

South Asia

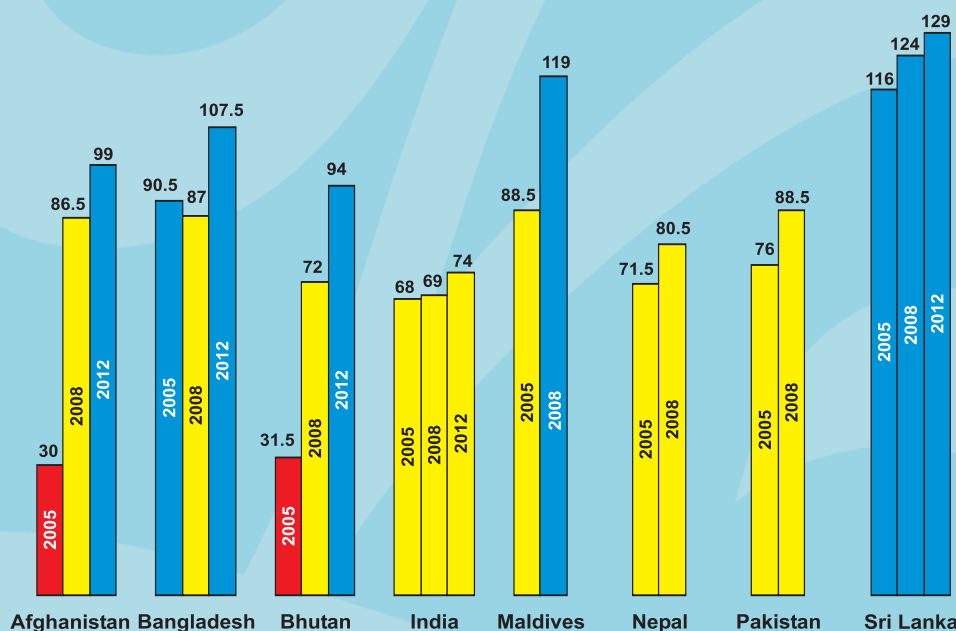
Report Card 2012



The importance of optimal infant and young child feeding practices especially exclusive breastfeeding for the first six months for improving child health and reducing child mortality, morbidity and malnutrition is universally recognised. Periodic assessments, are therefore important to identify gaps and renew efforts for action.

This report card tracks the progress of eight South Asian countries along 10 areas of action and 5 indicators related to IYCF practices, outlined by the WHO-UNICEF Global Strategy for Infant and Young Child feeding as being critical for improving IYCF and breastfeeding practice. Using the WBTi tool to assess status and track progress over the period 2005-2012, the report card provides an overview of the individual countries as well as the region, showing progress in policy and programme implementation for improved IYCF. The five countries that did a third assessment in 2012 have shown improved scores, and four have improved their colour rating.

Progress and status of South Asian Countries on a composite WBTi score*



SCORE	COLOR	RATING
0-45	RED	BAD
46-90	YELLOW	INSUFFICIENT
91-135	BLUE	NEEDS IMPROVEMENT
136-150	GREEN	ACCEPTABLE

* which includes indicators related to policies and programmes and IYCF practices

The WBT*i* assessment is a collective, multi-stakeholder exercise carried out by professional, academic, civil society organizations, and often, ministries and government departments. A core group conducts the initial assessment, which is reviewed by the collective. This is followed by a consensus building exercise in identification of key gaps and key recommendations. The results are then given to IBFAN Asia Regional Coordinating Office, for verification and entering the data into the WBT*i* tool, which then calculates the scores for each indicator as well for the country as a whole, and colour codes its status.

The WBT*i* assessment suffers from the limitation that the assessment by countries may be subjective rather than purely objective. Further, as national surveys of infant feeding practices may not occur with the same frequency of the WBT*i* assessment, scores for practice indicators may not change in spite of improved implementation of policies and programmes.

The 15 Indicators of the WBT*i*

The WBT*i* is based on a wide range of indicators, which provide an impartial global view of key factors. There are 15 indicators, divided into two parts.

Part-1: Indicators related to policies and programmes. These include ten (10) indicators and cover the areas of:

- National Policy, Programme and Coordination
- Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)
- Implementation of the International Code
- Maternity Protection
- Health and Nutrition Care Systems
- Mother Support and Community Outreach - Community-based Support for the Pregnant and Breastfeeding Mother
- Information Support
- Infant Feeding and HIV
- Infant Feeding During Emergencies
- Monitoring and Evaluation

Part-2: Indicators related to Infant and Young Child Feeding Practices. This part has five (5) indicators, recommended by WHO for global use:

- Initiation of Breastfeeding (within 1 hour)
- Exclusive Breastfeeding (for first 6 months)
- Median Duration of Breastfeeding
- Bottle-feeding (<6 months)
- Complementary Feeding (6-9 months)

Each indicator has following components:

- The key question that needs to be investigated;
- Background on why the practice, policy or programme component is important;
- A list of key criteria as subset of questions to consider in identifying achievements and areas needing improvement, with guidelines for scoring, rating and grading how well the country is doing.

SCORING AND COLOUR CODING

The maximum score for each indicator is 10, with Part 1 on IYCF policies and programmes having a maximum score of 100, and Part 2 on IYCF practices having a maximum score of 50. The total score is out of 150.

Each indicator related to policies and programmes has a subset of questions based on the Global Strategy for Infant and Young Child Feeding (Table-1), that the country must answer with documentary proof.

In the case of indicators on IYCF practices, numeric values national in scope are used for the assessment.

The web-based tool objectively scores and colour rates each indicator as well as the entire set of indicators. The key to rating is used from 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's guidelines for WBT*i*.

The guideline for scoring/colour coding for PART 1: IYCF POLICIES AND PROGRAMMES

SCORE FOR INDIVIDUAL CRITERION OF SUBSET	TOTAL SCORE FOR INDICATOR	COLOR	RATING
0-3	0-30	RED	BAD
4-6	31-60	YELLOW	INSUFFICIENT
7-9	61-90	BLUE	NEEDS IMPROVEMENT
9.1-10	91-100	GREEN	ACCEPTABLE

Guidelines for scoring/colour coding of PART 2: IYCF PRACTICES

IYCF PRACTICES	WHO's Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes	IBFAN Asia's Guidelines for scoring and rating for WBTi	
		Score	Color
	<i>Key to rating</i>		
Initiation of Breastfeeding (within 1 hour)	0.1-29%	3	RED
	30-49%	6	YELLOW
	50-89%	9	BLUE
	90-100%	10	GREEN
Exclusive Breastfeeding for the First Six Months	0.1-11%	3	RED
	12-49%	6	YELLOW
	50-89%	9	BLUE
	90-100%	10	GREEN
Median Duration of Breastfeeding	0-17 months	3	RED
	18-20 months	6	YELLOW
	21-22 months	9	BLUE
	23-24 months	10	GREEN
Bottle Feeding (<6 months)	30-100%	3	RED
	5-29%	6	YELLOW
	3-4%	9	BLUE
	0.1-2%	10	GREEN
Complementary Feeding (6-9 months)	0.1-59 %	3	RED
	60-79 %	6	YELLOW
	80-94%	9	BLUE
	95-100%	10	GREEN

Part 2: Total score of infant and young child feeding practices are calculated out of 50

SCORE	COLOR	RATING
0-15	RED	BAD
16-30	YELLOW	INSUFFICIENT
31-45	BLUE	NEEDS IMPROVEMENT
46-50	GREEN	ACCEPTABLE

Total Score of Part 1 and Part 2

Total score of infant and young child feeding policies & programmes and practices are calculated out of 150.

Countries are then graded as:

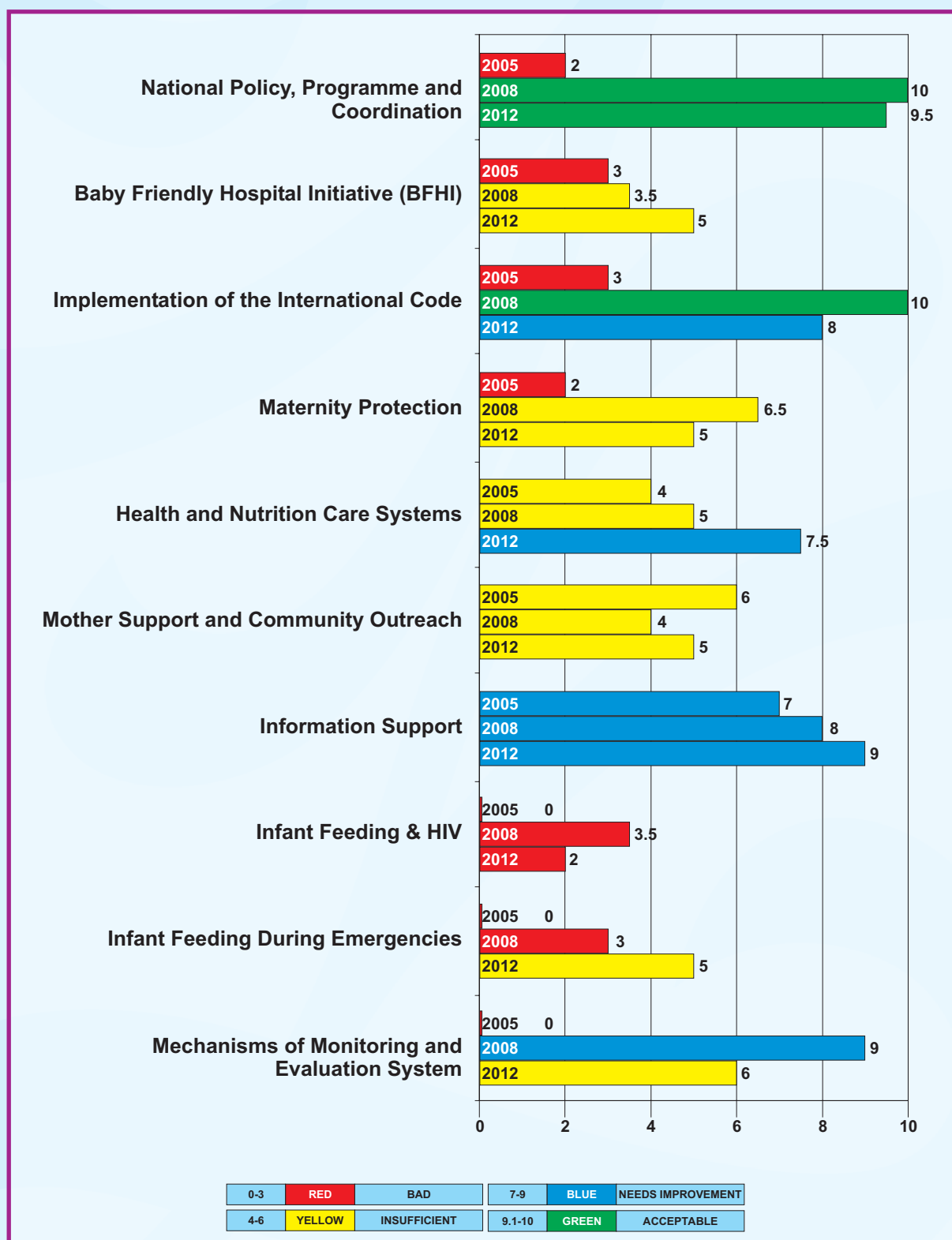
SCORE	COLOR	RATING
0-45	RED	BAD
46-90	YELLOW	INSUFFICIENT
91-135	BLUE	NEEDS IMPROVEMENT
136-150	GREEN	ACCEPTABLE

Afghanistan

Report Card 2005-2012

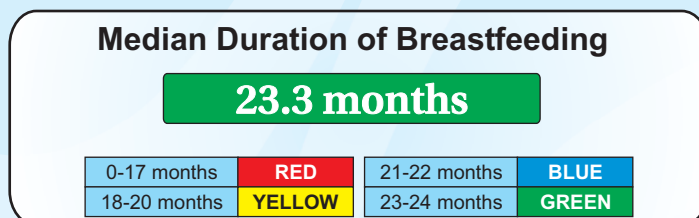
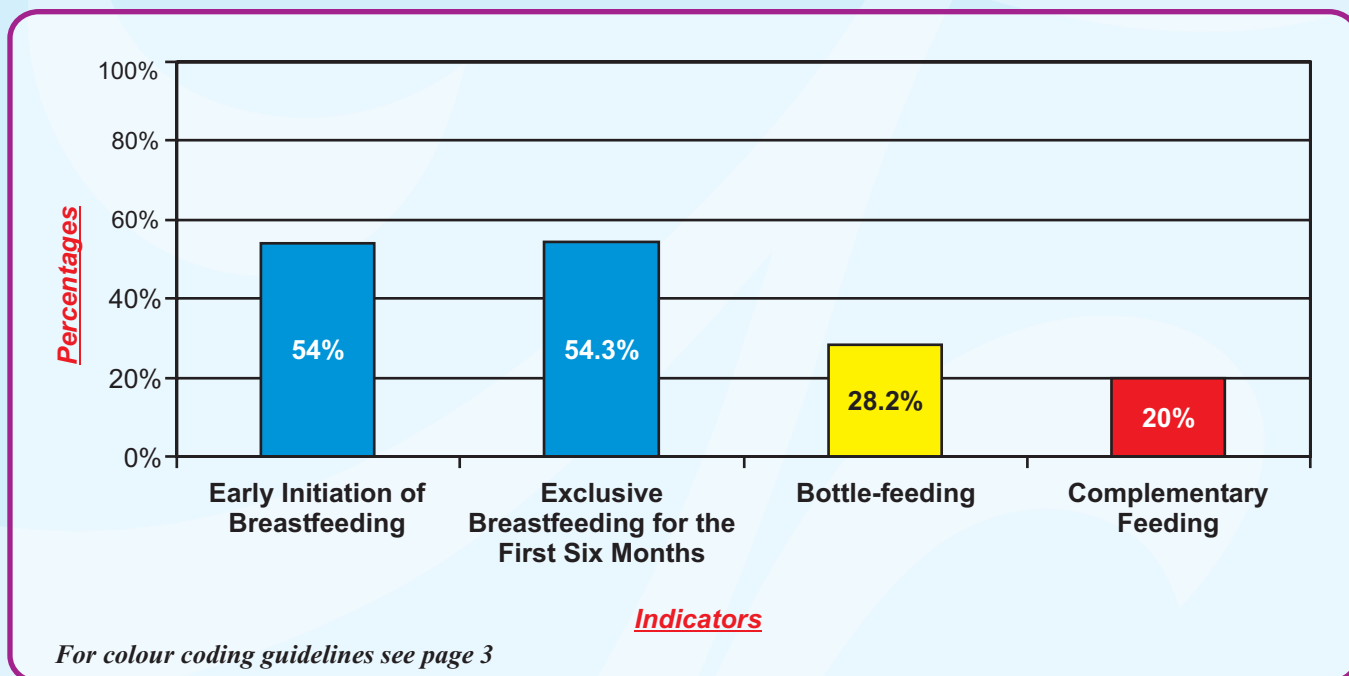


IYCF Policies and Programmes (Indicator 1-10)



Afghanistan

IYCF Practices (Indicator 11-15)



Key Gaps*

- *Implementation of the International Code:* Low capacity building on code implementation and monitoring
- *Maternity Protection:* Inadequate maternity leave at all organizations especially national and international NGO's /private sector
- *Mother Support and Community Outreach:* Lack of defined package of community nutrition intervention including IYCF and mother support group
- *Infant Feeding and HIV:* Poor reflection of infant feeding and HIV in Nutrition Policy
- *Monitoring & Evaluation:* Lack of nutrition surveillance, monitoring and reporting system and link with existing HMIS

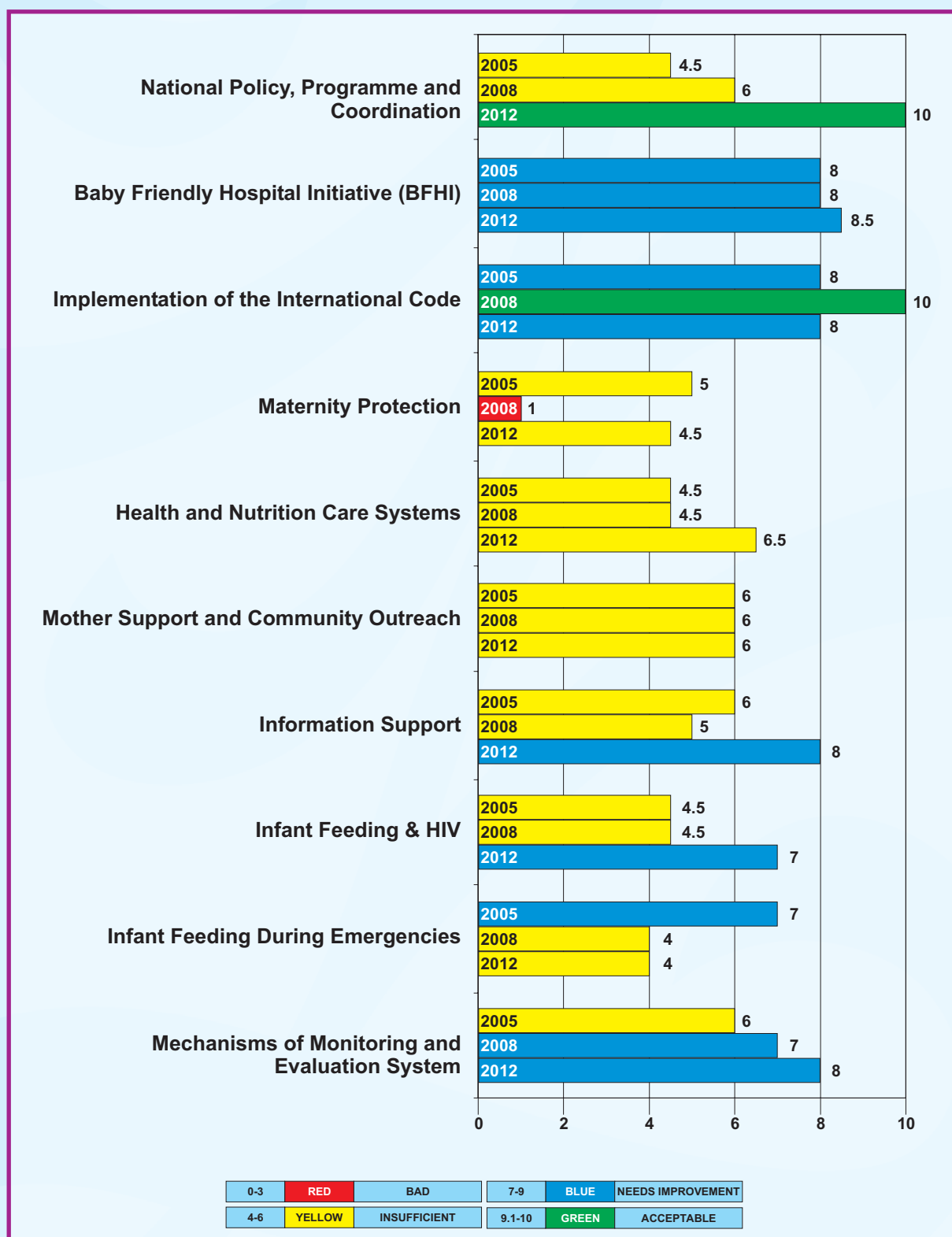
* as identified by the country

Bangladesh



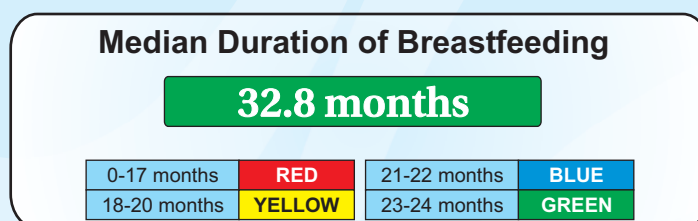
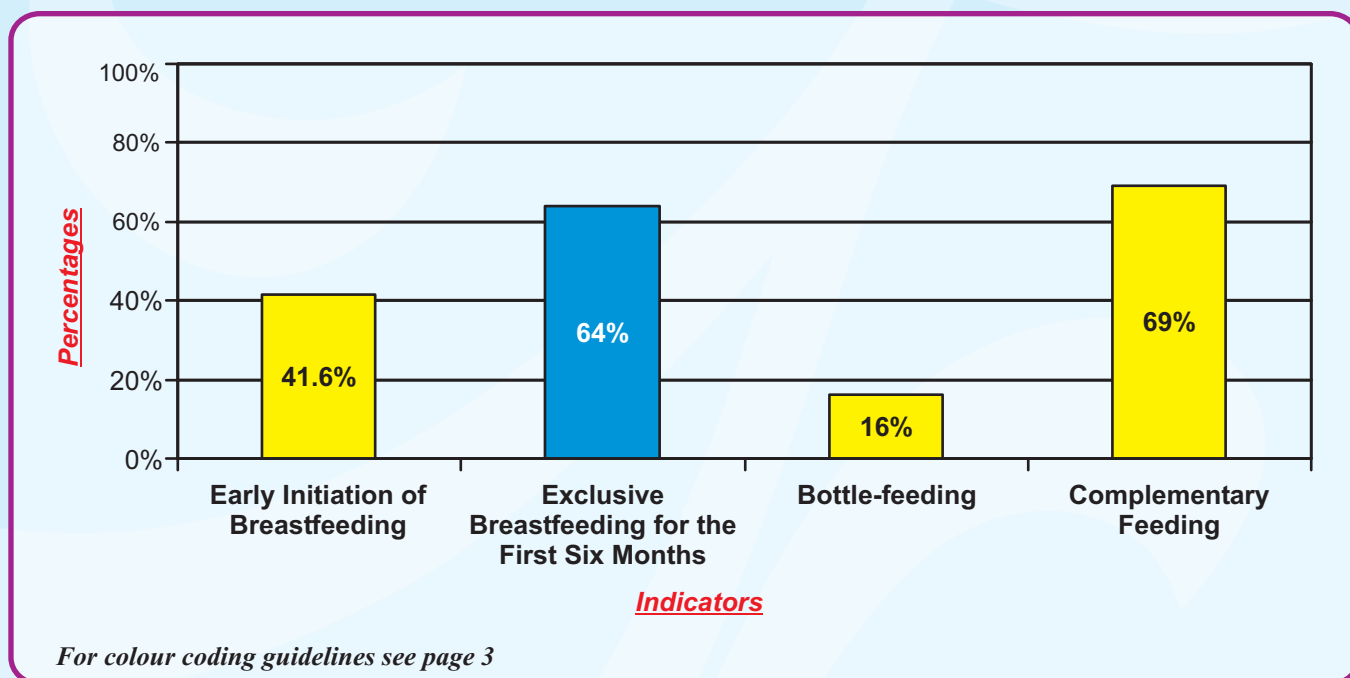
Report Card 2005-2012

IYCF Policies and Programmes (Indicator 1-10)



Bangladesh

IYCF Practices (Indicator 11-15)



Key Gaps*

- *Implementation of the International Code:* Lack of systemic and regular monitoring system of BMS Code
- *Maternity Protection:* Need for or lack of enforcement of existing legislation of six months maternity leave to all women in both public and private sector
- *Health and Nutrition Care Systems:* Lack of comprehensive training programme on IYCF for Health and Nutrition Care providers
- *Infant Feeding during Emergencies:* Lack of systematic training plan for emergency management at both pre service and in service level

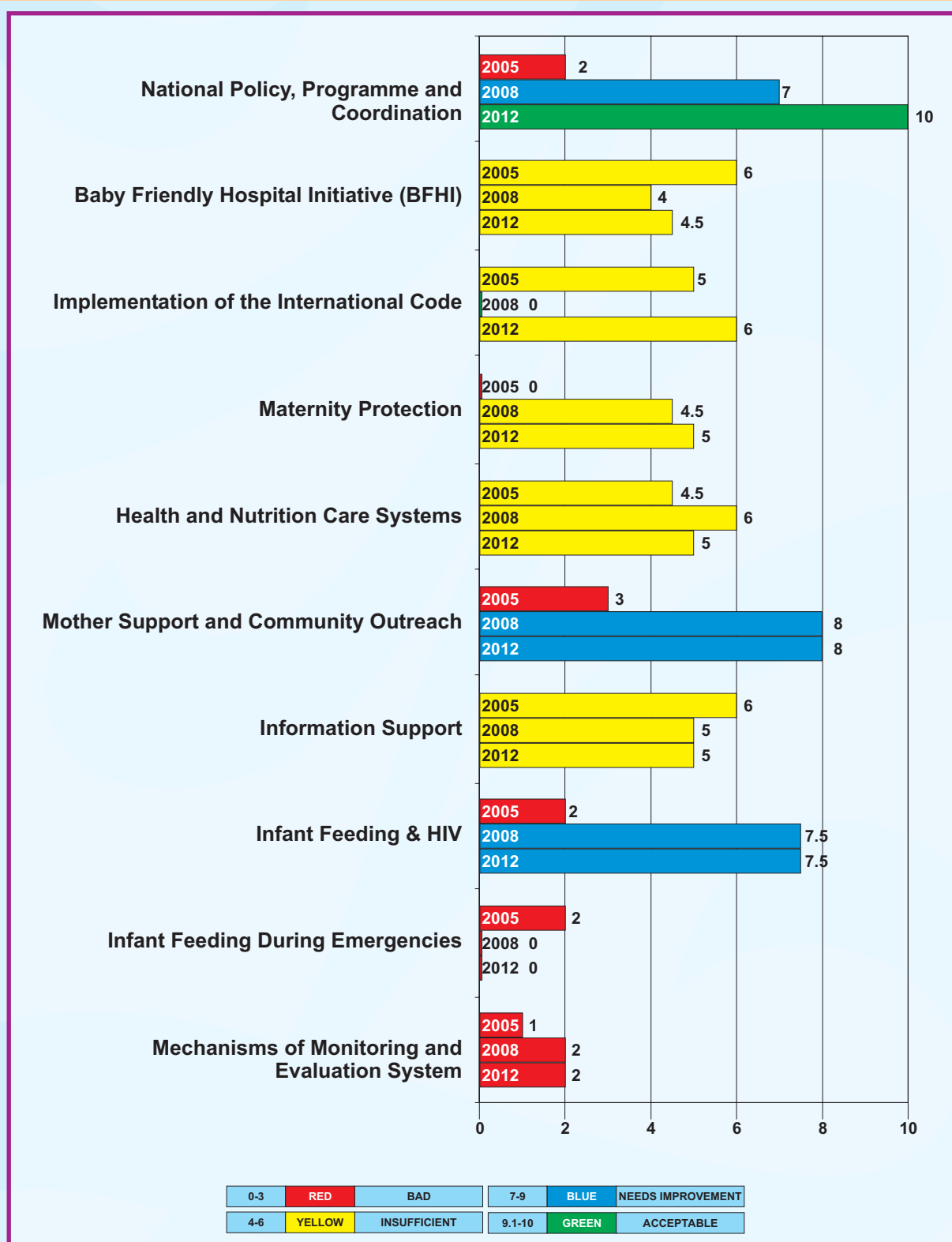
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Bhutan

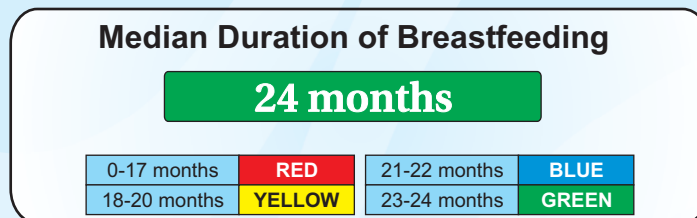
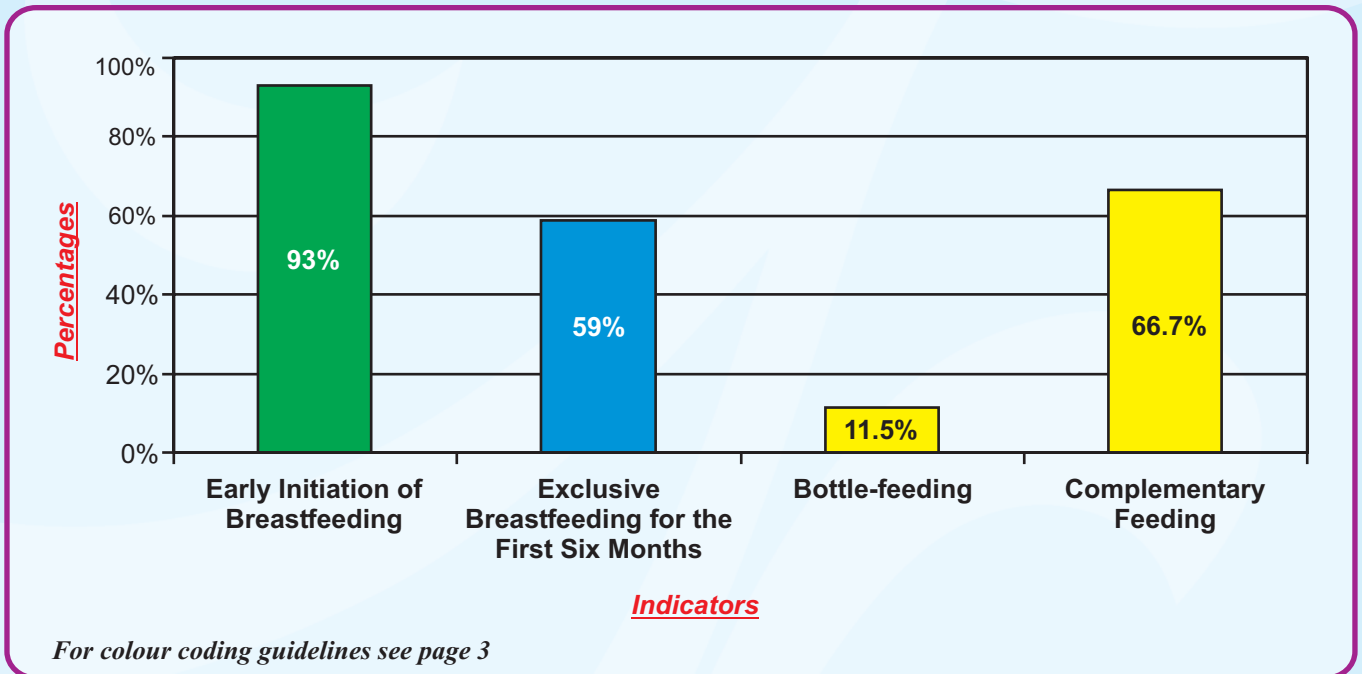
Report Card 2005-2012



IYCF Policies and Programmes (Indicator 1-10)



IYCF Practices (Indicator 11-15)



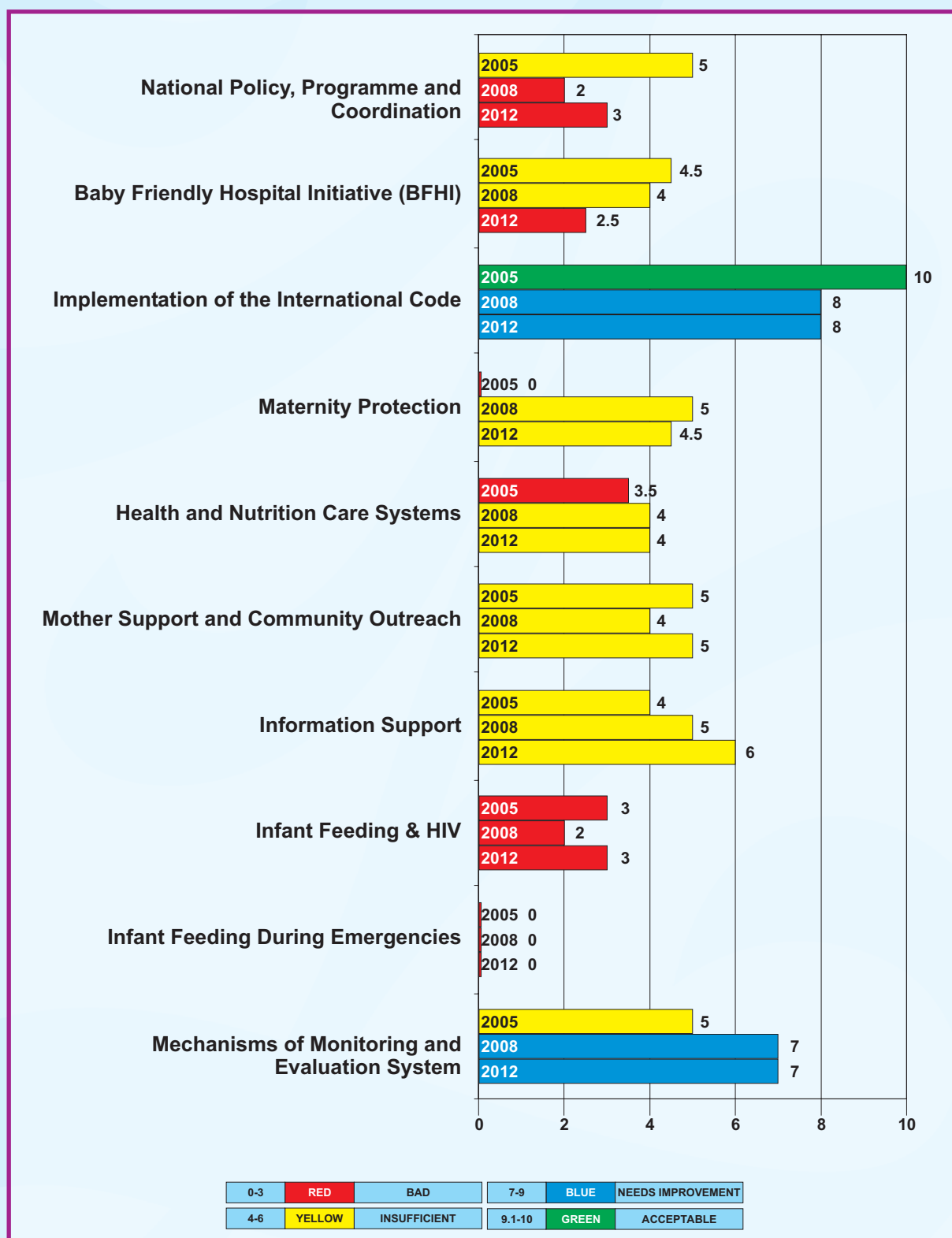
Key Gaps*

- *Implementation of the International Code:* No rules and regulations for marketing of breastmilk substitutes
- *Maternity Protection:* Only three months maternity leave for civil servants and two months for private sector
- *Infant Feeding during Emergencies:* Protocol for infant and young child feeding during disasters still in draft stage
- *Monitoring & Evaluation:* Weak monitoring tool on IYCF practices

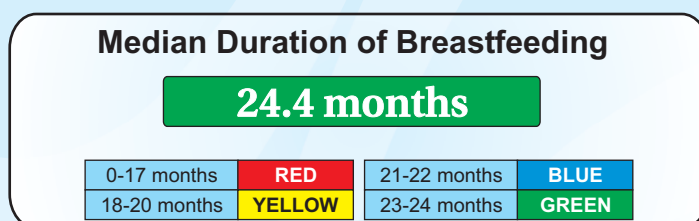
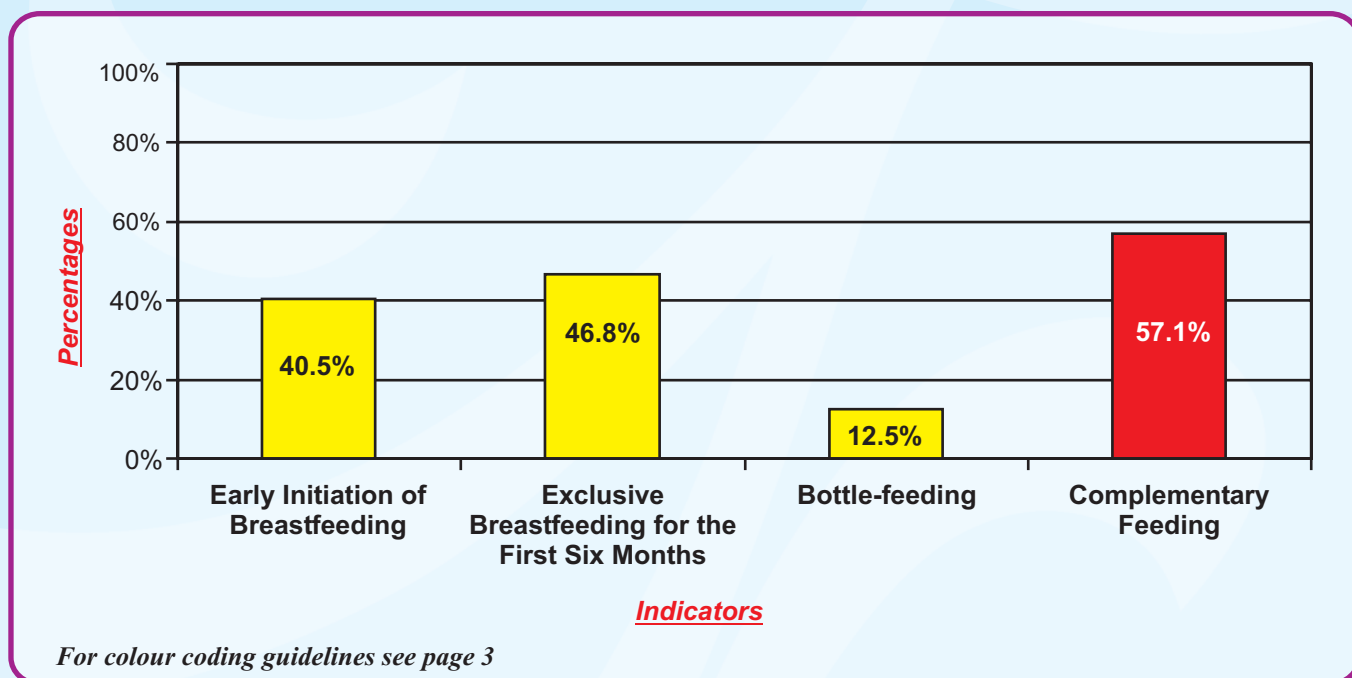
* as identified by the country



IYCF Policies and Programmes (Indicator 1-10)



IYCF Practices (Indicator 11-15)



Key Gaps*

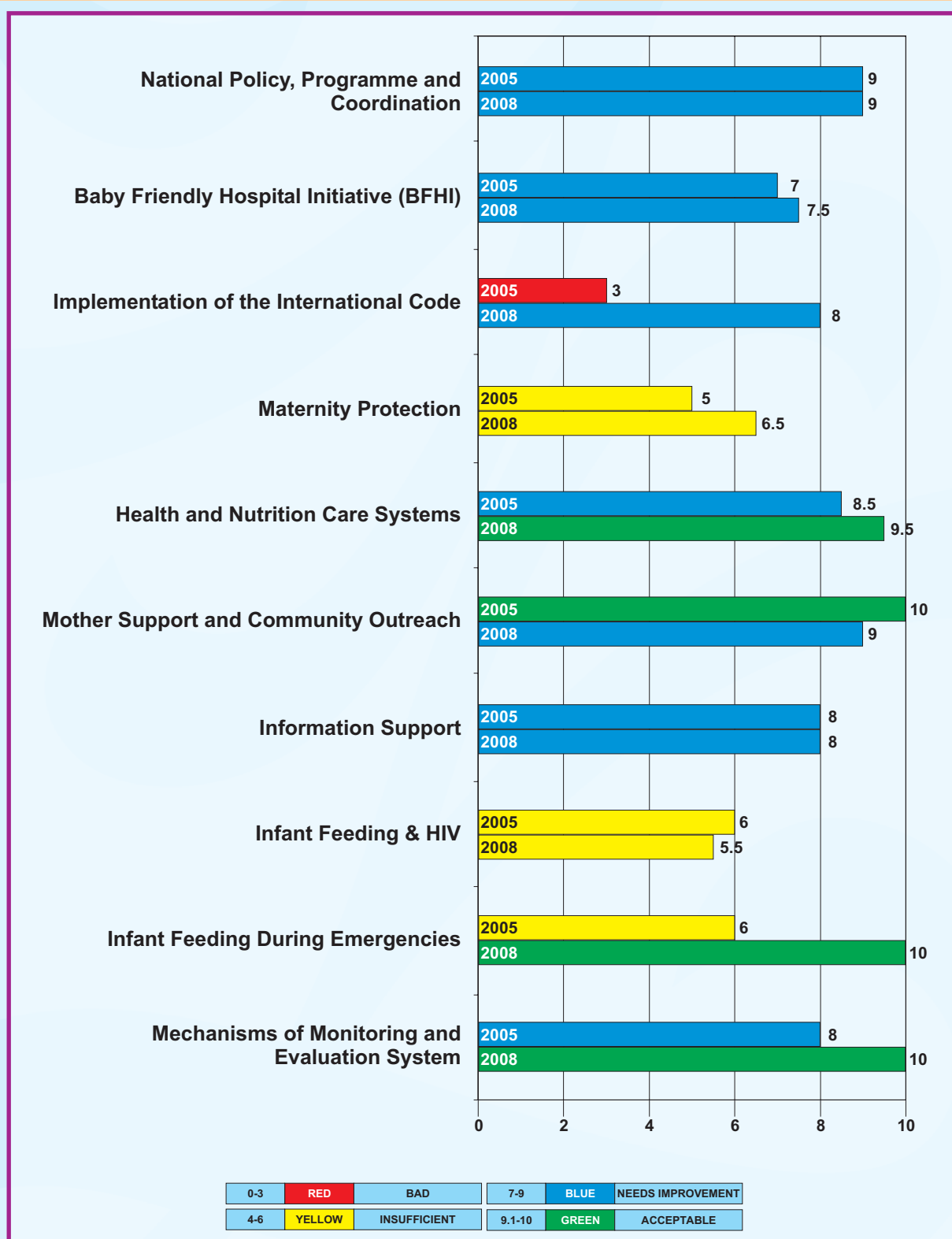
- *National Policy, Programme and Coordination:* Lack of policy status to the National Guidelines on IYCF
- *Implementation of International Code:* Inadequate mechanism to enforce the IMS Act
- *Maternity Protection:* The national legislation on maternity leave does not cover women working in private and informal sector

* as identified by the country

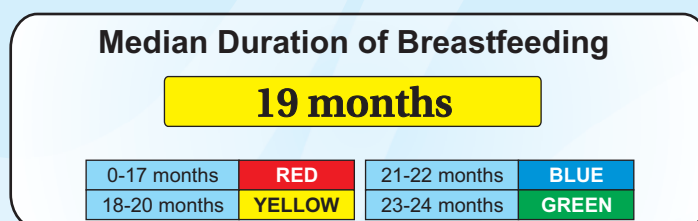
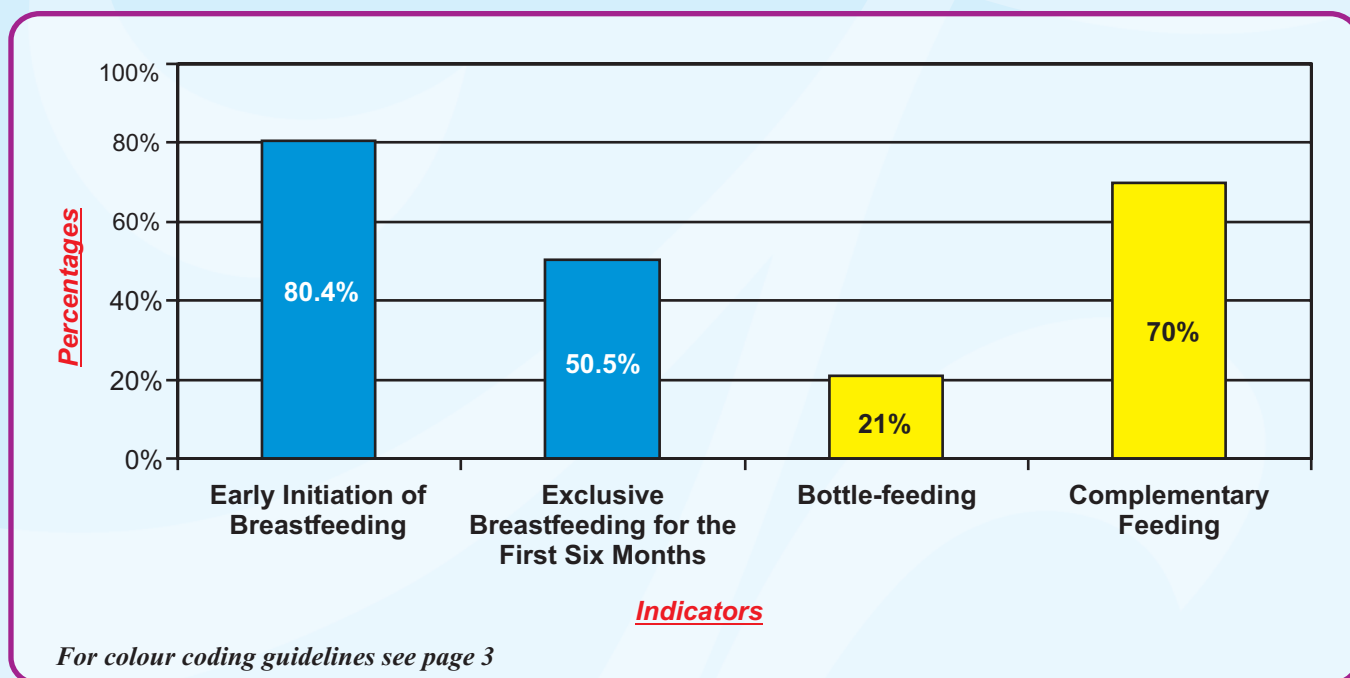
Maldives

Report Card 2005-2008

IYCF Policies and Programmes (Indicator 1-10)



IYCF Practices (Indicator 11-15)



Key Gaps*

- *National Policy, Programme and Coordination:* Lack of policy framework for protecting, promoting and supporting breastfeeding
- *Maternity Protection:* Maternity leave does not cover all sectors, only government employees get maternity leave
- *Infant Feeding during Emergencies:* Lack of mechanism to monitor violations of BMS Act during disasters and lack of training of disaster management team on IYCF

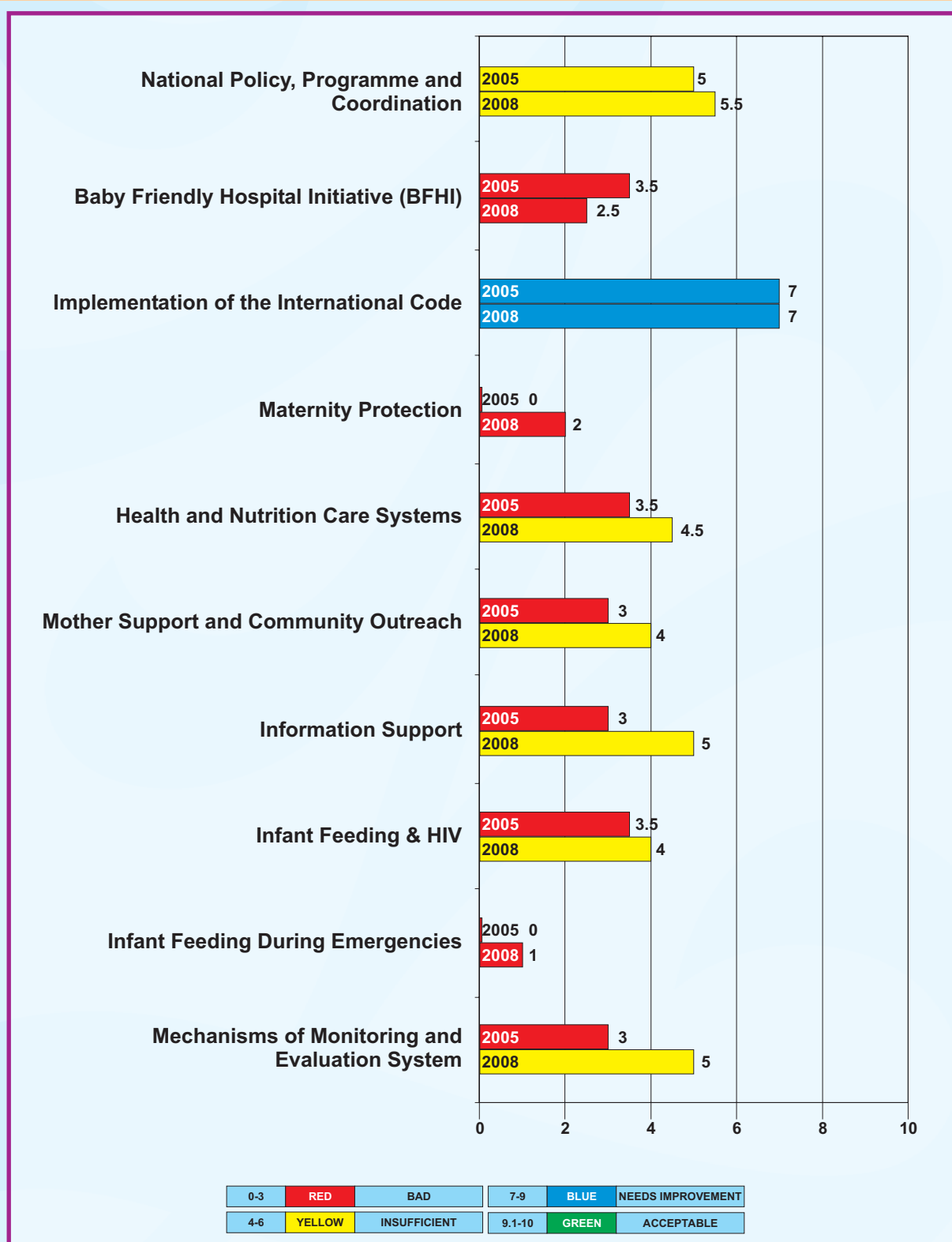
* as identified by the country

Nepal

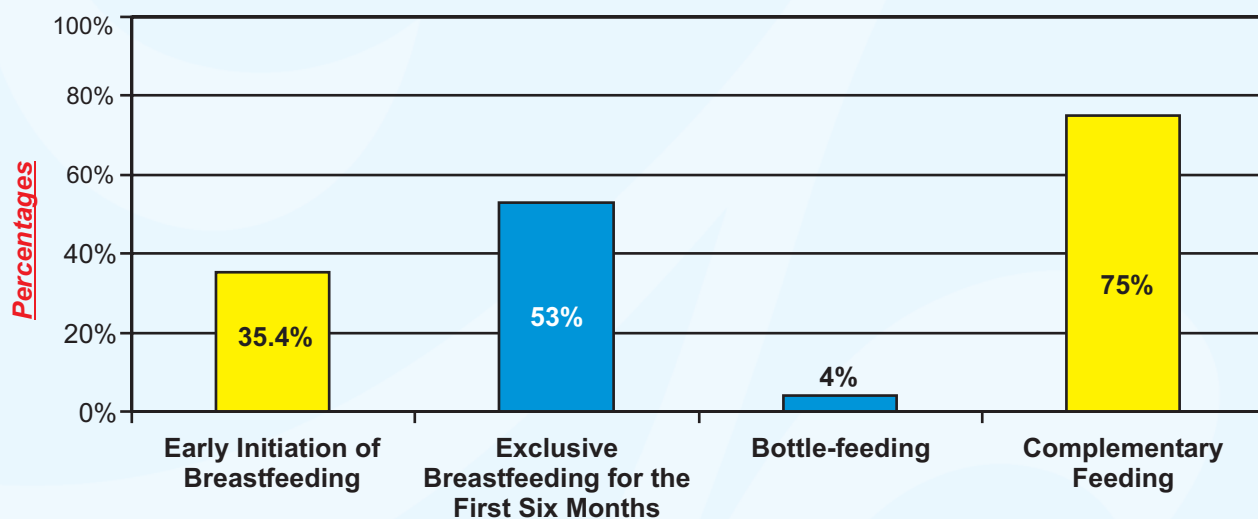
Report Card 2005-2008



IYCF Policies and Programmes (Indicator 1-10)



IYCF Practices (Indicator 11-15)



Indicators

For colour coding guidelines see page 3

Median Duration of Breastfeeding

30 months

0-17 months	RED	21-22 months	BLUE
18-20 months	YELLOW	23-24 months	GREEN

Key Gaps*

- *Implementation of International Code*: Need to establish complete enforcement of the code and training.
- *Maternity Protection*: Women covered under national legislation are allowed less than 17 weeks of paid maternity leave.

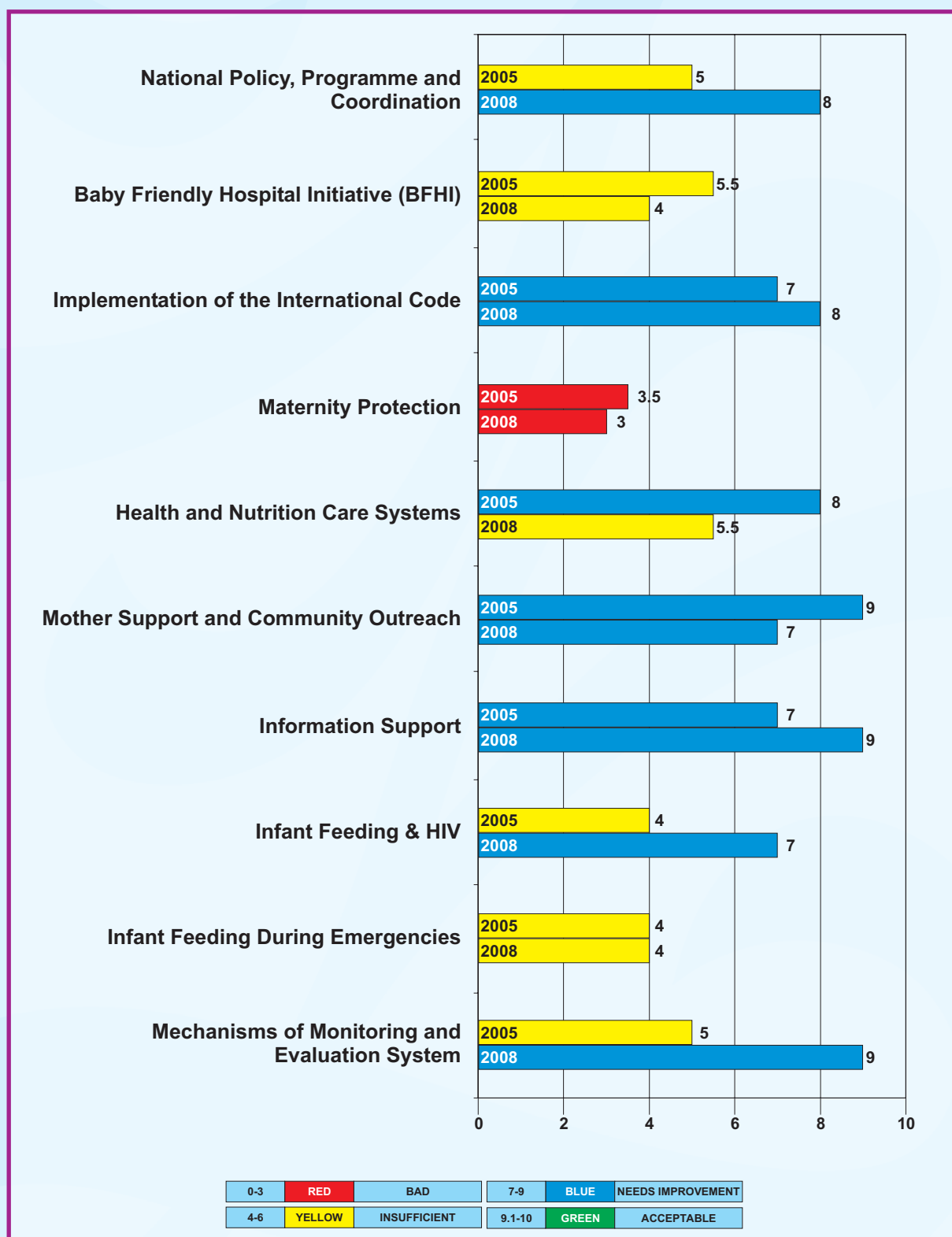
* as identified by the country

Pakistan

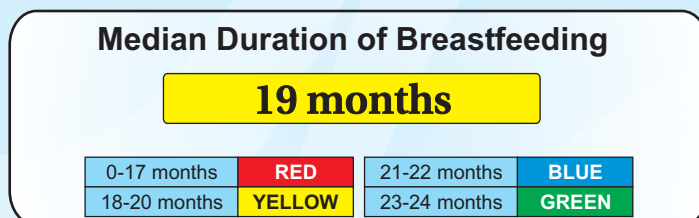
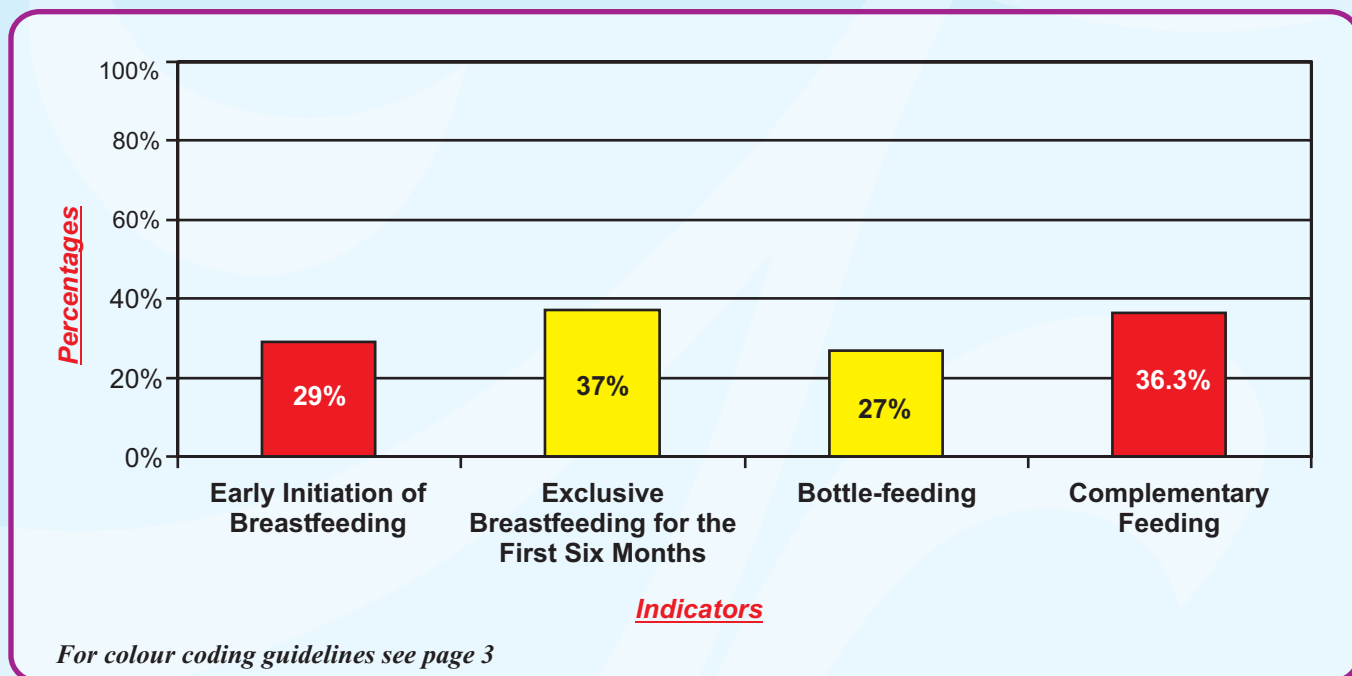
Report Card 2005-2008



IYCF Policies and Programmes (Indicator 1-10)



IYCF Practices (Indicator 11-15)



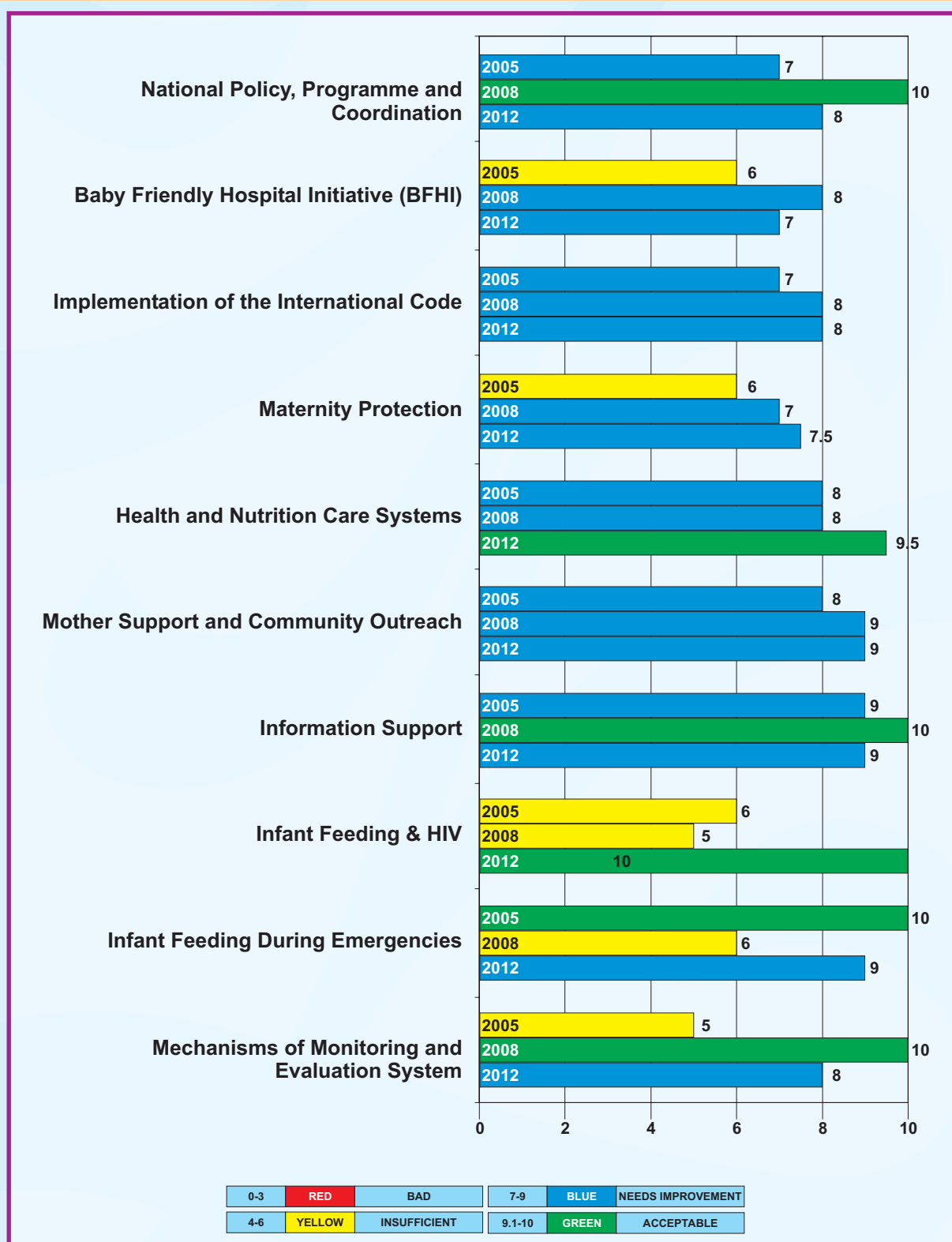
Key Gaps*

- *Maternity Protection:* The maternity leaves are 12 weeks in government department, which covers 6 weeks before delivery and 6 weeks after delivery
- *Health and Nutrition Care Systems:* There is no regular in-service training program on breastfeeding for all health care providers and also pre service training is not properly implemented
- *Infant Feeding during Emergencies:* There is no fund allocation for IYCF during emergencies and lack of training for emergency preparedness

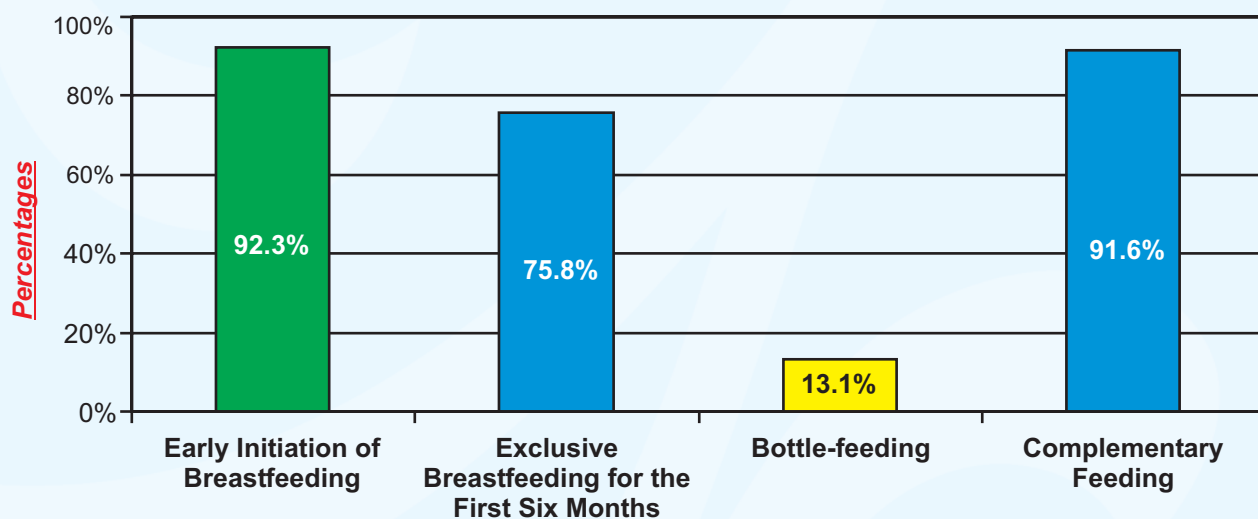
* as identified by the country



IYCF Policies and Programmes (Indicator 1-10)



IYCF Practices (Indicator 11-15)



Indicators

For colour coding guidelines see page 3

Median Duration of Breastfeeding

29.3 months

0-17 months	RED	21-22 months	BLUE
18-20 months	YELLOW	23-24 months	GREEN

Key Gaps*

- *National Policy, Programme and Coordination*: Lack of detailed national action plan
- *Maternity Protection*: Inadequate implementation of the maternity protection benefits in private sector
- *Monitoring and Evaluation*: Lack of independent monitoring and assessment systems

* as identified by the country

Table 1. Subset of questions for each of 10 indicators of IYCF Policy and Programmes

Indicators	Questions
<p>National Policy, Programme & Coordination</p> <p style="font-size: 48px; text-align: center;">1</p>	<p>1.1 A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government</p> <p>1.2 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.</p> <p>1.3 A national plan of action developed with the policy</p> <p>1.4 The plan is adequately funded</p> <p>1.5 There is a National Breastfeeding Committee</p> <p>1.6 The national breastfeeding (infant and young child feeding) committee meets and reviews on a regular basis</p> <p>1.7 The national breastfeeding (infant and young child feeding) committee links with all other sectors like health, nutrition, information etc. effectively</p> <p>1.8 Breastfeeding Committee is headed by a coordinator with clear terms of reference</p>
<p>Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)</p> <p style="font-size: 48px; text-align: center;">2</p>	<p>2.1 Quantitative: Percentage of BFHI Hospital</p> <p>2.2 Qualitative: to find skilled training inputs and sustain ability of BFHI</p> <p>2.3 BFHI programme relies on training of health workers</p> <p>2.4 A standard monitoring system is in place</p> <p>2.5 An assessment system relies on interview of mothers</p> <p>2.6 Reassessment systems have been incorporated in national plans</p> <p>2.7 There is a time bound programme to increase the number of BFHI institutions in the country</p>
<p>Implementation of the International Code</p> <p style="font-size: 48px; text-align: center;">3</p>	<p>3.1 No action taken</p> <p>3.2 The best approach is being studied</p> <p>3.3 National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable</p> <p>3.4 National measures (to take into account measures other than law), awaiting final approval</p> <p>3.5 Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions</p> <p>3.6 Some articles of the Code as a voluntary measure</p> <p>3.7 Code as a voluntary measure</p> <p>3.8 Some articles of the Code as law</p> <p>3.9 All articles of the Code as law</p> <p>3.10 All articles of the Code as law, monitored and enforced</p>
<p>Maternity Protection</p> <p style="font-size: 48px; text-align: center;">4</p>	<p>4.1 Women covered by the national legislation are allowed the following weeks of paid maternity leave</p> <p style="margin-left: 20px;">a. Any leave less than 14 weeks</p> <p style="margin-left: 20px;">b. 14 to 17 weeks</p> <p style="margin-left: 20px;">c. 18 to 25 weeks</p> <p style="margin-left: 20px;">d. 26 weeks or more</p> <p>4.2 Women covered by the national legislation are allowed at least one Breastfeeding break or reduction of work hours daily.</p> <p style="margin-left: 20px;">Or reduction of work hours daily.</p> <p style="margin-left: 20px;">a. Unpaid break</p> <p style="margin-left: 20px;">b. Paid break</p>

Indicators	Questions
	<p>4.3 Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks</p> <p>4.4 There is provision in national legislation that provides for work site accommodation for Breastfeeding and/or childcare in work places in the formal sector.</p> <p>4.5 Women in informal/unorganized and agriculture sector are:</p> <p>a. accorded some protective measures</p> <p>b. accorded the same protection as women working in the formal sector</p> <p>4.6 a. Information about maternity protection laws, regulations, or policies is made Available to workers.</p> <p>b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.'</p> <p>4.7 Paternity leave is granted in public sector for at least 3 days.</p> <p>4.8 Paternity leave is granted in the private sector for at least 3 days.</p> <p>4.9 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.</p> <p>4.10 There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.</p> <p>4.11 ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.</p> <p>4.12 The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.</p>
<p>Health and Nutrition Care Systems</p> <p style="font-size: 48px; color: #0070C0; text-align: center;">5</p>	<p>5.1 A review of health provider schools and pre service education programmes in the country indicates that infant and young child feeding curricular session plans are adequate/inadequate</p> <p>5.2 Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.</p> <p>5.3 There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers.</p> <p>5.4 Health workers are trained with responsibility towards Code implementation as a key input.</p> <p>5.5 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.)</p> <p>5.6 These in-service training programmes are being provided throughout the country.</p> <p>5.7 Child health policies provide for mothers and babies to stay together when one of them is sick</p>
<p>Mother Support and Community Outreach</p> <p style="font-size: 48px; color: #0070C0; text-align: center;">6</p>	<p>6.1 All pregnant women have access to community-based support systems and services on infant and young child feeding.</p> <p>6.2 All women have access to support for infant and young child feeding after birth.</p> <p>6.3 Infant and young child feeding support services have national coverage.</p> <p>6.4 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.</p> <p>6.5 Community-based volunteers and health workers possess correct information and are trained in counseling and listening skills for infant and young child feeding.</p>

Indicators	Questions
<p>Information Support</p> <p>7</p>	<p>7.1 There is a comprehensive national IEC strategy for improving infant and young child feeding.</p> <p>7.2 IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels.</p> <p>7.3 Individual counseling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.</p> <p>7.4 The content of IEC messages is technically correct, sound, based on national or international guidelines.</p> <p>7.5 A national IEC campaign or programme using electronic and print media and activities has channeled messages on infant and young child feeding to targeted audiences in the last 12 months.</p>
<p>Infant Feeding and HIV</p> <p>8</p>	<p>8.1 The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV.</p> <p>8.2 The infant feeding and HIV policy gives effect to the International Code/ National Legislation.</p> <p>8.3 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.</p> <p>8.4 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.</p> <p>8.5 Infant feeding counseling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.</p> <p>8.6 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.</p> <p>8.7 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.</p> <p>8.8 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.</p> <p>8.9 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.</p>
<p>Infant Feeding during Emergencies</p> <p>9</p>	<p>9.1 The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies.</p> <p>9.2 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.</p> <p>9.3 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.</p> <p>9.4 Resources identified for implementation of the plan during emergencies.</p> <p>9.5 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.</p>

Monitoring and Evaluation

10

- 10.1 Monitoring and evaluation components are built into major infant and young child feeding programme activities.
- 10.2 Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.
- 10.3 Adequate baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.
- 10.4 Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers.
- 10.5 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.





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**SOUTH ASIA FOOD AND NUTRITION SECURITY INITIATIVE, STRENGTHENING
INFANT AND YOUNG CHILD FEEDING (IYCF) CAPACITY IN
SOUTH ASIAN REGION**



THE WORLD BANK



Australian Government

AusAID

Designed by: Amit Dahiya

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