

MAKING A DIFFERENCE

An Evaluation Report

of the
World Breastfeeding
Trends Initiative (WBTi)
in Mobilising
National Actions
on Breastfeeding
and IYCF

2020

EXECUTIVE SUMMARY

INTRODUCTION

Given the public health importance of optimal breastfeeding and infant and young child feeding practices, in 2004/05, the Breastfeeding Promotion Network of India (BPNI)/IBFAN South Asia developed the World Breastfeeding Trends Initiative (WBTi) to assess the status and to benchmark the progress of the implementation of the Global Strategy for Infant and Young Child Feeding at a national level. Based on the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes", the WBTi assists countries in assessing the strengths and weaknesses of their policies and programmes related to protecting, promoting and supporting optimal breastfeeding and infant and young child feeding (IYCF). The WBTi also generates national action to improve the policies and programmes. The WBTi assessment reports from 97 countries across the globe have generated a plethora of such information. This study has been done to evaluate the role of WBTi in enhancing action on breastfeeding/IYCF policies and programmes at national level. This evaluation report provides analysis and results of the study, and lessons learnt; that may be useful to the Governments, UN agencies, donors, and breastfeeding groups, who may like to understand better what impact WBTi has and incorporate such strategies to strengthen policy implementation and services to improve breastfeeding and IYCF practices.

OBJECTIVE

The objective of the study was to determine the role of the WBTi process on breastfeeding and IYCF policies and programmes in countries that have reported on WBTi assessments.

The specific objectives were:

- i) Assess the difference WBTi has made at a national level on policy, programmes and practices;
- ii) Analyse factors associated with the use of the WBTi report and report cards, with a special emphasis on frequency, methods, partnerships, and
- iii) Assess how WBTi results were used for advocacy to impact policy and programmes.

METHODOLOGY

We constituted a technical working group (TWG), having members from 5 regions e.g. Latin America and the Caribbean (LAC), Africa, Europe, Asia and Arab world. The TWG reflected research experience as well as in-depth knowledge of the WBTi process. The TWG developed the questionnaire with both quantitative and qualitative questions and carried out field-testing that helped to finalize the questionnaire. We sent the questionnaire to all the 97 WBTi country coordinator/focal persons electronically seeking responses and 51 countries responded. The WBTi global secretariat compiled the information and did the data entry and analysis

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using Microsoft Excel and SPSS for quantitative data analysis; and employed the standard procedure for analysis of qualitative data by identifying key themes in responses from the available data. We did the content analysis and used the open coding for identification of key aspects.

KEY FINDINGS

1. General

The study questionnaire was sent to 97 countries, which completed and reported on the WBTi assessments during 2005 to 2019 out of which, 51 (52.5%) responded to this evaluation questionnaire. The respondents represented 6 continents of Africa, Asia, Oceania, Europe, South America, and North America with highest number from Asia (16), followed by Africa and Europe with 11 countries each, LAC -10, Oceania region -2 and North America had one country in the study. (See Table 2)

IBFAN groups (47%) played major role in coordination of the WBTi national assessments, followed by Government agencies (31%), and other organizations (29%) that included local NGOs working in the area of breastfeeding, as well as associations or institutions working in the area of child health. In some countries, more than one organisation coordinated the task. Apart from coordination, IBFAN contributed significantly in the WBTi process at national level e.g. in report

development (70%) and advocacy using the WBTi report (52%) etc. (See Figure 2)

2. Active multi-sector core groups in countries

The WBTi process calls for a multi-sector core group involving number of concerned partners who have been contributing to the breastfeeding and infant and young child feeding agenda. Government agencies (28%), academic institutions (18%) the United Nations agencies (12%), and professional associations (10%) were among the partners. (See Table 3; Figure 2). Most respondents indicated that WBTi core groups were still active sources of advocacy on breastfeeding as well as an important structure to utilize for further assessments, implying a sustained and active source of advocacy on breastfeeding in the country.

3. Enhancement of organizational and analytical skills

The national WBTi coordinators reported acquiring skills of report writing (86%), analysis of data (78%), and organizing meetings/workshops and learning research methodology (67%). At the same time the organisations to which WBTi coordinators belong, benefitted by being a reference point for breastfeeding and IYCF(73%), and recognised as platform for local partnerships around IYCF(69%). (See Table 4, 5 and 6)



Photo Credit: UNICEF Egypt

4. Periodic monitoring of policy and programmes

Fig.3 shows countries according to the number of assessments conducted. The WBTi process advocates repeat assessment every 3-5 years. Findings reveal that earlier the introduction of WBTi in the country, higher the chances to have repeat multiple assessments. (See Table 7). Of the 51 countries, 25 (50%) conducted twice, 10 (20%) conducted thrice, and four countries (8%) conducted 4 times.

5. Improvement in total policy scores in countries repeating assessment.

Average score of 10 countries, which conducted three assessments increased from 47/100 in the first assessment to 60.5/100 in the third assessment. All these countries increased their score substantially except India, which recorded a minor decrease. Afghanistan gained their score by 130%, Nepal -71%, Dominican Republic -69% and Bhutan -68%. (See Figure 6). Four countries who conducted 4 assessments increased their scores further between first and fourth assessment. For example, Afghanistan increased the score by 196% from the first to fourth assessment, while Bhutan and Nepal recorded a 75% increase in their scores. (See Figure 7). This pattern of increasing the policy scores highlights the importance of periodic monitoring and assessments, which enables the country to identify the remaining gaps in policies and programmes and take action to bridge these gaps.

6. Improvement in specific policy or programmes over the years

Increased scores among specific policy and programme in 10 countries (between first and third assessments) showed that governments took steps. Improvements were visible in indicator 9(IFE) - 158% increase, followed by Indicators 1 (National Policy, Programme and Coordination) with 58% increase and indicator 4 (Maternity Protection) with 53% increase. All indicators showed improvement

except BFHI, which registered a decline of 21%. (See Figure 8 and Table 8)

7. Improvement in breastfeeding/infant feeding practices

Comparison between the first assessment and the third assessment in countries that accomplished three assessments shows significant improvements in 4 out of 5 Breastfeeding and IYCF practice indicators. Indicator 11 on early initiation of breastfeeding, indicator 12 on exclusive breastfeeding for 6 months and indicator 15 on initiation of complementary feeding at 6-9 months showed a rise. However, increase in bottle-feeding rates is concerning. (See Figure 9)

8. Documentation and dissemination at national level

The WBTi assessment reports were available for almost (97%) all the respondent countries. This ranged between 92% following third assessments, and 100% after fourth assessment. The WBTi assessment report cards were available for 87% of participating countries, ranging between 77% following third assessments and 100% after fourth assessment. (See Table 9) The country groups disseminated the reports and report cards through "Meeting with policy makers and programmers" (73%), followed by "Conferences and meetings" and "Dissemination to partners/allies" at 65% and 63%. (See Figure 10). Governments' attention was drawn through organizing dissemination meetings (67%) and presenting the report to relevant government officials in one to one meetings (47%). (See Table 10)

9. Government's commitments

More than two third of the countries (69%) reported receiving governments' commitments and several took actions such as review and/or adaptation of policies, programmes and laws pertaining to breastfeeding, as well as maternal and child health and nutrition. (See Table 11 and 12)

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LESSONS LEARNT

Several useful lessons have been learnt and these are grouped among the following sections.

Improvement in policies, programmes and funding

- The WBTi made it possible to objectively identify gaps in policy implementation and services. It was possible to motivate countries to bridge the gaps thus identified.
- The WBTi process helped raise issues needed to enhance commitment of decision makers.
- The WBTi report and report cards using colour coding was useful and effective tools for advocacy by enhancing visibility, instead of figures.

Improved collaboration and partnerships

- Building a strong partnership and ownership of the concerned actors is possible e.g. Ministries of Health, UNICEF, national institutions, NGOs and professional organizations.
- Integration of different sectors and strengthened inter-institutional coordination has been made possible that led to capacity building in promotion, protection and support for breastfeeding among different players.

Development of priorities and strategies

- The WBTi process leading to evidence-based information could help in drawing up clear strategies and priorities that need focussed attention.
- Comparing countries' progress over time and with other countries can create a need to put more emphasis on the identified weak areas.

Enriching surveys and reporting systems

- Identification of gaps in data collection can lead to national actions on infant and young child feeding surveys, clear reporting standards and monitoring tools.

CHALLENGES

We identified number of challenges in different countries in the application of the WBTi process. These included:

Leadership and governance

- Few respondents reported having difficulty in involving the Ministry of Health and other government authorities and their endorsement.
- Frequent changes of the authorities at policy level caused some limitations.
- Some respondents mentioned that it is a challenge to make IYCF a priority at political level.
- Sometimes, it was challenging to agree on recommendations among the WBTi core group.

Health information systems

- Difficulties in getting data

Sustenance

- Few respondents reported that sustaining the WBTi core group was challenging.
- Centralised funding from one source limits sustainability. Number of WBTi assessments is slowly going down over the years. Lack of funding to conduct assessments may be one of the reasons for this decline.

Financing of WBTi process

- According to some respondents, there were financial and human resource limitations to undertake the WBTi assessment process, print the report card and host a dissemination meeting.
- There was no stipulated budget lines earmarked for WBTi at country level by the governments.
- One respondent cited lack of interest in UN agencies to provide funding for the process.

More than two thirds of the countries that reported on the WBTi assessment received commitment from government. It is likely that advocacy efforts using WBTi reports that identified gaps, led to commitments/actions by the governments to improve the services and quality of data

CONCLUSIONS

Difference WBTi made at a national level on policy, programmes and practices

The study shows that the policy and programme scores improved steadily in the study countries, following repeat assessments. In countries with three assessments substantial positive impact is reported in specific areas like IFE, national policy/coordination, and maternity protection. However, BFHI shows a declining trend. Among the 51 countries that responded few have stood out in performance e.g. Afghanistan and Nepal. These gains in the policy and programme scores may have contributed to the improvement in initiation of breastfeeding, exclusive breastfeeding, and complementary feeding). However, rates of bottle-feeding showed a rise.

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Factors associated with WBTi process and use of the report and report cards

Formation of the WBTi Core group and its sustained presence contributed greatly to the success of development and strategic dissemination of the WBTi reports and report cards, which provided a basis for bridging the gaps, resource mobilisation and the change.

The WBTi process contributed to additional skills to both the national WBTi coordinators and organizations following the WBTi process. Report writing, analysis of data, organizing a meeting/workshop and learning research methodology helped to achieve the objectives. WBTi helped organisations being recognised as reference point or a platform for partnership around IYCF. The WBTi therefore improved credibility of the organizations involved in the process as well as status of the WBTi coordinators.

RECOMMENDATIONS

1. The Governments, UN agencies, and donor could prioritise monitoring and tracking of breastfeeding policy and services; strengthen the work of core groups and provide funding for the WBTi process, resulting in repeated assessments and advocacy efforts on IYCF policies and programmes in the country.
2. The Governments, UN agencies, donors and all concerned should allocate specific funds for implementing interventions to protect promote and support breastfeeding and IYCF.
3. All countries could learn from the WBTi process and undertake the WBTi assessment. This will help in identifying gaps in the policies and programmes on IYCF, which may catalyse action to bridge the gaps and enhancing IYCF practices.
4. The existing WBTi countries should go for periodic reassessment every 3-5 years.
5. Every country should review the current investment being made to improve policies and programmes and commit to universalise breastfeeding services.

Strengths and weaknesses of the study

- The strength of the study lies in the fact that WBTi country coordinators who had worked on the whole process of WBTi assessment in their respective countries and therefore had first-hand experience, provided this information.
- On the other hand, this report includes data from only 51 out of 97 countries; therefore, it does not represent the status of impact of WBTi in all the countries, which is a weakness.