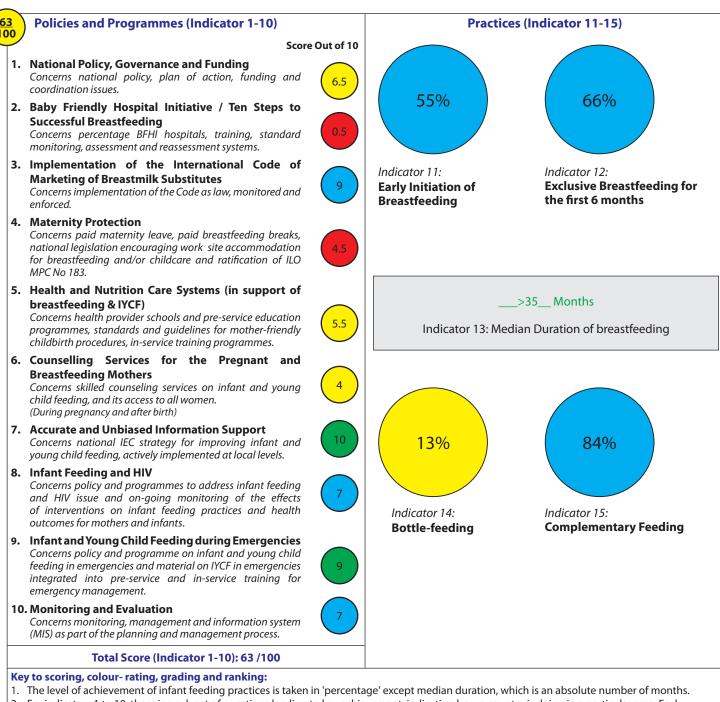


# NEPAL Report Card: 2020

## The State of Infant and Young Child Feeding (IYCF)



- 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. The WBTi Guidelines for rating individual indicators 1 to 10 are as: 0 3.5 is rated Red, 4 6.5 is rated Yellow, 7 9 is rated Blue and more than 9 is rated Green.
- 4. Total score of policy and programmes indicators 1 to 10 is calculated out of 100.
- 5. In the case of indicators 11 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". Colour-rating are provided according to WBTi Guideline.
  - a. The WBTi Guidelines for indicator 11 are as: 0.1 29% is rated Red, 29.1 –49% is rated Yellow, 49.1 89% is rated Blue and 89.1-100% is rated Green.
  - b. The WBTi Guidelines for indicator 12 are as: 0.1-11% is rated Red, 11.1-49% is rated Yellow, 49.1-89% is rated Blue and 89.1-100% is rated Green.
  - c. The WBTi Guidelines for indicator 13 are as: 0.1–18 months is rated Red, 18.1 –20 months is rated Yellow, 20.1 22 months is rated Blue and 22.1–24 months is rated Green.
  - d. The WBTi Guidelines for indicator 14 are as: 29.1–100% is rated Red, 4.1 –29% is rated Yellow, 2.1 4% is rated Blue and 0.1-2% is rated Green.
  - e. The WBTi Guidelines for indicator 15 are as: 0.1-59% is rated Red, 59.1 -79% is rated Yellow, 79.1 94% is rated Blue and 94.1-100% is rated Green.



- 1. Breastfeeding Promotion and Protection Committee meetings have been found to be inadequate and irregular.
- 2. In spite of large amount of fund allocation in nutritional sectors and IYCF being a part of various nutrition related programs, the amount invested in IYCF has not been separately calculated.
- 3. Due to lack of monitoring and supervision for a long time after certification of BFHI, none of our hospitals could be certified as baby
- employers in informal sectors
- lacking in government or private sectors.
- 6. Curriculum and training packages for health providers are inadequate for training of skills in counseling for infant and young child feeding..
- 7. HIV Testing and Counseling services are not available for all the couples
- 8. There is need of designated spaces and places for IYCF counseling during emergency

#### **Key Recommendations**

- 1. BPP Committee and subcommittee meetings should be held regularly and should monitor and supervise health facilities for certification of MBFHI.
- 2. Effective coordination with sectors other than health for effective implementation of the IYCF policies is highly recommended.
- 3. Health care settings should be encouraged to use selfappraisal tool for themselves to identify the gap in the establishment of MBFHI. This self appraisal tool should be incorporated in the national health programs for its long term sustainability.
- 4. There is lack of policy and legislation regarding breastfeeding that covers 4. BMS act amendment process of BMS act should be fastened and should be implemented soon.
- 5. The physical facility, breastfeeding breaks and crèche in the offices are 5. There is a need for strong advocacy from governmental and non-governmental organization for the proper implementation of sexual and reproductive act 2075.
  - 6. Separate data system for IYCF counseling should be kept in place.
  - 7. HIV Testing and Counseling services should be readily available for all the
  - 8. There is need of designated spaces and places for IYCF counseling during emergency

### Country Assessment ......

#### Nepal assessment 2020

The present assessment is the fifth round of assessment following WBTi in the year 2005, 2008, 2012, 2015. This assessment has been jointly carried out by Nepal Breastfeeding Promotion Forum (NEBPROF), Civil service hospital (CSH), Hellen Keller International (HKI), College of Applied food and diary technology (CAFODAT), Institute of medicine (IOM) and Kathmandu University of medical sciences (KUMS). For each indicator, primary responsibility was taken by an organization/person who had been working on the issue. The person/ organization responsible for creating a draft of each of these indicators contacted government officials and other related organizations. Also internet surfing was done to collect online documents related to the indicators. Thus, the draft of the report with score was prepared on the allotted indicator and finalized by core group after several meetings.

This draft was then presented to a larger group of partners and experts at a dissemination meeting attended by 28 persons from family welfare division and nutrition section of Ministry of Health and population, non governmental organizations, stake holders and academic institutions etc. on 1st October 2020 in virtual platform. . Thus, the final report was prepared by incorporating all the inputs given by the participants during this workshop and the consensus built on the findings and recommendations.

#### **Partner Organisations**

- Ministry of Health and Population, Family Welfare Division
- Nepal Paediatric Society (NEPAS)
- Perinatal Society of Nepal
- Maharajgunj Nursing Campus
- Kanti Children's Hospital
- Pediatric Department, Civil Service Hospital
- Mother and Infant Research Activity (MIRA)
- Pediatric Department, KUSMS
- CAFODAT

#### **Convention on the Right of the Child (CRC)**

#### **CRC Commitment**

On 3 June 2016, the Committee on right of the child completed its consideration of combined third to fifth periodic reports of Nepal on the implementation of provisions of the convection on rights of the child in the country.

#### Recommendations of the CRC Committee

In the light of its general comment No. 15 (2013) on the right of the child and taking note of target 3.2 of the Sustainable Development Goals, on ending preventable deaths of newborns and children under 5 years of age by 2030, the Committee recommends that the State party:

- (a) Expeditiously allocate additional human, technical and financial resources for improving access to and the quality of health services, particularly in rural areas;
- Take measures to reduce neonatal mortality rates, and, in so doing, to implement and apply the OHCHR technical guidance on the application of a human-rights-based approach to the implementation of policies and programmes to reduce and eliminate preventable mortality and morbidity of children under 5 years of age
- Ensure the full involvement of all relevant ministries concerned in the effective implementation of the 2013-2017 multisectoral nutrition plan for addressing chronic malnutrition among children, and consider establishing a programme for the nondiscriminatory provision of food and nutritional supplements for children at risk of malnutrition, with a particular focus on young infants, up to 2 years of age. In implementing the above, the State party is encouraged to seek financial and technical assistance from UNICEF and the World Health Organization (WHO), among others.

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

- Global Strategy for Infant and Young Child Feeding 2002 http:// www.who.int/child-adolescent-health/New Publications/NUTRITION/ gs\_iycf.pdf
- Innocenti Declaration on the Protection, Promotion and **Support of Breastfeeding 1990:** http://www.unicef.org/programme/breastfeeding/innocenti.htm
- Innocenti Declaration 2005 on Infant and Young Child Feeding: www.unicef.org/nutrition/index\_breastfeeding.html
- International Code of Marketing of Breast-milk Substitutes http://whalibdoc.who.int/publications/9241541601.pdf
- WHO/UNICEF's: Global Breastfeeding Collective https://www.who.int/nutrition/topics/global-breastfeeding-collective/
- Declaration of WBC 1 (2012) & WBC 2 (2016) and call to action
- WHA targets for 2030 to increase by 50% globally
- 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/

http://www.who.int/gb/ebwha/pdf\_files/A61/ A61 R20-en.pdf

WHA58/WHA58\_32-en.pdf

- **WHO HIV and Infant Feeding Technical Consultation** Consensus Statement, Geneva, October 25-27, 2006: http:// www.who.int/hiv/mediacentre/ Infantfeedinaconsensusstatement. pf.pdf.
- **Millennium Development Goals:** www.un.org/millenniumgoals/
- **Maternity Protection Convention:** http://www.ilo.org/

For detailed report please contact



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