



---

## WORLD BREASTFEEDING TRENDS INITIATIVE

### SA TRAINING WORKSHOP

11 - 12 March 2010



## **ACKNOWLEDGEMENTS**

This report is based on valuable participation of South Africa Government through the National Nutrition Department. It further recognises the involvement of the Provincial Nutrition Managers in the WBTi training as well as the sterling contributions made during the proceedings of the workshop. Representatives from NGO's that attended the training included AED and JSI are also acknowledged for attending the workshop with the view of partnering with the Government of South to implement the critical tool of Monitoring and Evaluating the progress towards attaining the Global Strategy.

The training workshop would not have been a success without individual contribution of the workshop organisers that included Joyce Chanetsa Regional (Co-ordinator), workshop trainer; Thulani Maphosa (Chief Programmes Officer), Raynold Maseko (Administrator) and Phumzile Hlatshwako( Information Officer) from IBFAN Africa as well Lynn Moeng (Director) and Ann Behr (Deputy Director) both from Nutrition Department South Africa.

Last but not least sincere appreciation also go to IBFAN Asia for designing the WBTi tool as well as Norad for providing financial support to ensure that the implementation of the WBTi is a reality.

## 1.0 BACKGROUND

The WORLD BREASTFEEDING TREND INITIATIVE (WBTi) is a monitoring and evaluation tool linked to IBFAN and WABA initiative to improve child and maternal survival and thereby contribute to the achievement of the Millennium Development Goals 4 and 5. The GLOBAL BREASTFEEDING INITIATIVE FOR CHILD AND MATERNAL SURVIVAL was started in 2008 with financial support from NORAD and Sida and is expected to extend to 2015 and beyond.

The WBTi is an Asia initiative which uses an adopted WHO monitoring tool that was introduced together with the Global Strategy for its monitoring in 2003. The initiative encourages country actions for documenting the state of implementation of the Global Strategy on Infant and Young Child Feeding and following up the trends of breastfeeding and progress in programme over time. IBFAN and WABA decided to adopt this WBTi as a tool to also monitor the progress of the Global breastfeeding Initiative for Child Survival, whose implementation is of course based on the Global Strategy.

In Africa, the WHO monitoring and evaluation tool has been used to conduct initial baseline status documentation of secondary data relating to infant and young child feeding practices and its and that has served to initiate country actions, whether developing national policies, strategies or plans.

Many countries in Africa have made a good progress and IBFAN has tried every now and then document progress on the Global Strategy in this region, we have not succeeded to have a uniform monitoring system to date. To date the tool has been initiated in 67 countries including 16 in Africa. Results show that more attention is needed for protecting, promoting and supporting optimal infant nutrition. WBTi is being applied in 34 of the priority countries for MDG 4 and 5, and adds to the current basic data provided by the Countdown to 2015. Furthermore, as this is a reporting year on IYCF at the World Health Assembly, the WBTi results will assist in the preparation of the country report. South Africa therefore has been included as one of the countries to be trained and implement the WBTi programme in 2010.

## 1.1 WELCOME REMARKS

The meeting was opened by Ann Behr who is the Deputy Director of National Department of Ministry of Health on behalf of The Director, Lynn Moeng. She welcomed the participants and encouraged them to participate as much as possible. The training was facilitated by, Thulani Maphosa, the Chief Program Officer for IBFAN Africa. He first took the participants through the objectives and outcomes of the meeting included below:

### 1.1.1 TRAINING OBJECTIVES

1. To orient national representatives from in South Africa, on the use of the WBTi assessment tool and the process of collecting, analyzing and using the report for decision making to improve infant and young child feeding and the implementation of the Global strategy, thereby supporting the country in achieving the MDG's in 2015.
2. To expose South Africa to what other countries are already doing in monitoring and evaluating their work.
3. To create an opportunity for coming up with national schedules in completing national assessments and reports.
4. To create an opportunity to make suggestions about sources of national data, identifying national focal points for the WBTi work.
5. To sensitize the group on the existence of the **GLOBAL BREASTFEEDING INITIATIVE FOR CHILD SURVIVAL AND WOMEN'S WELLBEING.**

**Key Comment Noted:** *"In Nutrition while significant progress has been made in the implementation of the essential components there is still lack of a clear sustainable monitoring and evaluation system that shows progress in attainment of the Global Strategy and other key World Assemble Resolutions".*

### 1.1.2 EXPECTED OUTCOMES

1. The team will be motivated enough to take up the WBTi
2. South Africa to produce their national plan for implementation of the WBTi.
3. The team will have tentative data sources and possible focal point for data collection and management
4. The group to be trained will be able to conduct national assessments and reporting as well as incorporate the tool into their ongoing programmes.
5. The group will have better awareness about the IBFAN/WABA new initiative to improve child survival and women's wellbeing and integrate the vision in their programmes.

## 1.2 WORKSHOP PROCEEDINGS

### INTRODUCTION

The training was well attended by 16 participants mostly managers representing Nutrition Departments at National and Provincial level in South Africa while some were representing independent Non Governmental Organisations working on Infant Young Child Feeding issues that include AED and JSI. The training also included a representative from the Ministry of Labour (**See annex-1**)

### 1.3.1 WBTi BACKGROUND; GLOBAL STRATEGY AND GBICS

The facilitator made PowerPoint presentations on the gBICS, Global Strategy, its aim and objectives, WBTi; its background, purpose, and shared experiences of other countries to date. This led to lengthy discussions and quite a number of comments were raised such as the sustainability of Baby Friendly Hospital Initiative (BFHI) as well as regular monitoring of programme impact; aggressive promotion of infant and young child feeding with specific to improving exclusive breastfeeding rates in South Africa through community based initiatives. It was also observed that rates of exclusive breastfeeding in South Africa have drastically reduced over the years due to weak regulatory instruments (Code of BMS not in place). It was further highlighted that community health worker program in South Africa is not well co-ordinated with the nutrition programme while there were observed challenges of mixed messages with regards to Infant Feeding in the context of PMTCT. This was observed to have been confounded by the weakened Step 10 with regards to BFHI and community mobilisation and advocacy systems in place. Other challenges cited to the weakening of BFHI in South Africa include staff turnover, budget allocation for formulae supply and lack of implemental change of BFHI in health facilities.

**Key Comment Noted:** *While we might seem to be doing well with BFHI, health facilities tend to window dress to pass the BFHI assessment and this has not be sustainable at all. A month along the line the facility will no longer be implementing the BFHI Process. We need to strengthen our regular monitoring and evaluation system"*

### BFHI Discussion Recommendations One'

1. The country needs to strengthen the routine monitoring and evaluation systems of all the accredited baby friendly facility through designing a simple tool that can be used by the matrons and doctors when they are conducting their hospital rounds;
2. Need for WBTi to be used as a tool to indentify the exact challenges and have specific recommendations to respond to BFHI gaps;
3. Need to strengthen co-ordination and programme integration to ensure that BFHI is regarded as hospital based quality assurance programme with the view of improving key health performance indicators like maternal mortality, neonatal, infant and child mortality and many others;
4. Strengthening Step 10 of the BFHI Community by ensuring linkages with the community support system

Other comments raised and discussed were more on Maternity Protection, it was mentioned that there is urgent need to work on Maternity Protection Policy. However there is a challenge from mothers who do not breastfeed even when they are granted enough maternity leave and stay-at-home mothers do not breastfeed as well; currently in South Africa government and private sector workers are entitled to 4 months maternity leave.

Several questions were raised, these included how curative countries such as South Africa were measured with countries that worked on preventative measures, how much curriculum should be covered at tertiary institutions, how often should refresher courses be conducted for BFHI assessors and what are the criteria of choosing BFHI assessors? These questions were answered by the facilitator and participants themselves.

**Key Comment Noted:** *“Highly talked about integration should not be the way forward but giving answers to how to integrate should be the key foundation of programming. We have remained in programme pillars though there has been a lot of talk on integration”*

#### BFHI Discussion Recommendations Two’

1. WBTi clearly indentifies progress in integrating Infant and Young Child Feeding key components into the in and pre-service curricula as well as investigates and monitors level of integration with other programmes like EPI, IMCI, SRHU, PMTCT etc.

- a. Need to ensure that integration is made a reality and all forms of collaboration are exploited and fully utilised
2. WBTi does not only compare countries in Africa but it also includes other countries in America, Asia and Europe and South can easily compare themselves with any of the countries
  - a. Being Curative might also not mean anything but the WBTi also access the progress made in addressing the global strategy recommendations
  - b. Relating progress of programme impact indicators 1-5 vs progress in setting up and implementing key policies and programmes from indicators 6-15

#### 1.4 South Africa IYCF Situational Analysis

Ann Behr took the participants through the South African young child feeding situation, which highlighted that about 80% practiced initiation of breastfeeding (2003,/DHS), 12% of infants are exclusively breastfed from 0-3 months, 1.5% are breastfed exclusively for 4-6 months, 20.1% of infants are not breastfed at all. 46% of infants receive formulae at 10 weeks.

**Key Comments Noted:** *with about 42% of the facilities being baby friendly and 80% practicing early breastfeeding initiation within the first why is exclusive breastfeeding as 8% for children less than 6months?*

She further stated that in 2007 South Africa developed and adopted the Infant and Young Child Feeding Policy. In 2003 a draft of regulations were drawn up and has been submitted to the legal unit. The draft revised Regulations will replace the existing regulations of foodstuffs for infants and young children that were published in 1984 (R1130) under the Foodstuffs, Cosmetics and Disinfectants Act 54 of 1972. She further went on to discuss the situation of Maternity Protection based on Basic Conditions of Employment Act, 1997;

- A pregnant employee is entitled to four consecutive months' maternity leave;
- A pregnant employee or employee nursing her child is not allowed to perform work that is hazardous to her or her child.

#### 1.5 WBTi Indicators

The facilitator took participants through the 15 indicators that are used in the WBTi programme in terms of definitions as well as rating and scoring exercise. Sources of data for all the indicators were also discussed.

Through this presentation it was realised that the South African Demographic Health Survey does not contain some of the indicators that are pointed out in WBTi, specifically this is indicator 1; Early initiation of breastfeeding. It was recommended that the Deputy Director, Ann Behr, should meet up with the Demographic Health Survey Department and discuss this issue with them so that the indicator can be incorporated into the survey questions before the next survey is conducted sometime during the course of the year.

## **1.6 Report Writing Exercise and Group Work**

The team was then divided into three groups, in the groups participants had to attempt filling up the WBTi reporting template, this was to give them an idea of how to conduct the national assessment after the training and coming up with a zero draft of the report. However, after the meeting they are still going to go back to their Provinces and collect the data which will be submitted to the National Office to consolidate all nine provinces reports to one national report.

Groups then presented their findings; Group one was focusing on Indicators 1- 5, Group 2 was focusing on Indicators 6 -10 and lastly group 3 was focusing on indicators 11 - 15. Within the zero draft report gaps and recommendations were identified as well. After this exercise participants felt confident about presenting to their colleagues about WBTi and on collecting the data.

## **1.7 Conducting WBTi National Assessments**

On the last day of the training the facilitator emphasised on the process of conducting the national assessment which included the following areas:

- A sensitization meeting for all stakeholders and partners
- Identification of a Coordinators both at national and provincial level
- Planning meeting by Coordinators and team members
- Drawing up of work plan and assigning responsibilities (**See Annex 2**)
- Collection of data
- Analysing data and tallying

- Drafting of report
- A meeting with stakeholders to present draft report, frame recommendations and follow up action
- Incorporate comments shared by stakeholders to draft report
- Verifying of data to check for quality, national scope and finalise report; and submitting to IBFAN Africa office.
- Feeding findings into WBTi web-portal by IBFAN Asia office.

Participants were then taken through the WBTi web portal and guided on how to access information using the site, [www.worldbreastfeedingtrends.org](http://www.worldbreastfeedingtrends.org). This exercise generated a lot of excitement and an idea of having their own South African web-based site (To be termed: South Africa National Nutrition Trends Initiative) was raised and seconded by the whole team. Having discussed all issues raised during the training participants then drew up an action plan which will guide them to generating a national report. **(See annex -2)**

WORKSHOP PHOTO GALLERY



Group of participants in South Africa





Participants emphasising on points in SA

#### ANNEX 1- ATTENDANCE LIST

	NAME	ORGANISATION	DESIGNATION	EMAIL	CONTACT DETAILS
1.	Thulani Maphosa	IBFAN Africa	Chief Programs Officer	<a href="mailto:ibfan.maphosat@realnet.co.sz">ibfan.maphosat@realnet.co.sz</a>	+268 4045006
2.	Phumzile Hlatshwayo	IBFAN Africa	Information Officer	<a href="mailto:ibfan.phumzileh@realnet.co.sz">ibfan.phumzileh@realnet.co.sz</a>	+268 4045006
3.	Lynn Moeng	NDOH	Director: Nutrition	<a href="mailto:moengl@health.gov.za">moengl@health.gov.za</a>	012 312 0071
4.	Ann Behr	NDOH	Deputy Director	<a href="mailto:behra@health.gov.za">behra@health.gov.za</a>	012 312 0043
5.	Phumzile Zondo	JSI/ESI	Technical Advisor	<a href="mailto:phumzile@enhancesi.co.za">phumzile@enhancesi.co.za</a>	012 346 7490
6.	Maude de Hocp	NDOH	Assistant Director	<a href="mailto:dchoom@health.gov.za">dchoom@health.gov.za</a>	012 312 0042
7.	Maria van der Merwe	Mpumalanga DOH	Deputy Director: INP	<a href="mailto:mariav@social.mpu.gov.za">mariav@social.mpu.gov.za</a>	013 766 3413
8.	P.S. Matthews	Limpopo DOH	Deputy Director: Nutrition	<a href="mailto:matthewsd2@dhw.norpr.gov.za">matthewsd2@dhw.norpr.gov.za</a>	015 293 6198
9.	Nomajoni Ntombela	AED	Snr. Advisor MCH & Nutrition	<a href="mailto:nntombela@aed.org.za">nntombela@aed.org.za</a>	083 266 3165
10.	Nomawonga Kama	Eastern Cape DOH	Deputy Director: INP	<a href="mailto:nomawonga.kama@yahoo.com">nomawonga.kama@yahoo.com</a>	083 378 1119
11.	Nicolette Henney	Western Cape DOH	Assistant Director: INP	<a href="mailto:nmhenney@pgwc.gov.za">nmhenney@pgwc.gov.za</a>	021 483 8664
12.	Maretha le Roux	Northern Cape DOH	Assistant Director	<a href="mailto:mlerouxn@ncpg.gov.za">mlerouxn@ncpg.gov.za</a>	053 830 0551

13.	David Bhlale	Free State DOH	Deputy Director	<a href="mailto:bohlalef@fshealth.gov.za">bohlalef@fshealth.gov.za</a>	051 481 1281
14.	Siduduzo Myeza	KZN DOH	Deputy Manager	<a href="mailto:siduduzo.myeza@kznhealth.gov.za">siduduzo.myeza@kznhealth.gov.za</a>	083 207 8749
15.	Lindie de Bruyn	GDOH -Tshwane	Principal Dietician	<a href="mailto:lindi.debruyn@gauteg.gov.za">lindi.debruyn@gauteg.gov.za</a>	079 529 4675
16.	Lande Steyn	DPSA	Deputy Director	<a href="mailto:lunda.steyn@dpsa.gov.za">lunda.steyn@dpsa.gov.za</a>	012 336 1263
17.	Loraine Sepamla	Gauteg Health	Assistant Director: Nutrition	<a href="mailto:loraine.sepamla@gauteg.gov.za">loraine.sepamla@gauteg.gov.za</a>	071 686 5581
18.	Kgengwenyane Tshwanelo	North West DOH	Deputy Director: INP	<a href="mailto:tkgengwenyane@nwpg.gov.za">tkgengwenyane@nwpg.gov.za</a>	018 397 2364

## **ANNEX 2 – NATIONAL WBTI ACTION PLAN**

Activities	Responsible person	Timeframe
1. Find UNICEF report, analyse and share the report	Ann Behr	By 19 March 2010
2. Draft proposal for funding to ESI	Ann & Phumzile Zondo	March 2010
3. Give Input to DHS on Nutrition indicators	Maude	April 2010
4. National & Provinces conduct workshop including stakeholders	Provincial Managers	August 2010
5. Compilation of provincial assessment report & SWOT analysis	Provincial Managers	August 2010
6. Compile draft national report & circulate to provinces	Ann Behr	October 2010
7. Obtain approval from HOD	Ann/Zandile	January 2011
8. Submit report to	Ann	February 2011

---

<b>IBFAN Africa</b> 9. <b>SA Designed Province Specific website (SANTI)</b>	Lynn & Ann	2012
--	------------	------

---