

IMPACT

In the year 2004, the World Breastfeeding Trends Initiative (WBTi) was first launched in eight countries of South Asia. All these countries conducted their first ever assessment of policies and programmes on infant and young child feeding and prepared their report cards. A south Asia report card and report was launched in Afghanistan in November 2006 in the presence of their Health Minister even though Afghanistan was at the bottom of the chart in South Asia. This led to an unprecedented action to put breastfeeding on a priority in Afghanistan. Their Ministry of Public Health (MoPH) developed a specific IYCF policy and strategy. They did not have baseline data on IYCF practices in national surveys and ordered one. In fact, Afghanistan was at bottom of the chart in South Asia with lowest WBTi score of 30 out of 150 and coded 'RED'. But they never looked back and rapidly jumped to next colours Yellow and then to Blue, and

now stand at a score of 117 out of 150. Similarly, Bhutan government took note of gaps and found WBTi as an “eye opener”. WBTi assessment of 2005 led to establishing the baseline data on the IYCF indicators. Since then, each assessment has shown that Bhutan is developing further programme interventions to protect, promote and support breastfeeding. Sri Lanka demonstrated a clear-cut coordinated effort to keep the policy and programmes in place, and to maintain the top slot among the 84 countries.

This encouraging response in South Asia made us look beyond and we moved to other regions of the world in 2008.

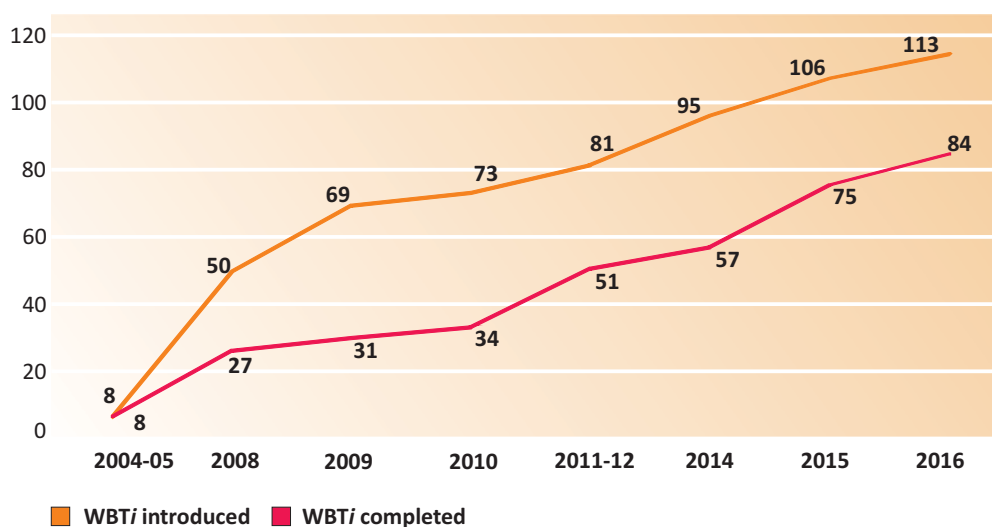
Going Global

In 2008, WBTi was introduced in other regions including East Asia, South East Asia, Africa, and Latin America & Caribbean. In

2010-11 Arab World, Oceania and Europe were also involved. As on today, we have 113 WBTi countries. Within these, 84 countries have completed the assessment process and reported at least once or more. Figure 35 shows the growth since 2004 from 8 to 113 countries in 2016.

Out of 113, 84 countries from across all regions have

Figure 35: Year-wise growth of countries introduced to WBTi tool and completed WBTi assessment



completed the task of assessment. Of these, 21 are from Asia, 20 from Africa, 18 from Latin America & Caribbean, 8 from Arab World, 9 from Europe, 4 from Afrique, 3 from Oceania and 1 from North America. They are also using the findings for national advocacy and achieving change. The rest of the countries (29) have not yet conducted the assessment process. Reasons being, some were not able to mobilize local resources, other faced local constraints, a few are still organizing the local coordinating teams or waiting for improvement of the political (or distress) conditions of the country or political will of government.

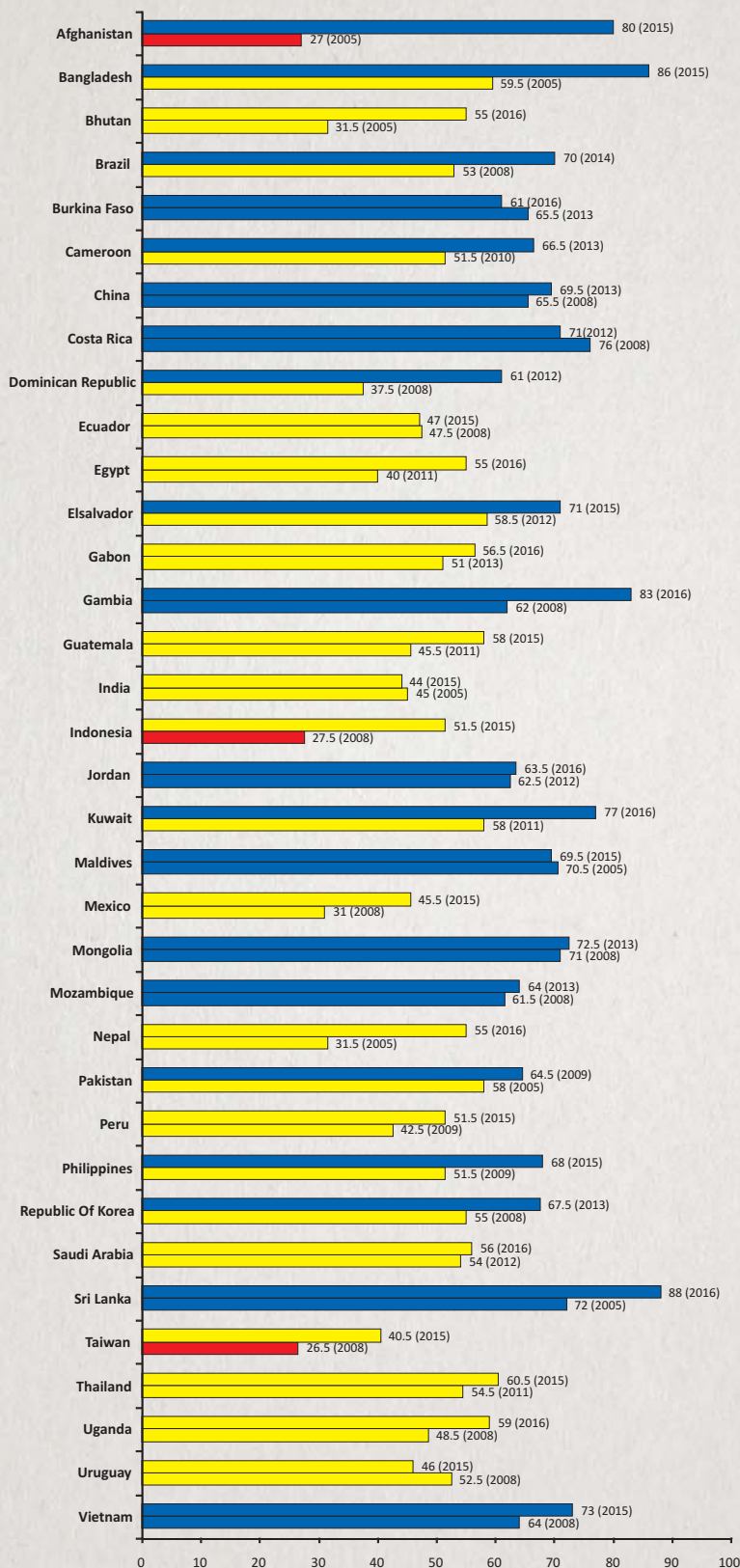
Progress of Change in Policy & Programmes

WBTi encourages countries to go for repeat assessment after 3-5 years to analyse trends in policy, programme and practices and identify areas still needing improvement. It also helps in studying impact of a particular intervention over a period of time. Between 2005 to 2016, thirty-five countries have conducted re-assessment. (See Figure 36) Six countries from South Asian region have done it four times, one country from South Asia did 3 times, twenty-eight countries from across regions of LAC, Afrique, Arab World, East Asia, South East Asia, and Africa have done two times each.

We studied the progress over the years in these countries on indicators of policy and programmes. What we found was that 29 countries have made good progress and have reported a gain in score as well as moved to the next level of color coding as one could clearly see in the (Figure 37) different region countries moving from Red to Yellow. This demonstrates effectiveness of WBTi and shows change is coming.

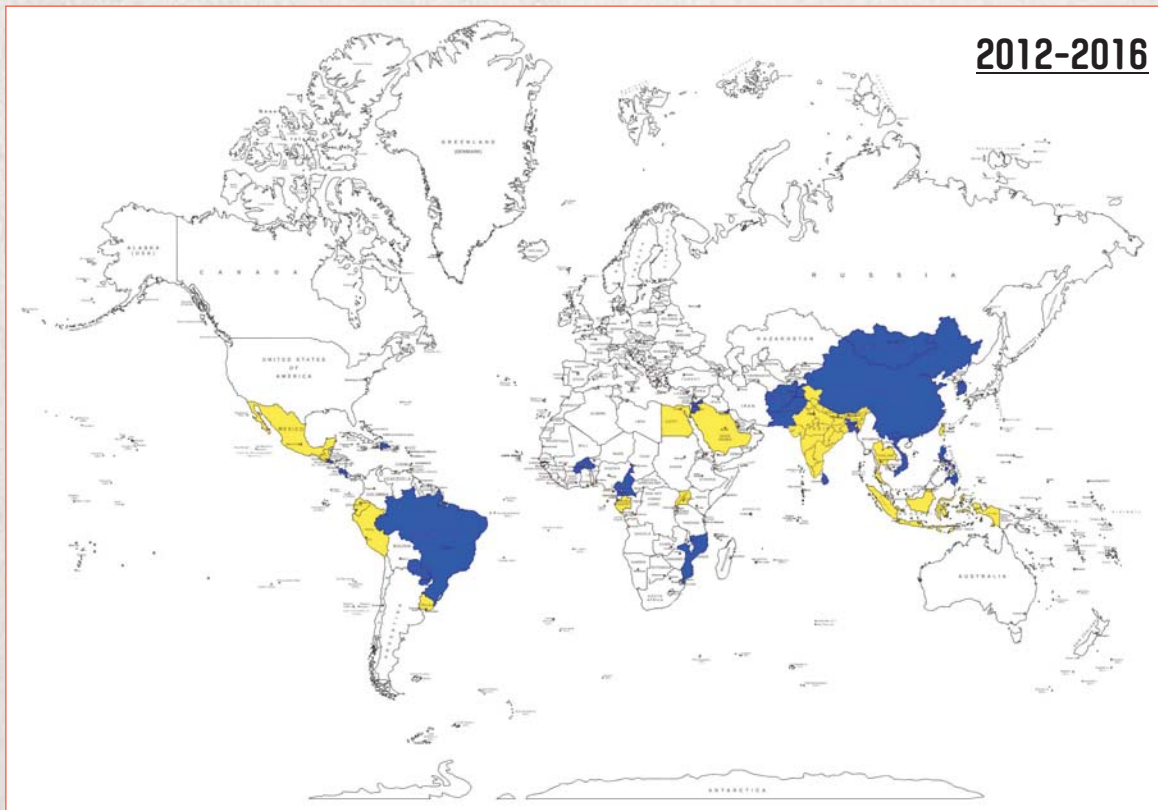
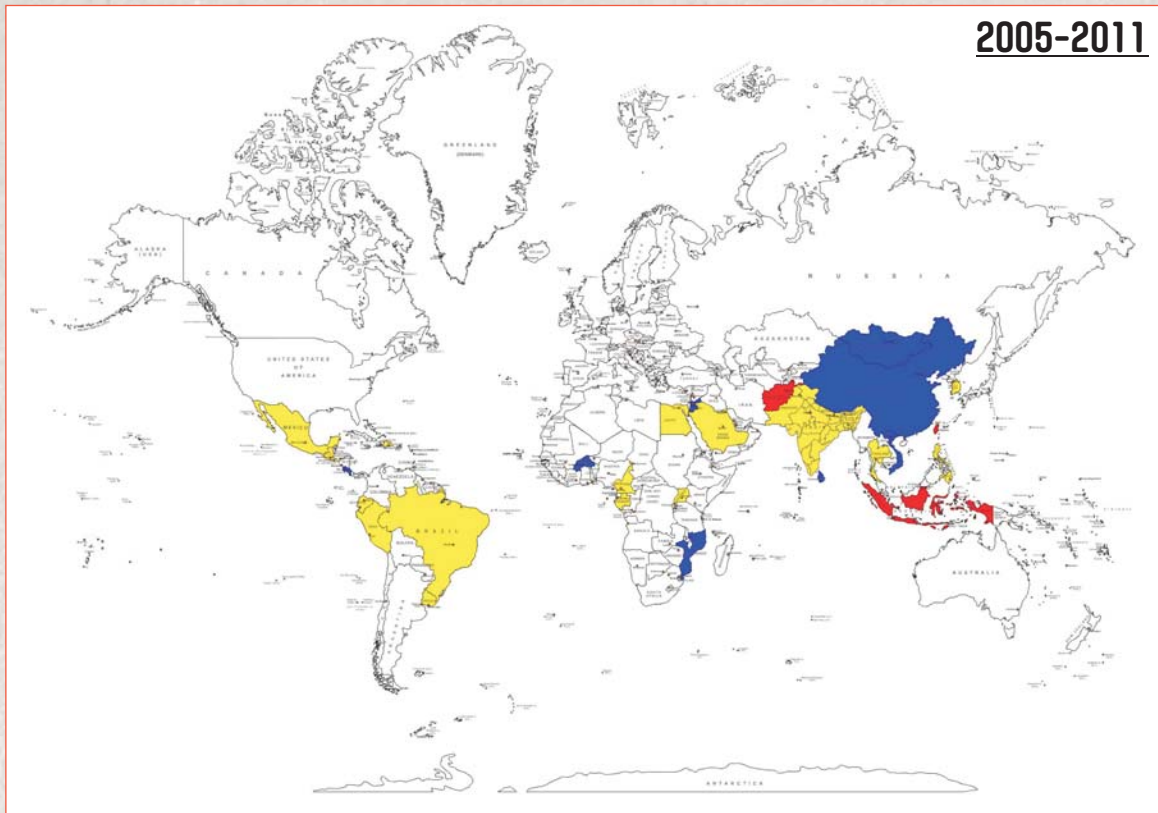
The changes in the policy and

Figure 36: State of policy & programme in 35 countries between two assessments on a scale of 100



Score	0-30	31-60	61-90	91-100
Colour				

Figure 37: Regional mapping showing colour coding between two assessments



programme scores are also objectively reflected in the Figure 36. Twenty-nine countries have shown substantial gain in scores in the policy and programme indicator out of a total of 100. Our analysis reveals that there is an average gain of about 14 points (from 50.06 and 64.44). Several countries made a big jump in scores like Afghanistan, Bangladesh, Dominican Republic, Indonesia, where the scores have doubled or more. It is also important to note that the 6 remaining countries showed scores which are almost same. This analysis clearly shows how almost one out of 3 WBTi countries who completed assessment took on repeated assessments, demonstrated change in scores of policy and programmes as result of use of WBTi findings. Some of the case studies available and personal communications from national processes during reporting, provided this information to us. This could be attributed to sustained advocacy at the national level.

This can be explained clearly by the WBTi process. It is a powerful tool in the hands of people and governments that assess, follow up together with public interest groups, academia or others at country level. It makes it a very inclusive tool that shows gaps, and it supports national plans of action and builds change through call for action with governments. This kind of sharing of lessons and partnerships at national level has worked.

Impact of Specific Action Areas

Here we present the impact more specific to each indicator for change in policy and programmes. This is based on information provided by countries. This also adds to the element of impact on policy and programme and contributes to scores and improvement

in the colour coding.

In the National Policy/

Coordination: Bangladesh, El Salvador and Venezuela constituted National Breastfeeding Committees with coordinators. Argentina, Bolivia, Costa Rica developed breastfeeding policies. Bhutan updated its existing policy. Ecuador and Timor Leste developed a high-level nutrition intervention guideline including IYCF. Hong Kong constituted a central committee on promotion of breastfeeding. Vietnam has officially adopted the national IYCF policy and is developing a national plan of action. Mongolia endorsed a new IYCF strategy that includes WHA resolutions. Gambia established a National Technical Advisory Committee to coordinate and review the IYCF policies and identified a Programme Officer responsible for overseeing the implementation of IYCF. Bolivia, Brazil, and Mexico established national nutritional programmes against hunger that include IYCF. India revived the national breastfeeding coordination committee, which had gone defunct for quite some time and also formed a national steering committee on breastfeeding & IYCF.

In BFHI, capacity building of health providers and community outreach:

Bangladesh developed a BFHI policy and revised tools in 2014. Bhutan is supporting revitalization. Timor Leste appointed liaison officers in main referral hospitals. Vietnam and Costa Rica made BFHI standards compulsory in all maternity facilities. Mongolia and Guatemala plans integration of BFHI in the hospital accreditation.

In International Code: Afghanistan and Maldives included all articles of Code and WHA resolutions as a law. Bangladesh has established the BMS monitoring system.

CASE STUDY

COSTA RICA

The WBTi has brought together a strong team of governmental institutions and public interest organizations to support the definition of priority actions and build change. Main achievements include the "Public Breastfeeding Policy" (2009) in addition to breastfeeding and IYCF in the National Emergency Commission's Manual of Procedures. The WBTi process influenced the creation of the First Human Milk Bank in the Hospital of San Ramón. It also accelerated the creation of Breastfeeding and Development Clinics in almost all hospitals in the country. This is a very creative initiative for mothers that can now be referred to specialized health professional and breastfeeding facilities all over the country. The WBTi's national on-going process has contributed not only to achievements but as an advocacy tool, including the summary report card that has served as key data and used in various meetings with official authorities and ministry officials etc.

Amura Hidalgo
Country Coordinator, Costa Rica

CASE STUDY

DOMINICAN REPUBLIC

The application of the WBTi in the Dominican Republic has contributed methodologically to the elaboration and monitoring of the national breastfeeding plans, since the data collected is constituted as source of information, reference and guide for the actions and processes that generate changes in the indicators measured and analysed in WBTi. Culminating the process of the first report in 2008, they were able to develop critical evaluation and evidence of the gaps, among them a very important one: the non-budgetary allocation for the execution of the Plans. Based on the WBTi results, the National Breastfeeding Commission formulated the Strategic Plan 2008-2011.

Yndira Morales Del Orbe
Country Coordinator, Dominican Republic

CASE STUDY

PHILIPPINES

The WBTi Tool in the Philippines was very helpful in terms of its updated data and information analysis. It enables the policymakers and legislators to craft good laws to protect Infant and Young Child Feeding particularly protecting Breastfeeding rights. WBTi is a participatory action by different experts from leaders in both institution and community-based. It is participated by mothers whom the law is intended. After all it is for them, by them and about them. WBTi is a process that leads to discussion, debate, resolution and action. It has become an aid for legislation and helped in shaping the passage of the law for working mothers: Expanded Breastfeeding Promotion Act of 2009 at the Senate. The WBTi Global Report became the reference tool by the Congressmen/women who deliberated the passage of increase paid maternity leave for the Philippines. WBTi examines all facets of IYCF: the issue of Complementary Feeding is the weak link to continued breastfeeding in Asia. The WBTi Report and assessment in particular to the Philippines is the bicycle ride to change in Food Sustainability in particular to MIYCN fast action.

Ma. Ines Fernandez
Executive Director, ARUGAAN &
Sub Regional Representative, IBFAN South East Asia

Bhutan has sensitized high level decision makers. Philippines set up an online monitoring platform. Hong Kong passed legislation on nutrition composition and nutrition labeling of infant formula and follow on formula and pre packaged foods for infants and young children. Vietnam strengthened the decree on marketing of nutrition products for infants, bottles leading to lesser advertisement by food companies on mass media. Mongolia is doing regular monitoring of Code. In 2015, Armenia, Bolivia and Vietnam implemented the Code as law with full provisions. Paraguay and Honduras have now a law based on Code with few provisions.

In Maternity Protection: As a combination of efforts, particularly from women's rights defence groups and with many other key actors, some advances have been made. Afghanistan has made provisions for correct information and paid break in official organizations. Venezuela and Colombia have extended the concept of breastfeeding rooms to family rooms, combining breastfeeding with education and support. Saudi Arabia approved a new labour law, that grants working mothers paid maternity leave up to 10 weeks and includes 3 days of paid paternity leave. Bangladesh and Peru made a policy change for maternity leave/breastfeeding rooms at workplace. Bhutan and Brazil have increased maternity leave from 3 months to 6 months with full pay for mothers working in civil service. Philippines passed Bill on 3 months paid maternity leave plus 3 months unpaid leave. Hong Kong sanctioned paternity leave of 3 days by law. Vietnam enacted a law providing 6 months maternity leave, 5-14 days paternity leave and one hour of paid breastfeeding break. Mongolia approved

new regulation providing paid maternity leave for 6 months with job security. In Uganda, women in informal/unorganized and agriculture sector were provided protective measures similar to organized sector. In El Salvador special training is carried out with inspectors to follow up maternity protection at workplaces.

In Health & Nutrition Care Systems: Afghanistan, Bangladesh, Bhutan and Gambia have led to successful integration of breastfeeding at the curriculum level in in-service training and orientation programmes on IYCF for Government doctors and nurses as well as for students in schools and colleges children. India has launched a breastfeeding promotion programme within its child health programme.

In Mother Support & Community Outreach: Bangladesh has a National Strategy for Infant and Young Child feeding which includes access to counseling services. Bhutan, Gambia and Vietnam have also done training and information programme in basic IYCF to reach all women through their workers. Hong Kong has started a peer support pilot programme.

In Information Support: Bangladesh has established universal MIS system; Bhutan has strengthened communications on IYCF through development of IEC materials; and Hong Kong has produced printed and electronic public education resources on IYCF; Mongolia has started distributing handbooks on maternal and child health to pregnant mothers.

In Infant Feeding & HIV: Bangladesh and Maldives have developed a comprehensive guideline for the prevention of mother to child transmission of HIV, Vietnam is conducting training of health care staff on IYCF, Mongolia has updated

child care (IMCI) guideline, which includes infant feeding and HIV, and Gambia has integrated infant feeding into the PMTCT policy. Ministry of Health, Government of India developed guidelines for IYCF counseling in the context of HIV/AIDS.

In Infant feeding during

Emergencies: Afghanistan, Bangladesh, Bhutan, Costa Rica, Dominican Republic, Ecuador, Timor Leste, Vietnam and Gambia, they all showed positive response to infant feeding in emergencies in their national programmes and policies in different ways.

In Monitoring & Evaluation:

Afghanistan has integrated indicators on infant and young child feeding into the national nutritional surveillance system. Bangladesh has included baseline and follow up data to measure outcomes of IYCF activities. Hong Kong has established monitoring and evaluation system through the committee on promotion of breastfeeding. Mongolia has included Code monitoring into health inspection policy and Gambia has included IYCF in the Gambia Demographic Health Survey and the District Health Information System.

Impact on Women's Rights

WBTi is an important tool to assist countries in advocacy for the right of mothers and their children to optimal nutrition and health. Women are increasingly defending their rights to be supported. Like in Latin America, massive demonstrations have mobilized different sectors of society against attempts to stop mothers from breastfeeding in public places and for public facilities to breastfeed any where, any time, as well as for men to fulfil their role in caring of their children. Parental leave is starting little by little to be protected in the region.

Women are more and more demanding to have proper facilities at work to express breast milk, and this goes way beyond the facilities to igniting a change in culture to value women's work as mothers and carers. Women have won important legal cases in Costa Rica to leave work earlier to breastfeed, even beyond the 6 months exclusive breastfeed

Progress of Change in Practices

Moving on to the practice indicators on early initiation of breastfeeding, exclusive breastfeeding, Bottle Feeding and Complementary Feeding and their trends over assessments. Figure 38 shows the rate of initiation of breastfeeding from 26 countries where data was available.

As you can see in Figure 38 most countries show a rise in early breastfeeding over the years. Only 7 countries show a little fall. Average rate increased from 46 to 51%.

Figure 39 shows trends of exclusive breastfeeding from 26 countries. Many countries show substantial or no change, while in 10 countries rates actually showed a downward trend.

Bottle-feeding rates showed an increasing trend over years, which is an alarming situation. As is evident from Figure 40 very few countries (7) have shown a fall in rate of bottle-feeding and most are either equal or shown rise in rate. Four countries did not have earlier data even.

Complementary feeding practice can be seen in Figure 41. The graph shows 13 countries showing rise in the rate of complementary feeding and few have maintained the rate over years. Some countries like Gambia, Indonesia, Kuwait and Thailand have shown substantial increase in complementary feeding rates.

Figure 38: Rate of initiation of breastfeeding from 26 countries (%)

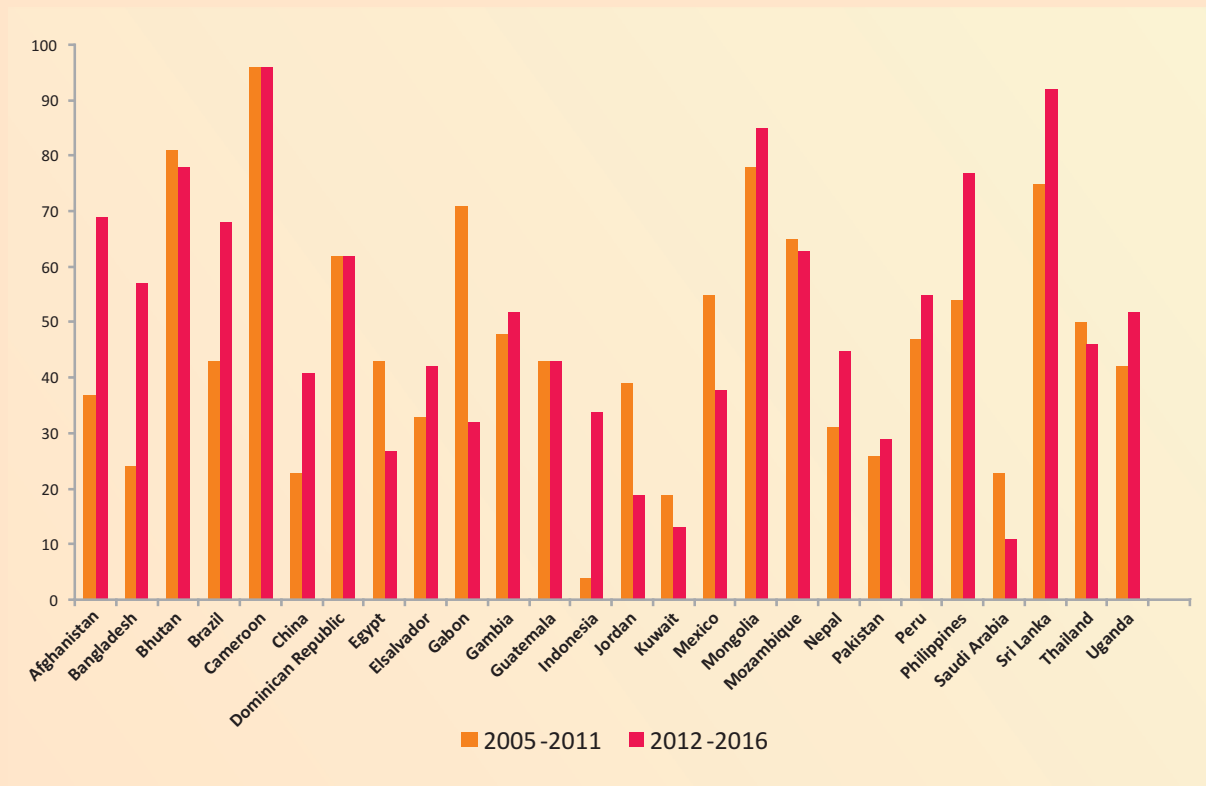


Figure 39: Rate of exclusive breastfeeding for the first six months from 26 countries (%)

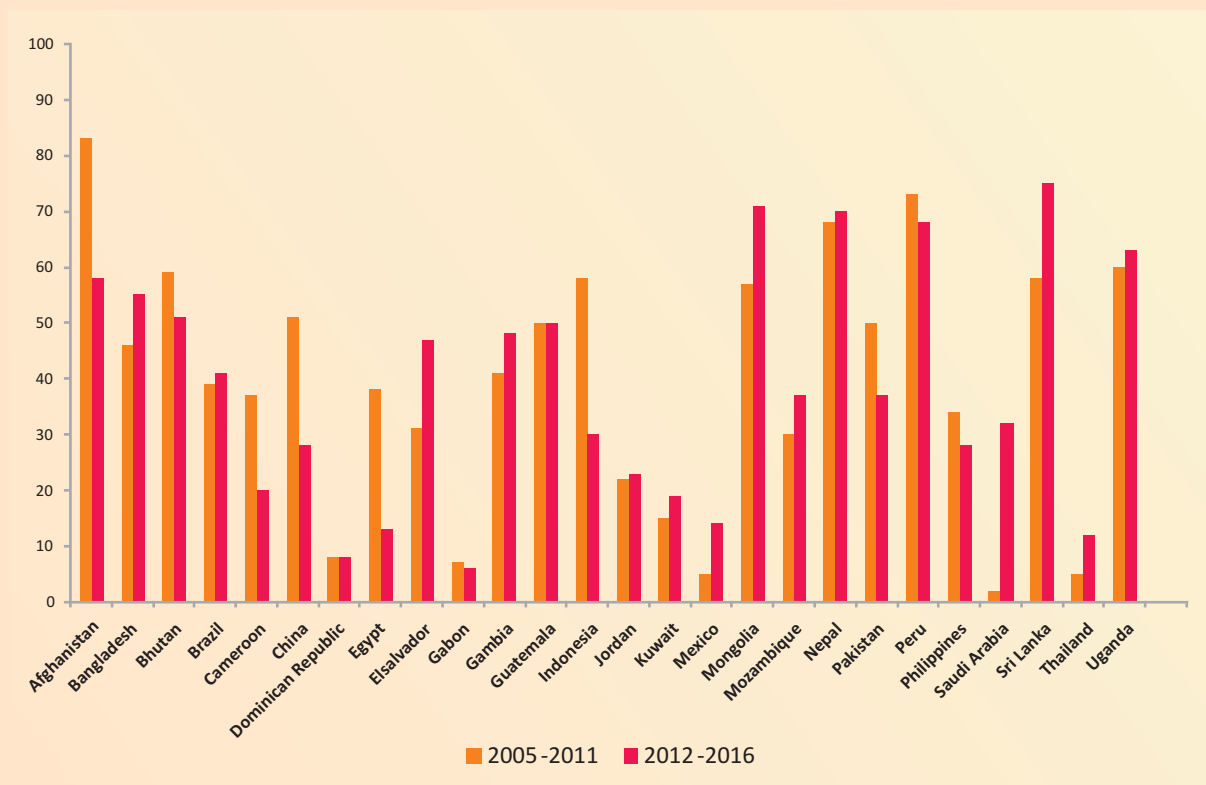
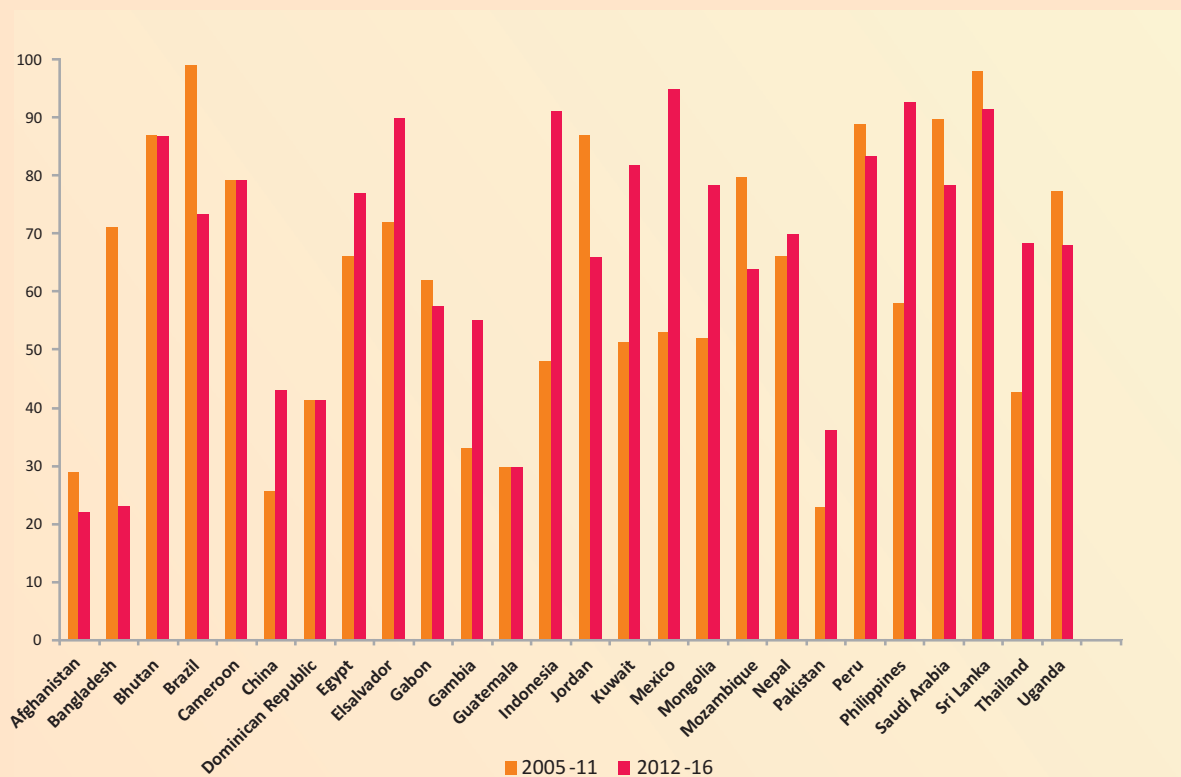


Figure 40: Rate of bottle-feeding from 26 countries (%)



Figure 41: Rate of introduction of complementary feeding (6-8 months) from 26 countries (%)



***The tool is different, it brings people together
and makes data on policy and programmes on
IYCF universally accessible***

It is important to mention that before WBTi, some countries didn't even have this indicator in their national surveys. This goes to show that if national action is stimulated on policy and programmes, there is rise in practice indicator as well. Analysis of practice indicators shows many countries gaining on early breastfeeding is relatively high than others. It is much more likely because it requires one sector intervention. Exclusive breastfeeding is a complex behaviour and requires multisector interventions. Same is true about complementary feeding and bottle-feeding. These findings underline the fact that women need support at every level for breastfeeding rates to rise, in all indicators of policy and programmes that ensure protection promotion and support of breastfeeding and infant feeding practices. Policy interventions need to work in a coordinated manner for improving breastfeeding and IYCF practices.

Collaborations at National level

WBTi demonstrated that engaging with a variety of partners - including Governments, civil society, media, representatives of the United Nations (UN) and other development agencies, academicians, professional bodies and international NGOs - is important to raise awareness of IYCF issues and women's

rights, bring the debate centre stage, and identify specific actions for policy and program reforms or strengthening. Active dissemination of technical and analytical work is critical in translating it into programme and policy action to bring about systemic change. Longer and sustained engagement with governments and other partners and advocacy by all development partners and civil society organizations is required.

In the 84 countries having successfully completed the assessment, more than 750 partners took part, averaging to 9 persons being involved in assessment and led by governments at many places. It is critical that such partnerships are kept free of conflict of interest.

WBTi is a powerful action oriented tool initiating process of national assessment, bringing people together to build consensus on what actions need to be taken on a priority basis and subsequently helps demonstrate achievement to the policy makers and partners.

WBTi is a user friendly web based information tool. The web portal www.worldbreastfeedingtrends.org helps sharing of information and allows countries to compare their results with earlier results and identify what actions were most effective in bringing about change.