



World Breastfeeding Trends Initiative (WB*Ti*)

World Breastfeeding Trends Initiative (WB*Ti*)

The Guide Book

About IBFAN Asia

The International Baby Food Action Network (IBFAN) is the 1998 Right Livelihood Award Recipient. It consists of more than 273 public interest groups working around the world to save lives of infants and young children by working together to bring lasting changes in infant feeding practices at all levels. IBFAN aims to promote the health and well being of infants and young children and their mothers through protection, promotion and support of optimal infant and young child feeding practices. IBFAN works for the universal and full implementation of *'International Code of Marketing of Breastmilk Substitutes'* and subsequent relevant *World Health Assembly (WHA) resolutions*.

IBFAN Asia consists of 25 countries with 3 sub regions, South Asia, East Asia and Southeast Asia; each sub region being coordinated by the sub regional representative and overall coordination is done regional coordinating office in Delhi.

WBT*i* is an initiative!

The **WBT*i* is Participatory**: It seeks to involve all stakeholders, while avoiding conflicts of interest, working on infant and young child feeding, including governments and NGOs. It is highly participatory since the participants collect information, analyze the findings, locate gaps, and take action based on the results. In the process, the participants develop networking skills, investigative techniques and monitoring and reporting methods.

The **WBT*i* is Action-oriented**: It aims to stimulate action, not simply to collect information. Having more information is not helpful unless there are strategies in place for translating the information into tools for change and for taking action to improve the situation.

The **WBT*i* is Simple Research**: It aims to stimulate research, investigation, ask questions, and find out why optimal breastfeeding does or does not occur. The investigation is done by local people, not by external researchers. It leads to comprehensive analysis to stimulate action for change.

Introduction

This document provides information about an innovative initiative, the **World Breastfeeding Trends Initiative (WBTi)**, developed by IBFAN Asia, to assess the status and benchmark the progress of the implementation of the *Global Strategy for Infant and Young Child Feeding*. The tool is based on two global initiatives, the first is WABA's **Global Participatory Action Research (GLOPAR)** and the second the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". The WBTi is designed to assist countries in assessing the strengths and weaknesses of their policies and programmes to protect, promote and support optimal infant and young child feeding practices. In this document we also describe the steps of the assessment process.

IBFAN Asia has developed the WBTi as a system for Tracking, Assessing and Monitoring (TAM) the implementation of the *Global Strategy*, using a web-based toolkit. **It aims at strengthening and stimulating breastfeeding action worldwide.** The WBTi clearly identifies gaps to help governments, donors, bilaterals and UN agencies to commit resources where they are most needed. It helps NGOs to define areas for advocacy and action and thus focus their efforts. It helps to develop and to effectively target strategies that can improve infant and young child feeding.

The WBTi is being implemented as an integral part of the project "Global Breastfeeding Initiative for Child Survival" (GBiCS), in partnership with Norad. Norway's flagship programme, the 'Global Campaign for the Health Millennium Development Goals' launched in September 2007, provides the opportunity for this action on breastfeeding. The WBTi will serve as a lens to find out gaps in policy and programmes at national level, and breastfeeding partners IBFAN and WABA will act to initiate action to bridge these gaps.

Background

World leaders present at the United Nations Millennium Summit in September 2000 agreed among others on eight critical Millennium Development Goals (MDGs) to be achieved by the year 2015. The fourth of these eight MDGs is to reduce by two thirds the mortality rate among children under five.

The World Health Assembly (WHA) and the UNICEF Executive Board adopted the *Global Strategy for Infant and Young Child Feeding* in the year 2002, which recognised that: "Malnutrition has been responsible, directly or indirectly, for 60% of the 10.9 million deaths annually among children under five. Well over two-thirds of these deaths, which are often associated with inappropriate feeding practices, occur during the first year of life. No more than 35% of infants worldwide are exclusively breastfed during the first four months of life;

complementary feeding frequently begins too early or too late, and foods are often nutritionally inadequate or unsafe. Malnourished children who survive are more often sick and suffer life-long consequences of impaired development. Because poor feeding practices are a major threat to social and economic development, they are among the most serious obstacles to attain and maintain health that face this age group.” According to UNICEF, the number of deaths may have come down to 9.7 million in 2007, but the problem still remains serious.

The *Global Strategy* calls for urgent action by all Members States to develop, implement, monitor and evaluate a comprehensive policy and a plan of action on infant and young child feeding to achieve a reduction in child malnutrition and mortality. In May 2005, the World Health Assembly adopted resolution WHA 58.32 that calls upon member states to assure resources for plans of action for improving infant and young child feeding practices whilst avoiding any conflicts of interests in the child health programmes.

The Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding (1990) set an international agenda with ambitious targets for action. The Innocenti Declaration on Infant and Young Child Feeding 2005 calls on all governments for action in many areas including “...Establish sustainable systems for monitoring infant and young child feeding patterns and trends and use this information for advocacy and

programming.” Most countries are now engaged in a process of documenting the current status and monitoring the action taken on the *Global Strategy*. They may need assistance with this process. To provide this assistance, the International Baby Food Action Network (IBFAN) Asia has launched the **World Breastfeeding Trends Initiative (WBTi)**, a system for Tracking, Assessing and Monitoring the Global Strategy. It uses a special web-based toolkit www.worldbreastfeedingtrends.org to make it accessible to all, to rate and rank the status as well as track trends.

The WBTi uses the methodology and approach of **Global Participatory Action Research (GLOPAR)** developed and promoted by the World Alliance for Breastfeeding Action (WABA) in 1993 to track 4 targets set by the 1990 *Innocenti Declaration*. GLOPAR encouraged groups to assess breastfeeding and infant feeding practices in their own countries and use information thus collected for advocacy to impact policy development. The GLOPAR initiative had shown positive results in stimulating breastfeeding action as several groups in the participating countries, where there was hardly any work going on, got involved in a global movement to protect, promote and support breastfeeding. The WBTi is an extension of GLOPAR as it also tracks additional targets set by the 2002 *Global Strategy*.

The WHO in 2003 launched “Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes”. The WBTi has used the questionnaire and other materials from the WHO tool. It has been adapted based on feedback from countries in all regions including Latin America, Arab World, Afrique, Oceania Asia and Africa.

Inspired by these two historical initiatives of WABA and WHO, WBTi aims to build on them and to induce action. The WBTi is expected to create a data bank of infant feeding practices as well as policies and programmes. Moreover, it has additional features of studying and analysis of time trends. It is universally accessible being web-based.

Expected Outcomes

The WBTi outcomes are:

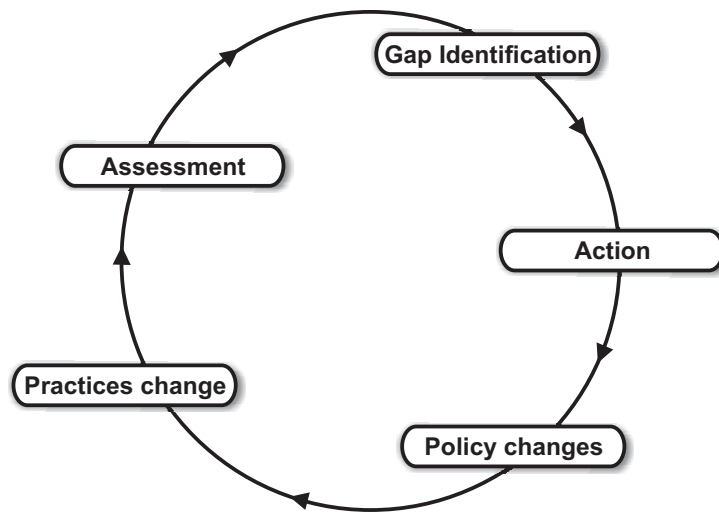
- To provide governments and other agencies and their international development assistance partners with critical information needed to bridge gaps in infant and young child feeding policy and practice
- To provide evidence for IBFAN groups to advocate for greater effort and investment to promote early and exclusive breastfeeding in the respective countries and regions
- To contribute to attaining MDG-4 and 5 and reducing under-five child mortality and improving women's health

The WBTi: How it works?

It involves a three-phase process.

The **first phase** involves initiating a national assessment of the implementation of the *Global Strategy*. It guides countries and regions to document gaps in existing practices, policies and programmes. This is done based on national documentation by involving multiple partners. Their analysis and the process itself bring governments and other civil society partners together to analyse the situation in the country and find out gaps. The gaps identified are used for developing recommendations for priority action for advocacy and action. The WBTi thus helps in establishment of a practical baseline demonstrating to programme planners, policy makers where improvements are needed to meet the aims and objectives of the *Global Strategy*. It assists in formulating plans of action that are effective to improve infant and young child feeding practices and guide allocation of resources. It works as a consensus building process and helps to prioritise actions. The initiative thus can impact on policy at the country level, leading to action that would result in better practices.

During the **second phase**, WBTi uses the findings of phase 1 to score, rate, grade and rank each country or region based on **IBFAN Asia's Guidelines for WBTi** thus building some healthy competition among the countries in the region or among regions.



In the **third phase**, WBT*i* calls for repetition of the assessment after 3-5 years to analyse trends in programmes and practices as well as overall breastfeeding rates in a country, to report on programmes and identify areas still needing improvement. This repetition can also be used to study the impact of a particular intervention over a period of time.

IBFAN groups and specialists can assist in planning processes, capacity building, analysis and reporting.

WBT*i* is:

- A: Action oriented
- B: Brings people together
- C: Consensus and commitment building

- D: Demonstrates achievements and gaps
- E: Efficacy improving programme

The 15 indicators of WBT*i*

The WBT*i* focus is based on a wide range of indicators, which provide an impartial global view of key factors.

The WBT*i* has identified 15 indicators. Each indicator has its specific significance. Part I has 10 indicators dealing with policies and programmes and Part-II has 5 indicators, based on the WHO tool, dealing with infant feeding practices. Once assessment of gaps is carried out and data verified, the data on 15 indicators is fed into the web-based toolkit. Scoring and colour-rating is done for each individual indicator. The toolkit objectively quantifies the data to provide a colour-rating i.e. 'Red', Yellow, Blue and Green. The toolkit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

Each indicator has the following components:

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

Indicators

Part -I

1. National Policy, Programme and Coordination
2. Baby Friendly Hospital Initiative (*Ten Steps to Successful Breastfeeding*)
3. Implementation of the International Code of Marketing of Breastmilk Substitutes
4. Maternity Protection
5. Health and Nutrition Care System (*in support of breastfeeding & IYCF*)
6. Mother Support and Community Outreach- *Community-based support for the pregnant and breastfeeding mother*
7. Information Support
8. Infant Feeding and HIV

9. Infant Feeding During Emergencies
10. Mechanism of Monitoring and Evaluation Systems

Part -II

11. Percentage of babies breastfed within one hour of birth
12. Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours
13. Babies are breastfed for a median duration of how many months
14. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles
15. Percentage of breastfed babies receiving complementary foods at 6-9 months of age

Background information: Background information on MDG goals 1, 4, and 5 is collected but is not scored, colour-rated or graded. It can be used to provide a better understanding of the health, nutritional and socioeconomic context which influences infant and young child feeding practices and programmes.

Part I: A set of criteria has been developed for each target based on the *Innocenti Declaration of 2005*, which set 5 additional targets. It takes into consideration most of the targets of the *Global Strategy*. For each indicator, there is a subset of questions. Answers to these can lead to identifying achievements and gaps. This shows how one country is doing in a particular area of action on Infant and Young Child Feeding.

Part II: Infant and Young Child Feeding Practices in

Part II ask for specific numerical data on each practice based on data from random household survey that is **national in scope**.

Once information about the indicators is gathered and analysed, it is then entered into the web-based toolkit through the 'WBTi Questionnaire'. Further, the toolkit scores and colour- rates each individual indicator as per **IBFAN Asia's Guidelines for WBTi**.

Guidelines for conducting a National Assessment

The WBTi helps to initiate country actions for documenting the state of the Global Strategy for Infant and Young Child Feeding, (http://www.ibfanasia.org/docs/gs_iycf.pdf) and following up to study trends. In the year 2008-2012, assessments were carried out in 51 countries across the world (<http://bpni.org/report/51-country-report.pdf>). The assessment findings show variety of actions, which have been taken at the individual country level.

Objectives of national assessment

- a) Assessment of each country situation in implementation of the Global Strategy for Infant and Young Child Feeding.
- b) Publishing the report of the assessment
- c) Advocacy with policy makers and other agencies on the specific interventions to improve the status of breastfeeding indicators of policy programme and practices.
- d) Follow-up periodic re-assessment to see trends, gauge the change in the status of individual indicators and study what made a difference.

Process of National Assessment

This is described below in 3 steps:

First Step: The following activities are needed at national level

1. Orientation meeting of all the identified key persons from the individual countries to discuss the whole process. Guidelines have been developed by IBFAN Asia.
2. Identification of partners while avoiding conflicts of interest.
3. Identification of a key person as 'National IYCF Assessment Coordinator' who will coordinate the whole process at the country level.
4. Review meeting for the process and planning for assessment.
5. Identifying a core group of 4-5 persons, including representatives from the Government such as national breastfeeding authority/commission/committee, agencies like UNICEF, WHO, NGOs and other professional local organizations.
6. Facilitation of assessment according to guidelines, and analysis.
 - Agreement on responsibilities who will do what on all 1-15 indicators.
 - Preparing a work plan, followed by collection of information.
 - Finalising among core group and preparing a report.

- Presenting it to a wider audience for review and comments and consensus.
- Gap identification and brainstorming to frame recommendations and action plans
- Incorporating comments or suggestions into the final outcome of the report.

Second Step:

1. Verification of data is done at this stage to check quality, national scope etc and then shared with the WBTi coordinating office
2. Use of findings for input into the World Breastfeeding Trends Initiative (WBTi) web-portal.
3. The web tool kit takes on scoring and colour rating and countries are ranked according to where they stand, making it more meaningful. The countries and regions are ranked in order of their performance.
4. The World Breastfeeding Trends Initiative (WBTi) web-portal allows universal access to the information thus generated.

Third Step:

1. Report cards generated and published, shared with the Governments who are potential users.
2. Reports are shared with donors for information where support might be best targeted.

Formulating recommendations

Based on the gaps identified, it is for the team or all partners to formulate a set of recommendations towards action plans. Once the process is completed, the results including recommendations for action, should be presented to key national decision-makers as well as to potential donors. It would be very useful to show them where the country stands in the region, in which colour; rank and where to go. Possible comparison can also be done with neighboring countries and regions. Once the results are reviewed, then decision-makers will need to decide which gaps or areas for improvement are of highest priority and most feasible to address. This sets into motion a process of detailed planning and implementation of the *Global Strategy* at the country level. Another step that would be useful here is to discuss the responsibilities between the Government and others to share work plans and take on activities whilst avoiding conflicts of interest.

Indicators for assessment: Detailed questionnaires for collecting information on all the indicators are provided in the document 'WBTi Indicators'. To answer these questions, it would be required to study the existing national policies, programs and framework, and as well you may need to conduct interviews with key officials. Brainstorming sessions to list recommendations for action to bridge identified gaps would be useful if conducted simultaneously.

Additional information is required on MDG 1,4, and 5

It is useful to list some background information on demographic data, and the state of attainment of the Millennium Development Goals (MDG). This information is not rated or scored by the WBTi

1. MDG- 1 (*Nutritional status of children under 5*)
 - Percentage Low Birth Weight
 - Percentage Under Fives Stunted
 - Percentage Under Fives Underweight
2. MDG-4 (*Child Survival*)
 - Under Five Mortality
 - Infant Mortality Rate
 - Neonatal Mortality Rate
3. MDG-5 (*Improve maternal health*)
 - The Maternal Mortality Ratio
 - Maternal Health
 - Deliveries attended by trained health personnel
 - Antenatal care coverage

Who can use the results?

1. **Governments** wanting to take action on infant and young child feeding
2. **Donors** to assess where the country's strengths and weaknesses related to infant and young child feeding lie, and thus where support might be best targeted. Donors can also choose to support countries needing the most support.

3. **Advocacy groups** wanting to showcase how well the country is doing in order to pinpoint improvements or to gather support.
4. **Researchers** for setting up their research agendas
5. **Media** for communication and help in advocacy.

Resources Required

To envisage the above actions and the process at the country or regional level, it is necessary to constitute a team for the assessment, to decide who should do what, prepare a work plan, collect data and gather requisite information from the secondary sources, compile the data and analyse it to find out gaps, share details of assessment with the wider group for review and comments and prepare the final report. This work requires both human and financial resources for:

- Coordination, analysis and reporting
- Capacity building and training: Training of regional and national teams to conduct the assessment is essential.
- A regional 'trainer' can take the lead in training national groups on how to gather the information, compile, analyse, complete the WBTi questionnaire, and present results.
- The assessment requires financial resources for consultation, communication, coordination, reporting, and follow-up advocacy efforts.

How to study trends?

The WBTi uses the special web-based Toolkit to track trends in infant and young child feeding. Re-assessments provide information that can be analysed by the web-based kit to generate reports in different forms such as maps, pie diagrams, bar charts etc.

Re-assessments help to:

- Track trends on the various indicators for infant and young child feeding practices.
- Assess progress on implementation of the *Global Strategy*.
- Study the impact of any intervention on practices over a period of time.

What makes WBTi different from databanks?

The WBTi is not just another databank on infant and young child feeding practices data. Although www.worldbreastfeedingtrends.org has the potential to become the largest web portal of a database on practices, policies and programmes on infant and young child feeding, it will be much more than a databank because:

1. It stimulates action and builds consensus and public health partnerships at national level.
2. It has the capacity to analyse serial data and to showcase trends.
3. It will be a key and dynamic web resource for information not only on feeding practices, but also on policies and programmes at country level.

4. It is unique and will be accessible to all.
5. Any one can use data tables and charts for preparing reports and presentations etc.
6. It can be used to study the impact of a particular intervention over a period of time.

The web-based Toolkit

The web Toolkit is specially designed for the WBTi to assess the status and benchmark the progress of implementation of the *Global Strategy*. It provides scoring, colour rating and grading for one particular indicator or all indicators together.

Mapping and graphics

The toolkit helps in data entry and transforms this data into scoring, colour rating as per IBFAN Asia's **Guidelines for WBTi**. Further, it has the capacity to generate graphics, pie charts, bar graphs and maps. One can rely on the web itself to print reports or copy and use in Word format. These graphics can help in quick analysis of status and progress.

Guidelines for regions NOT using English

For countries or regions, which wish to take part in the WBTi and do not use English, it is advised to translate the questionnaire used in the toolkit into their local language.

What leaders of the breastfeeding movement have to say about WBTi

“WBTi is the first tool ever to quantify the level of protection, promotion and support for breastfeeding in a country. The higher the WBTi score the larger the increases in exclusive breastfeeding.”

Chessa Lutter, PhD, Senior Advisor, Food and Nutrition, Pan American Health Organization/WHO

“This mapping initiative is a bold and important step. It serves not only to benchmark the status of breastfeeding in a systematic and creative way but provides a process for advocacy”.

Anwar Fazal, Chairperson Emeritus/Director, World Alliance for Breastfeeding Action (WABA)

“Great initiative! We will follow based on your experience. Thanks for doing this for all of the countries”.

Marta Trejos, Regional Coordinator, International Baby Food Action Network (IBFAN) Latin America

“This is an exciting tool to help move forward accomplishment of the goals of the GSIYCF”.

Sallie Page-Goertz, International Liaison Person to WABA, International Lactation Consultants Association (ILCA)

“This is an exciting initiative and will be an excellent addition to breastfeeding promotion, protection and support”.

Hedy Nuriel, Executive Director, La Leache League International (LLLI)

“A much needed tool to help mobilize the many sectors of society obligated to provide the support needed to obtain the goal of optimal infant health for all”.

Beth Styer, Chairperson, WABA

“It should serve to create database for raising consciousness on the areas that need interventions”.

Jose J Gorrin-Peralta, member, Board of Directors, Academy of Breastfeeding Medicine (ABM)

“This is a good initiative; I would like to share in our region”.

Pauline Kisanga, Regional Coordinator, International Baby Food Action Network (IBFAN) Africa

WBTi: All Countries Join in!

You can join in! In case you feel interested in starting a process of assessment and solutions for your country, IBFAN Asia would be delighted to assist. Kindly write to us at info@ibfanasia.org.

Visit: www.worldbreastfeedingtrends.org



International Baby Food Action Network (IBFAN), Asia
BP-33, Pitampura, Delhi 110 034 (INDIA)
Tel: +91-11-27343608, Tel/Fax: +91-11-27343606
Email: info@ibfanasia.org
Website: www.ibfanasia.org