



# The World Breastfeeding Trends Initiative (WBTi)

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**Bhutan**

**2008**

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## Indicator 1: Early Initiation of Breastfeeding

Key question: Percentage of babies breastfed within one hour of birth

### Guideline:

Indicator 1	WHO's Key to rating %	Existing Status %
<i>Initiation of Breastfeeding (within 1 hour)</i>		✓ <i>Check appropriate box</i>
	0-29	
	30-49	
	50-89	81.5%
	90-100	

### Source of data:

National Nutrition, IYCF and Immunization Coverage Survey 2009

### Summary Comments

This is a national survey report and this is the baseline the program would be taking for any future intervention on IYCF

## Indicator 2: Exclusive breastfeeding for the first six months

Key question: Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours ?N/A

### Guideline:

Indicator 2	WHO's Key to rating %	Existing Situation %
<i>Exclusive Breastfeeding (for first 6 months)</i>		✓ <i>Check appropriate box</i>
	0-11	
	12-49	
	50-89	
	90-100	

### Source of data:

### Summary Comments

This the national baseline data where the program can work on. The previous data (National Health Survey) 42% Exclusive breastfeeding was only for 4 months and the definition was not considered. Now the National Nutrition, IYCF and Immunization coverage survey report shows that the exclusive breastfeeding for the first four months is only 36.9%.

### Indicator 3: Median duration of breastfeeding

*Key question: Babies are breastfed for a median duration of how many months?*

#### Guideline:

Indicator 3	WHO's Key to rating	Existing Situation %
<b>Median Duration of Breastfeeding</b>		✓ <i>Check appropriate box</i>
	0-17 Months	
	18-20 "	
	21-22 "	
	23-24 "	23 months

#### Source of data:

National Nutrition, IYCF and Immunization Coverage Survey 2009

#### Summary Comments

The median duration of breastfeeding is 23 months at the national level. Higher median duration is desired as breast milk is an important source of nutrition and helps in optimal development of the infant and young child. Bhutanese women do not exclusively breast feed their children for six months although mother's continue breastfeeding for a long period of time.

### Indicator 4: Bottle feeding

*Key question: What percentage of breastfed babies less than 6 months old receives other foods or drinks from bottles?*

#### Guideline:

Indicator 4	WHO's Key to rating	Existing Situation %
<b>Bottle Feeding (&lt;6 months)</b>		✓ <i>Check appropriate box</i>
	30-100%	
	5-29%	5.8%
	3-4%	
	0-2%	

#### Source of data:

National Nutrition, IYCF and Immunization Coverage Survey 2009

#### Summary Comments

Although majority of the mothers are breastfeeding, still there are 5.8% of the mothers and caregivers using bottle to feed their babies.

## Indicator 5: Complementary feeding

*Key question: Percentage of breastfed babies receiving complementary foods at 6-9 months of age?*

### Guideline:

Indicator 5	WHO's Key to rating %	Existing Situation %
<b>Complementary Feeding (6-9 months)</b>		✓ <i>Check appropriate box</i>
	0-59	20.8%
	60-79	
	80-94	
	95-100	

### Source of data:

National Nutrition, IYCF and Immunization Coverage Survey 2009

### Summary Comments:

The recent survey revealed that 89.6% babies were receiving complementary food by 6 months of age. The complimentary foods are introduced as early as first month (14%) and by fourth months more than 60% were receiving complementary food

## COMPARISON WITH 2005 ASSESSMENT (Only for South Asian Countries)

Table: Indicators 1-5: Trends in Infant feeding practices

Indicator	Status in the last assessment in 2005	Current status
<b>1. Percentage of babies breastfed within one hour of birth</b>	97.9%	81.5%
<b>2. Percentage of babies of 0&lt;6 months of age exclusively breastfed in the last 24 hours</b>	95.5%	93% hospital based study (the last 24 hrs data was not collected during the Nutrition survey 2009)
<b>3. Babies are breastfed for a median duration of how many months</b>	24 months	23 months
<b>4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles</b>	6.8%	5.8%
<b>5. Percentage of breastfed babies receiving complementary foods at 6-9 months of age</b>	95.1%	20.8%

## Indicator 6: *National Policy, Programme and Coordination*

**Key Question:** Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National Infant and Young Child Feeding Committee and Coordinator?

<b>Criteria of Indicator 6</b>	<b>Scoring</b>	<b>Results</b> ✓ <i>Check any one</i>
6.1) A national Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2	√
6.2) 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.	2	√
6.3) A National Plan of Action has been developed with the policy	2	√
6.4) The plan is adequately funded	1	
6.5) There is a National Breastfeeding Committee	1	√
6.6) The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	
6.7) The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5	
6.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	
<b>Total Score</b>	<b>7/10</b>	

The National Breastfeeding policy allows the mother to breastfeed exclusively for 4 months. However with the new updates on the Infant and Young child feeding the national breastfeeding policy will be reviewed in 2009. The breastfeeding committee is there, however the committee has not met for quite sometimes.

### Information and Sources Used:

Breastfeeding policy 2001.

### Gaps:

1. National BF policy launched in 2002. Many components in the policy not materialized
2. National BF committee established unable to meet on regular basis.

### Recommendations:

1. Review BF policy inline with Global Strategy for IYCF ( already reflected in 2009 AWP and program is looking for consultant to work on it)
2. Revive the BF committee and to hold regular meetings of the National BF committee

**Indicator 7: Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)**

**Key Question:**

7A) what percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?

Only one hospital designated as BFHI

7B) what is the skilled training inputs and sustainability of BFHI?

So far there has not been any intensive training particularly concerning the BFHI, however the program has planned to train the regional resource staffs and National hospital staffs on BFHI (18 hrs course).

7C) what is the quality of BFHI program implementation?

Nothing going on intensively

**7A) Quantitative**

7.1) what percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby friendly” based on the global or national criteria? *Write in percentage (%)*

Criteria	Score	Results ✓ Check any one
0 - 7%	1	1
8 – 49%	2	
50 – 89%	3	
90 - 100%	4	
<b>Rating on BFHI quantitative achievements:</b>	<b>1/4</b>	

**7B) Qualitative**

7.2) What is the skilled training inputs and sustainability of BFHI?

BFHI designated hospitals that have been certified after a minimum recommended training of 18 hours for all its staff working in maternity services *Write in percentage (%)*

Criteria	Score	Results ✓ Check any one
0-25%	1	1
26-50%	1.5	
51 –75%	2.5	
75% and more	3.5	
<b>Total Score</b>	<b>1/3.5</b>	

## Qualitative

### 7C) What is the quality of BFHI program implementation?

Criteria	Score	Results <input checked="" type="checkbox"/> <i>Check that apply</i>
7.3) BFHI programme relies on training of health workers	.5	✓
7.4) A standard monitoring system is in place	.5	No
7.5) An assessment system relies on interviews of mothers	.5	✓
7.6) Reassessment systems have been incorporated in national plans	.5	✓
7.7) There is a time-bound program to increase the number of BFHI institutions in the country	.5	✓
<b>Total Score</b>	<b>2/2.5</b>	
<b>Total Score 7A, 7B and 7C</b>	<b>4/10</b>	

#### Information and Sources Used:

- Breastfeeding policy

#### Gaps:


1. Still not been able to expand to other hospitals in the country.
2. Not able to provide adequate skill training for the staffs
3. No M&E in place

#### Recommendations:

1. Expansion of BFHI
2. Fund secured for trg of HW on BFHI
3. Develop a BFHI M&E

## Indicator 8: *Implementation of the International Code*

**Key Question:** Are the *International Code of Marketing of Breastmilk Substitutes* and subsequent WHA resolution given effect and implemented? Has any new action been taken to give effect to the provisions of the Code?

Criteria	Scoring	Results
		 <b>Check those apply. If more than one is applicable, record the highest score.</b>
8.1) No action taken	0	✓
8.2) The best approach is being studied	1	
8.3) National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable	2	
8.4) National measures (to take into account measures other than law), awaiting final approval	3	
8.5) Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions	4	
8.6) Some articles of the Code as a voluntary measure	5	
8.7) Code as a voluntary measure	6	
8.8) Some articles of the Code as law	7	
8.9) All articles of the Code as law	8	
8.10) All articles of the Code as law, monitored and enforced	10	
<b>Total Score:</b>	<b>0/10</b>	

**Information and Sources Used:**

Breastfeeding policy 2001

**Gaps:**

No rules and regulations for marketing of BMS

**Recommendations:**

1. To develop Rules and regulations on BMS in line with international code. (already reflected in the AWP 2009-2010)

### Indicator 9: *Maternity Protection*

**Key Question:** Is there legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labor Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?

Criteria	Score	Results Check <input checked="" type="checkbox"/> that apply
9.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave		
a. Any leave less than 14 weeks	0.5	✓ Have three months full pay maternity leave
b. 14 to 17 weeks	1	
c. 18 to 25 weeks	1.5	
d. 26 weeks or more	2	
9.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.	1	
a. Unpaid break	0.5	
b. Paid break	1	✓ Yes one hour nursing break divided into two half an hour in the morning and half an hour in the evening
9.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	✓ The BF policy says both for formal and non formal settings
9.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector.	1	No
9.5) Women in informal/unorganized and agriculture sector are:	1	
a. accorded some protective measures	0.5	no
b. accorded the same protection as women working in the formal sector	1	
9.6)		
a. Information about maternity protection laws, regulations, or policies is made available to workers	0.5	✓
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	0.5	no

9.7) Paternity leave is granted in public sector for at least 3 days.	0.5	yes
9.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	0
9.9) There is legislation providing health protection for pregnant and breastfeeding workers and the legislation provides that 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.	0.5	✓ Heath protection is there, but informed of hazardous condition and provide alternative work place is not there.
9.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5	no
9.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5	✓ ILO MPC no.183 is been rectified but the country does not have the national law equal or stronger to that.
9.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5	
<b>Total Score:</b>	<b>4.5/10</b>	

**Information and Sources Used:**

1. RCSC rules
2. Breastfeeding policy

**Gaps:**

1. Only 3 months paid maternity leave for civil servants. Two months paid leave for pvt.
2. Nursing breaks not applicable to all

**Recommendations:**

1. Review BF policy inline with Global Strategy for IYCF (2008 AWP)
2. Encourage worksite accommodation for BF and child care

## Indicator 10: *Health and Nutrition Care System*

**Key Question:** Do care providers in these systems undergo *skills training*, and do their pre-service education curriculum support optimal infant and young child feeding; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to Code are in place?

Criteria	Results		
	Adequate	Inadequate	No Reference
10.1) A review of health provider schools and pre-service education programmes in the country <sup>1</sup> indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1 ✓	0
10.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.	2	1	0 ✓
10.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. <sup>2</sup>	2 ✓	1	0
10.4) Health workers are trained with responsibility towards Code implementation as a key input.	1	0.5	0 ✓
10.5) Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrhoeal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1 ✓	0.5	0
10.6) These in-service training programmes are being provided throughout the country. <sup>3</sup>	1 ✓	0.5	0
10.7) Child health policies provide for mothers and babies to stay together when one of them is sick	1 ✓	0.5	0
<b>Total Score:</b>	<b>6/10</b>		

<sup>1</sup> Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

<sup>2</sup> The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

<sup>3</sup> Training programmes can be considered to be provided “throughout the country” if there is at least one training programme in each region or province or similar jurisdiction.

**Information and Sources Used:**

- Action plans for the program

**Gaps**

1. No adequate IYCF knowledge and skill trg in pre service and in-service training for the health workers
2. No health workers responsibility towards code implementation

**Recommendations**

1. Provide adequate IYCF knowledge and skill training

## Indicator 11: *Mother Support and Community Outreach*

**Key Question:** Are there mother support and community outreach systems in place to protect, promote and support optimal infant and young child feeding?

Criteria	Results <i>✓ Check that apply</i>		
	Yes	To some degree	No
11.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	2	1 <i>✓</i>	0
11.2) All women have access to support for infant and young child feeding after birth.	2 <i>✓</i>	1	0
11.3) Infant and young child feeding support services have national coverage.	2 <i>✓</i>	1	0
11.4) 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).	2 <i>✓</i>	1	0
11.5) Community-based volunteers and health workers possess correct information and are trained in counselling and listening skills for infant and young child feeding.	2	1 <i>✓</i>	0
<b>Total Score:</b>	<b>8/10</b>		

**Information and Sources Used:**

- MCH hand book
- EMoC guidelines
- VHW training manual

**Gaps:**

1. VHWs do not have adequate training and knowledge on IYCF

**Recommendations:**

1. To include IYCF component in their training curricula.

## Indicator 12: *Information Support*

**Key question:** Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?

Criteria	Results <i>Check that apply</i>		
	Yes	To some degree	No
12.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.	2	1 	0
12.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2	1 	0
12.3) Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.	2	1 	0
12.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2	1 	0
12.5) A national IEC campaign or programme <sup>4</sup> using electronic and print media and activities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months.	2	1 	0
<b>Total Score:</b>	<b>5/10</b>		

**Information and Sources Used:**

- Action plans for the program

**Gaps:**

1. Lack of comprehensive national IEC strategy for improving IYCF.

**Recommendations:**

1. Develop effective IEC strategy for IYCF

<sup>4</sup> An IEC campaign or programme is considered “national” if its messages can be received by the target audience in all major geographic or political units in the country (e.g., regions or districts).

### Indicator 13: *Infant Feeding and HIV*

**Key Question:** Are policies and programmes in place to ensure that HIV - positive mothers are informed about the risks and benefits of different infant feeding options and supported in carrying out their infant feeding decisions?

Criteria	Results		
	Yes	To some degree	No
13.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2	1 <input checked="" type="checkbox"/>	0
13.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0 <input checked="" type="checkbox"/>
13.3) 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 counselling and support.	1 <input checked="" type="checkbox"/>	0.5	0
13.4) Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1 <input checked="" type="checkbox"/>	0.5	0
13.5) Infant feeding counselling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.	1 <input checked="" type="checkbox"/>	0.5	0
13.6) Mothers are supported in making their infant feeding decisions with further counselling and follow-up to make implementation of these decisions as safe as possible.	1 <input checked="" type="checkbox"/>	0.5	0
13.7) 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.	1 <input checked="" type="checkbox"/>	0.5	0
13.8) 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.	1 <input checked="" type="checkbox"/>	0.5	0
13.9) 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.	1	0.5 <input checked="" type="checkbox"/>	0
<b>Total Score:</b>	<b>7.5/10</b>		

**Information and Sources Used:**

- PMTCT Guideline (2006)
- Paediatric HIV/AIDS
- Guideline for VCT

**Gaps:**

National HIV and infant feeding policy promotes replacement feeding for all babies born to HIV positive mothers and exclusive BF to HIV negative mothers or those with unknown status.

Government supports the formula feeding for one year.

**Recommendations:**

- To revise the HIV and infant feeding policy

### Indicator 14: *Infant Feeding during Emergencies*

**Key Question:** Are appropriate policies and programmes in place to ensure that mothers, infants and children will be provided adequate protection and support for appropriate feeding during emergencies?

Criteria	Results ✓ <i>Check that apply</i>		
	Yes	To some degree	No
14.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies	2	1	0 <div style="text-align: right; background-color: #f4cccc; padding: 2px;">✓</div>
14.2) 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	2	1	0 <div style="text-align: right; background-color: #f4cccc; padding: 2px;">✓</div>
14.3) 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	2	1	0 <div style="text-align: right; background-color: #f4cccc; padding: 2px;">✓</div>
14.4) Resources identified for implementation of the plan during emergencies	2	1	0 <div style="text-align: right; background-color: #f4cccc; padding: 2px;">✓</div>
14.5) 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.	2	1	0 <div style="text-align: right; background-color: #f4cccc; padding: 2px;">✓</div>
<b>Total Score:</b>	<b>0/10</b>		

**Information and Sources Used:**

- National frame work for disaster management

**Gaps:**

The National Framework for Disaster Management has recently been adopted. The respective ministries are working on the detailed plan of action and infant feeding during emergencies has been identified as one of the components.

**Recommendations:**

There is no comprehensive policy for the IYCF during emergencies, however there is a plan to include the component in the disaster management policy

## Indicator 15: *Monitoring and Evaluation*

**Key Question:** Are monitoring and evaluation data routinely collected and used to improve infant and young child feeding practices?

Criteria	Results		
	✓ <i>Check that apply</i>		
	Yes	To some degree	No
15.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1 ✓	0
15.2) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.	2	1	0 ✓
15.3) Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	2	1 ✓	0
15.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers	2	1	0 ✓
15.5) 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.	2	1	0 ✓
<b>Total Score:</b>	<b>2 /10</b>		

**Information and Sources Used:**

- HMIS

**Gaps:**

Lack of M&E in place

**Recommendations:**

Develop M&E tools for improving IYCF practices

**List of the partners for the assessment process**

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