Uganda’s WBTi Experience, how the Government considered the report

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Background

• Total land area: 199,810km$^2$ (77,147 sq miles)
• Population Size: 45,641,795
• Fertility rate: 5.01
• Infant Mortality Rate
  • 43 per 1,000 Live births
• Under 5 Mortality Rate
  • 64 per 1,000 Live births
• Prevalence of Stunting: 21%
• Prevalence of Wasting: 4%
Breastfeeding Situation in Uganda

Increased/Improved
- Initiation of Breastfeeding
- Exclusive breastfeeding
- Bottle feeding
- Median duration of Breastfeeding

Decreased
- Continued breastfeeding at 2 years

Remained same
- Continued breastfeeding at 2 years

Breastfeeding Status (2006 - 2016)

<table>
<thead>
<tr>
<th></th>
<th>BF Initiation (%)</th>
<th>Exclusive BF (%)</th>
<th>Continued BF 1 year (%)</th>
<th>Continued BF 2 years (%)</th>
<th>Bottle Feeding (%)</th>
<th>Median BF (Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UDHS 2006</td>
<td>54</td>
<td>66</td>
<td>87</td>
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<td>UDHS 2011</td>
<td>53</td>
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<td>UDHS 2016</td>
<td>63</td>
<td>66</td>
<td>87</td>
<td>46</td>
<td>19</td>
<td>19.8</td>
</tr>
</tbody>
</table>
Counsel and Support:

- All mothers irrespective of their HIV status on timely BF initiation and breastfeed exclusively
- Mothers of LBW infants:
  - Can suckle to breast feed
  - Cannot suckle well to express breast milk & give by cup, spoon or nasogastric tube
- All mothers living with HIV on adherence to ART while continue to breastfeed until baby is 12 months of age
- Mothers, caretakers and families to practice optimal IYCF in emergencies and other exceptionally difficult/ special circumstances
Policy Statements on IYCF

Counsel and support:

• Mothers/caretakers to give children a diversified diet with a variety of locally available foods from main food groups

• Parents on timely introduction of nutritionally adequate, safe and appropriate complementary foods

• Mothers/caretakers to feed sick and recuperating infants and children on small, frequent meals of soft consistency and enriched with high protein, fat and mineral content
• WBTi Training conducted in Swaziland with a team of experts – *One person from IBFAN Uganda participated*

• In collaboration with National IYCF focal person, trained a core team of IYCF experts on WBTi at National level

• National IYCF focal person coordinated Uganda WBTi Assessments:
  • First in 2008
  • Second in 2012
  • Third in 2015
WBTi Process in Uganda

- Established 32 member WBTi core group
  - Ministry of Health - 9
  - Development partners (UN, USAID) – 4
  - NGOs – 10
  - Universities – 4
  - Hospitals – 3
  - District – 1
  - Line Ministry - 1

- Role of IBFAN in WBTi’s process
  - Supported the assessments financially and technically
  - Built capacity of focal person and team of experts
  - Coordinated drafting and finalization of the report
WBTi Assessments

IYCF Policy and Programme

Year 2008
Year 2012
Year 2015
IYCF Practices

**Breastfeeding Initiation**
- Year 2008: 6
- Year 2012: 9
- Year 2015: 9
- Year 2016: 9

**Exclusive Breastfeeding**
- Year 2008: 9
- Year 2012: 9
- Year 2015: 9
- Year 2016: 9

**Median Duration of Breastfeeding**
- Year 2008: 6
- Year 2012: 6
- Year 2015: 6
- Year 2016: 6

**Bottle-Feeding**
- Year 2008: 6
- Year 2012: 6
- Year 2015: 6
- Year 2016: 6

**Complementary Feeding**
- Year 2008: 6
- Year 2012: 6
- Year 2015: 6
- Year 2016: 6

**Improvements 2008 and 2016**
- * Breastfeeding initiation
- * Timely introduction of Complementary Foods

**Declined between 2008 and 2016**
- * None

**No change/Difference**
- * Exclusive Breastfeeding
- * Median duration of BF
- * Bottle feeding
Government Response to WBTi Reports

- **IYCF TWG**
  - Drafting
  - Finalization

- **Nutrition TWG**
  - Feedback
  - Ownership

- **Senior Management**
  - Ensured findings alignment to policies and strategies
  - Approval
Government commitment following WBTi Assessments

• Improvements in policies, programmes and funding
  • Revised policies on IF/HIV (new WHO guidance), IFE (IMAM), M&E (HMIS), MP (Workplace policies)
  • Drafted multisectoral Uganda Nutrition Action Plan II prioritized BF as cost effective intervention
  • Laws related to Maternity Protection currently being revised
  • Regulations on marketing of BMS being revised to address gaps in monitoring and enforcement

• Development of strategies and tools for improved IYCF
  • MIYCAN guidelines and Action Plan
  • MIYCAN training manuals for community and health care providers
  • MIYCAN counselling job aides with strong component on IYCF
• Improved collaboration and partnership
  • Fully functional committee on Nutrition – Legal based on Regulations on marketing of Infant Foods
    • Addresses issues of IYCF among others
• Enriching surveys and reporting systems
  • Strengthened effort to monitor and report on IYCF indicators through HMIS and sector reports
  • Monitoring of the Regulations on marketing of Infant Foods improved
• Capacity Building for Improved Health Delivery
  • Trainings on BFHI, Code, IFE, IYCF related surveys
  • Building capacity of both public and private health facilities in BFHI implementation

Government commitment following WBTi Assessments
Challenges in Applying WBTi

- Support from leadership at the sub-district level for IYCF
  - Adaptation of the tool for use at sub-district level??
- Sustaining the WBTi working group
- There is no stipulated budget lines earmarked for WBTi yet re-assessment is due