



World Breastfeeding Trends Initiative (WBTi)

Assessment Report





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Report



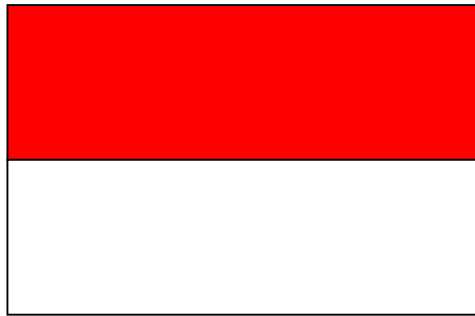
Asosiasi Ibu Menyusui Indonesia

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The World Breastfeeding Trends Initiative (WBTi)

Name of the Country: Indonesia

Year : 2015



Introduction

This is the second World Breastfeeding Trends initiatives (WBTi) done in Indonesia. The first assesment done in 2008 and Indonesia was in the yellow category with the total score of 57.5. Based on this second assesment, now we scored 84.25 but still in the yellow category which means Indonesia has no significant changes from the first to second assesment.

In completing this report we, Indonesian Breastfeeding Mothers Association coordinated with Indonesian Ministry of Health, SELASI (Indonesian Breastfeeding Center) , Perinasia (Indonesian Perinatology Association), IKMI (Indonesian Breastfeeding Counselors Association), Perklini (Indonesian Breastfeeding Consultant Association), WVI (World Vision Indonesia) and Yayasan Kakak.

About WBTi

World Breastfeeding Trends Initiative (WBTi)

Background

The World Breastfeeding Trends Initiative (WBTi) is an innovative initiative, 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 at national level. The tool is based on two global initiatives, the first is WABA's (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. The WBTi has identified 15 indicators in two parts, each indicator having specific significance.

Part-I deals with policy and programmes (indicator 1-10)	Part –II deals with infant feeding practices (indicator 11-15)
<ol style="list-style-type: none">1. National Policy, Programme and Coordination2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)3. Implementation of the International Code of Marketing of Breastmilk Substitutes4. Maternity Protection5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)6. Mother Support and Community Outreach7. Information Support8. Infant Feeding and HIV9. Infant Feeding during Emergencies10. Mechanisms of Monitoring and Evaluation System	<ol style="list-style-type: none">11. Early Initiation of Breastfeeding12. Exclusive breastfeeding13. Median duration of breastfeeding14. Bottle feeding15. Complementary feeding

Once assessment of gaps is carried out, the data on 15 indicators is fed into the questionnaire using the WBTi web based toolkit© which is specifically designed to meet this need. The toolkit objectively quantifies the data to provide a colour- coded rating in Red, Yellow, Blue or 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 used for assessment 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 be considered in identifying achievements and areas needing improvement, with guidelines for scoring, colour-rating, and ranking how well the country is doing.

Part I: A set of criteria has been developed for each target, based on Global Strategy for Infant and Young Child Feeding (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005). For each indicator, there is a subset of questions. Answers to these can lead to identify achievements and gaps in policies and programmes to implement Global Strategy for Infant and Young Child Feeding . This shows how a 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 the information about the indicators is gathered and analyzed, it is then entered into the web-based toolkit through the ' WBTi Questionnaire'. Further, the toolkit scores and colour- rate each individual indicator as per **IBFAN Asia's Guidelines for WBTi**

Background

The United Nations Children's Fund (UNICEF) stated in a recently published report that Indonesia has made significant progress in reducing the country's child mortality rate. According to the report, entitled "Committing to Child Survival: A Promise Renewed (Progress Report 2015)", Indonesia's mortality rate for children below the age of five years currently stands at 27 deaths per 1,000 births, a significant improvement from the 85 deaths per 1,000 births that was recorded in 1990.

Assessment process followed by the country

Assesment done in 4 phases:

1. We presented to the MoH about the plan to do the second assesment and we asked for consultation with them too.
2. We invited the other NGOs and organization that focus their work in IYCF and invited them to be in a meeting to do the assesment. The meeting was on: September 3rd, 2015.
3. We finalized the report and sent it to IBFAN Asia.
4. We did a “Call in Action” WBTi Report 2015 by having a press garthering in conjunction with AIMI annual event Breastfeeding Fair on December 18, 2015.

List of the partners for the assessment process

1. Indonesian Ministry of Health
2. SELASI (Indonesian Breastfeeding Center)
3. Perinasia (Indonesian Perinatology Association)
4. IKMI (Indonesian Breastfeeding Counselors Association)
5. Perklini (Indonesian Breastfeeding Consultant Association)
6. WVI (World Vision Indonesia)
7. Yayasan Kakak (Kakak Foundation)

Assessment Findings

Indicator 1: 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 a coordinator for the committee ?*

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results ✓ <i>Check any one</i>
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	1	✓
1.2) The policy recommended exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	1	✓
1.3) A national plan of action developed based on the policy	2	✓
1.4) The plan is adequately funded	2	✓
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1	-
1.6) The national breastfeeding (infant and young child feeding) committee meets, monitors and reviews on a regular basis	2	-
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5	-
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level.	0.5	-
Total Score	6/10	

Information Sources Used (please list):

- Health Law No 36 / 2009
- Government Regulation No 33 / 2012
- National Action Plan for Food and Nutrition 2011-2015
- Planing Guideline for Scaling Up Nutrition Movement 2013
- Long-term National Development Plan 2009-2015

Conclusions (Summarize which aspects of IYCF policy, program and coordination are appropriate; which need improvement and why; and any further analysis needed):

We need a national task force to do plan as the IYCF Commitee since we lack of coordination in the program and to implement it to all sectors and levels.

Gaps (*List gaps identified in the implementation of this indicator*) :

- National Breastfeeding Committee (Working Board for Promoting Breastfeeding) had been founded since 1987, however there is less activities nowadays

Recommendations (*List actions recommended to bridge the gaps*):

- Revitalization of National Breastfeeding Commitee

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding¹)

Key questions:

- What percentage of hospitals and maternity facilities that provide maternity services have been designated as “Baby Friendly” based on the global or national criteria?
- What is the quality of BFHI program implementation?

Guidelines – Quantitative Criteria

2.1) 55 out of 685 total hospitals (796 public hospitals of total 1920 hospitals - both public & private) and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly” in the last 5 years 8%.

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results
		√ Check only one which is applicable
0	0	
0.1 - 20%	1	✓
20.1 - 49%	2	
49.1 - 69%	3	
69.1-89 %	4	
89.1 - 100%	5	
Total rating	1 / 5	

¹ **The Ten Steps To Successful Breastfeeding:** The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The steps for the United States are:

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breastmilk, unless medically indicated.
7. Practice “rooming in”-- allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

Guidelines – Qualitative Criteria

Quality of BFHI programme implementation:

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results √ Check that apply
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme ²	1.0	✓
2.3) A standard monitoring ³ system is in place	0.5	
2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5	
2.5) An assessment system relies on interviews of mothers.	0.5	
2.6) Reassessment ⁴ systems have been incorporated in national plans with a time bound implementation	1.0	
2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5	✓
2.8) HIV is integrated to BFHI programme	0.5	
2.9) National criteria are fully implementing Global BFHI criteria (See Annex 2.1)	0.5	
Total Score	1.5/5	
Total Score	2.5/10	

Information Sources Used (please list):

- Health Facilities Research 2011
- Labbok M. Global Baby-Friendly Hospital Initiative Monitoring Data. Breastfeeding Medicine, vol 7 no 4; 2012:201-222
- Study by Housniati, 2014; Evaluation on Ten Steps to Successful Breastfeeding in Kemang Medical Care Hospital Jakarta.

² IYCF training programmes such as IBFAN Asia’s ‘4 in1’ IYCF counseling training programme, WHO’s Breastfeeding counseling course etc. may be used.

³ **Monitoring** is a dynamic system for data collection and review that can provide information on implementation of the *Ten Steps* to assist with on-going management of the *Initiative*. It can be organized by the hospitals themselves or at a higher level in the system. Data should be collected either on an ongoing basis or periodically, for example on a semi-annual or yearly basis, to measure both breastfeeding support provided by the hospitals and mothers’ feeding practices.

⁴ **Reassessment** can be described as a “re-evaluation” of already designated baby-friendly hospitals to determine if they continue to adhere to the *Ten Steps* and other babyfriendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for the purpose of evaluating on-going compliance with the *Global Criteria* and includes a reassessment visit by an outside team. Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.#

Conclusions

We need to push government to start implementing the BFHI program by start advocating it and create a refresh program to promote it.

Gaps (*List gaps identified in the implementation of this indicator*) :

- The Health Facilities Research 2011 had not completely adopted ten steps (step 3,9,10 were missing in the surveys)
- The Ministry of Health in Indonesia has a ‘Mother and Baby Friendly Hospital Initiative’ (1997, 2005, 2008, 2010) with modification criteria of ten steps (step 2,6,8 were missing in the assessment)
- A total of 3.292 breastfeeding counselors had been trained by MoH (2009-2012), 2081 BFCs from SELASI – Indonesian Breastfeeding Center (2004-2014), 1008 BFCs from Perinasia – Indonesian Society of Perinatology (2009-2014), ___ BFCs from AIMI – Indonesian Breastfeeding Mothers Association (2012-2014), but only few of them actually do the counseling for pregnant and nursing mothers at the total health facilities (9731 Primary Health Centers and 1920 hospitals)

Recommendations (*List action recommended to bridge the gaps*):

- Develop National BFHI Programme that completely adopt ten steps, in line with revitalization of National Breastfeeding Committee

Indicator 3: Implementation of the International Code of Marketing of Breastmilk Substitutes

Key question: *Is the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolution are in effect and implemented? Has any new action been taken to give effect to the provisions of the Code?*

<i>Guidelines for scoring</i>		
Criteria <i>(Legal Measures that are in Place in the Country)</i>	Scoring	Results
3a: Status of the International Code of Marketing		✓ <i>(Check that apply. If more than one is applicable, record the highest score.)</i>
3.1 No action taken	0	
3.2 The best approach is being considered	0.5	
3.3 National Measures awaiting approval (for not more than three years)	1	
3.4 Few Code provisions as voluntary measure	1.5	
3.5 All Code provisions as a voluntary measure	2	
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	3	
3.7 Some articles of the Code as law	4	✓
3.8 All articles of the Code as law	5	
3.9 Relevant provisions of WHA resolutions subsequent to the Code are included in the national legislation ⁵		
a) Provisions based on at least 2 of the WHA resolutions as listed below are included	5.5	
b) Provisions based on all 4 of the WHA resolutions as listed below are included	6	

⁵ Following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.

1. Donation of free or subsidized supplies of breastmilk substitutes are not allowed (WHA 47.5)
2. Labeling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
3. Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
4. Labels of covered products have warnings on the risks of intrinsic contamination and reflect the FAO/WHO recommendations for safe preparation of powder infant formula (WHA 58.32, 61.20)

3b: Implementation of the Code/National legislation		✓ <i>Check that apply</i>
3.10 The measure/law provides for a monitoring system	1	✓
3.11 The measure provides for penalties and fines to be imposed to violators	1	✓
3.12 The compliance with the measure is monitored and violations reported to concerned agencies	1	-
3.13 Violators of the law have been sanctioned during the last three years	1	-
Total Score (3a + 3b)	6/10	

Information Sources Used (please list):

- Health Law No 36 / 2009
- Government Regulation No 33 / 2012
- MoH Regulation No 15 / 2015

Conclusions:

We need to strengthen the regulations especially focused on the marketing of breastmilk substitute and not only emphasize the exclusive breastfeeding for 6 months.

Gaps: (List gaps identified in the implementation of this indicator) :

- Indonesian Law only adopted some articles of the Code and few of WHA resolution (limited to exclusive breastfeeding up to 6 months)
- The functional system to handle complaints of violation had not been establish yet
- There are some IYCF programmes underdone with donation from breastmilk substitutes companies

Recommendations: (List action recommended to bridge the gaps):

- Review of law and regulation for Breastmilk Substitutes Marketing to consider all articles of the Code and WHA resolutions
- Develop IYCF Law

Indicator 4: Maternity Protection

Key question: *Is there a 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?*

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results Check ✓ that apply
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave <ul style="list-style-type: none"> a. Any leave less than 14 weeks b. 14 to 17weeks c. 18 to 25 weeks d. 26 weeks or more 	0.5 1 1.5 2	✓
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. <ul style="list-style-type: none"> a. Unpaid break b. Paid break 	0 0.5 1	✓
4.3) Legislation obliges private sector employers of women in the country to <i>(more than one may be applicable)</i> <ul style="list-style-type: none"> a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks. 	0.5 0.5	✓
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. <i>(more than one may be applicable)</i> <ul style="list-style-type: none"> a. Space for Breastfeeding/Breastmilk expression b. Crèche 	1 0.5	✓ ✓
4.5) Women in informal/unorganized and agriculture sector are: <ul style="list-style-type: none"> a. accorded some protective measures b. accorded the same protection as women working in the formal sector 	0 0.5 1	✓

4.6) . <i>(more than one may be applicable)</i> 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	
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	
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.	0.5	✓
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	✓
Total Score:	4.5/10	

Information Sources Used (please list):

- Human Right Law No 49 / 1999 article 49
- Employment Law No 12 / 2003 article 83
- Health Law No 36 / 2009 article 128
- Government Regulation No 33 / 2012
- MoH Regulation No 15 / 2013
- Ministry of Women and Child Empowerment Regulation No 5 / 2014

Conclusions:

We found big gap that the exclusive breastfeeding has a law and it stated clearly for 6 months. But the maternity leaves only apply for 3 months. The maternity protection by increasing the maternity leaves for at least 6 months must be implemented so women can have a bigger opportunity to nurture their babies.

Gaps (List gaps identified in the implementation of this indicator) :

- Lack of monitoring and evaluation for implementation of those regulations
- The maternity protection is still under minimum requirement.

Recommendations (List action recommended to bridge the gaps):

- Define what's the meaning appropriate in the employment law.
- Strengthen and increase maternity leaves by preparing a comprehensive advocacy program in this issue.

Indicator 5: Health and Nutrition Care Systems (in support of breastfeeding & IYCF)

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?

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	Adequate	Inadequate	No Reference
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country ⁶ indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1 ✓	0
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. (See Annex 5b Example of criteria for mother-friendly care)	2 ✓	1	0
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. ⁷	2	1 ✓	0
5.4) Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country.	1	0.5	0 ✓

⁶ 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.

⁷ 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.

5.5) Infant feeding and young feeding information and skills are integrated, as appropriate, into training programmes focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women's health, NCDs etc.)	1	0.5✓	0
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. ⁸	1	0.5✓	0
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick.	1	0.5	0✓
Total Score:	5/10		

Information Sources Used (Please list):

- Standard Competencies for Health Professionals (for Doctors, Midwives, Nurses):
- Law No 36/2009
- MoH Ministerial Decree: 1144/MENKES/PER/VIII/2010

Conclusions:

Indonesia need a stronger program and implementing it soon to educate the health professionals about comprehensive lactation management and IYCF in general.

Gaps: *(List gaps identified in the implementation of this indicator) :*

- No policies provide adequate pre-service and in-service programmes providing knowledge, skills and implementations related to standarized IYCF

Recommendations: *(List action recommended to bridge the gaps):*

- Review the Standard Competencies for Health Professionals and Supporting Team (including the Babysitters)

⁸ 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.

Indicator 6: Mother Support and Community Outreach - Community-based support for the pregnant and breastfeeding mother

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

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	✓ Check that apply		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based ante-natal and post -natal support systems with counseling services on infant and young child feeding.	2	1 ✓	0
6.2) All women receive support for infant and young child feeding at birth for breastfeeding initiation.	2	1 ✓	0
6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage.	2	1 ✓	0
6.4) Community-based counseling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/Nutrition Policy.	2	1 ✓	0
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	1 ✓	0
Total Score:	5/10		

Information Sources Used (please list):

Based on Ministry of Health report who conducted 40 hours breastfeeding counseling trainings in all over Indonesia (2014 - <http://www.depkes.go.id/resources/download/pusdatin/infodatin/infodatin-asi.pdf>)

Conclusions:

We need to have a clear and detail monitoring and evaluation in this aspect since a lack of data that we have so far.

Gaps (*List gaps identified in the implementation of this indicator*) :

1. *Mother support like AIMI mostly available in the big cities througout Indonesia (15 provinces) so it can't reach all the families that need support in good IYCF practice.*

Recommendations (*List action recommended to bridge the gaps*):

1. *Having a national monitoring and evaluation program on mother support and community outreach.*

Indicator 7: 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?

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	√ <i>Check that apply</i>		
	Yes	To some degree	No
7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts or interest are avoided.	2	0	0 ✓
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1	.5 ✓	0
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding	1	.5 ✓	0
7.3) IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding	2	1 ✓	0
7.4. IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence	2	1 ✓	0
7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF). ⁹	2	0	0 ✓

⁹ to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;

Total Score:	3/10
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Information Sources Used (please list):

1. *Information from MoH and some of the International and Local NGOs:*
<http://gizi.depkes.go.id/>

Conclusions:

We need a comprehensive strategy which closely monitored and evaluated so we can see the result and the implementation.

Gaps (*List gaps identified in the implementation of this indicator*) :

- Some of trained BF counselors were nutritionist whom had no direct access to pregnant/giving birth/nursing mothers
- Some of IYCF programmes/events are industrial influence

Recommendations (*List action recommended to bridge the gaps*):

1. *Comprehensive IYCF strategy that is free from Conflict of Interest from the private sectors that produces baby and children food or instant junk food especially.*

Indicator 8: Infant Feeding and HIV

Key question: Are policies and programmes in place to ensure that HIV - positive mothers are supported to carry out the national recommended Infant feeding practice?

<i>Guidelines for scoring</i>			
Criteria	Results		
	✓ <i>Check that apply</i>		
	Yes	To some degree	No
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV	2	1 ✓	0
8.2) The infantfeeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0 ✓
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 counselling and support.	1	0.5 ✓	0
8.4) HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ 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	0.5 ✓	0
8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.	1	0.5 ✓	0
8.6) Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible.	1	0.5	0 ✓
8.7) HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are	1	0.5 ✓	0

followed up and supported to ensure their adherence to ARVs uptake.			
8.8) 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	0.5	0 ✓
8.9) 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	0.5	0 ✓
Total Score:	3/10		

Information Sources Used (please list):

- MoH Regulation No 51 / 2013

Conclusions (*Summarize which aspects of HIV and infant feeding programming are appropriate, and which aspects need improvement and why. Identify areas needing further analysis*):

There are still a lot of aspects need to be done in this field. Comprehensive program needs to be implemented which involved the government and health professionals.

Gaps (*List gaps identified in the implementation of this indicator*):

1. Feeding recommendations for babies from HIV mothers in MoHR No 51 / 2013 were on the contrary to MoHR No 5 / 2014

Recommendations (*List action recommended to bridge the gaps*):

1. *Have a stronger government recommendations on breastfeeding and HIV.*
2. *Have a lot of trainings for health professionals on this issue.*

Indicator 9: Infant and Young Child Feeding during Emergencies

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

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	√	Check that apply	
	Yes	To some degree	No
9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance	2 ✓	1	0
9.2) Person(s) tasked with responsibility for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2 ✓	1	0
9.3) An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers: a) basic and technical interventions to create an enabling environment for breastfeeding, including counseling by appropriately trained counselors, support for relactation and wet-nursing, and protected spaces for breastfeeding b) measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and procurement management and use of any infant formula and BMS, in accordance with strict criteria, the IFE Operational Guidance, and the International Code and subsequent relevant WHA resolutions	1 ✓	0.5	0
	1 ✓	0.5	0

9.4) Resources have been allocated for implementation of the emergency preparedness and response plan	2 ✓	1	0
9.5) a) Appropriate orientation and training 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.	1	0.5 ✓	0
b) Orientation and training is taking place as per the national emergency preparedness and response plan	1 ✓	0.5	0
Total Score:	9.5/10		

Information Sources Used (please list):

1. *Buku Pedoman Gizi dalam Penanggulangan Bencana – 2012 (a recommendation book on nutrition in emergency situation by the MoH - <http://www.scribd.com/doc/149302384/Buku-Pedoman-Kegiatan-Gizi-Dalam-Penanggulangan-Bencana#scribd>)*

Conclusions (*Summarize which aspects of emergency preparedness and response are appropriate and which need improvement and why. Identify areas needing further analysis*):

Some trainings had been done and we need to monitor and evaluate the implementation.

Gaps (*List gaps identified in the implementation of this indicator*):

1. There are still some baby and children food manufacturers that donate their products which we need to have a strict regulation in this.

Recommendations (*List actions recommended to bridge the gaps*):

1. *A regulation to control the donors*
2. *An independent body to do the monitor and evaluation of the program*

Indicator 10: Mechanisms of Monitoring and Evaluation System

Key question: Are monitoring and evaluation systems in place that routinely collect, analyse and use data to improve infant and young child feeding practices?

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	✓ Check that apply		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2✓	1	0
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions	2	1✓	0
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2✓	1	0
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2	1✓	0
10.5) Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2	1✓	0
Total Score:	7/10		

Information Sources Used (please list):

Indonesian Demographic Health Survey 2012
National Health Survey 2012

Conclusions (Summarize which aspects of monitoring and evaluation are appropriate and which need improvement and why. Identify areas needing further analysis):

We need to have a comprehensive monitoring and evaluation report on IYCF so we can see clearly the gaps and what program needs to be implemented.

Gaps (*List gaps identified in the implementation of this indicator*) :

Not many social organizations like NGOs are involved in this matter.

Recommendations (*List actions recommended to bridge the gaps*):

1. *Participation from the social organizations in preparing the monitoring and evaluation program.*

Indicator 11: Early Initiation of Breastfeeding

Key question: What is the percentage of babies breastfed within one hour of birth? **34.3%**

Guideline:

Indicator 11	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Initiation of Breastfeeding (within 1 hour)	0.1-29%	3	Red
	29.1-49%	6 ✓	Yellow
	49.1-89%	9	Blue
	89.1-100%	10	Green

Data Source (including year):

Basic Health Research 2013

Summary Comments :

Based on Indonesia 2013 Basic Health Research, the percentage of babies breastfed within one hour of birth is 34.3%. It needs to be improved as the score fall in yellow rating. The Initiation of Breastfeeding practice need to applied in every health facilities by health providers.

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: What is the percentage of babies 0<6 months of age exclusively breastfed¹⁰ in the last 24 hours? **30.2%**

Guideline:

Indicator 12	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Exclusive Breastfeeding (for first 6 months)	0.1-11%	3	Red
	11.1-49%	6 ✓	Yellow
	49.1-89%	9	Blue
	89.1-100%	10	Green

Data Source (including year):

Indonesian Demographic Health Survey 2012: 42%

National Health Survey 2012: 38%

Basic Health Survey 2013: 30,2%*

Summary Comments :

For this indicator, Indonesia also be rated yellow with score 6. The exact percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours is 30.2%, based on Basic Health Survey of 2013. It is actually the least number compared to 2012 Indonesia Demography Health Survey 42%, and 2012 National Social Economic Survey 38%

¹⁰ Exclusive breastfeeding means the infant has received only breastmilk (from his/her mother or a wet nurse, or expressed breastmilk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (2)

Indicator 13: Median Duration of Breastfeeding

Key question: Babies are breastfed for a median duration of how many months? **21.49%**

Guideline:

Indicator 13	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Median Duration of Breastfeeding	0.1-18 Months	3	Red
	18.1-20 "	6	Yellow
	20.1-22 "	9 ✓	Blue
	22.1- 24 or beyond "	10	Green

Data Source (including year):

IDHS 2012

Summary Comments :

The median duration of breastfeeding in Indonesia is 21.49%, which is between 20.1 to 22 months. This length is consider good since Indonesian mothers tradition is giving breastmilk from birth and keep continuing although the babies have also been given solid/food/complementary/formula since young age (below 6 months)

Indicator 14: Bottle feeding

Key question: What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles? **32%**

Guideline:

Indicator 14	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Bottle Feeding (0-12 months)	29.1-100%	3 ✓	Red
	4.1-29%	6	Yellow
	2.1-4%	9	Blue
	0.1-2%	10	Green

Data Source (including year):

IDHS 2012:

Summary Comments :

The use of bottlefeeding is high, 32% and therefore categorized as red. The contributing matters are high breastmilk substitutes marketing and promotions, conflict of interest activities with health providers and health events, and also low socialization on bottle feeding risks

Indicator 15: Complementary feeding --- Introduction of solid, semi-solid or soft foods

Key question: *Percentage of breastfed babies receiving complementary foods at 6-9 months of age?*
91%

Guideline

Indicator 15	WHO's	IBFAN Asia Guideline for WBTi	
Complementary Feeding (6-9 months)	<i>Key to rating</i>	<i>Scores</i>	<i>Colour-rating</i>
	0.1-59%	3	Red
	59.1-79%	6	Yellow
	79.1-94%	9 ✓	Blue
	94.1-100%	10	Green

Data Source (including year):

IDHS 2012

Summary Comments :

The percentage of breastfed babies receiving complementary foods 6-9 months is 91%. This considers high, as many parents already introducing giving complementary in this age of life.

Summary Part I: IYCF Policies and Programmes

Targets	Score (out of 10)
IYCF Policies and Programmes	
1) National Policy, Programme and Coordination	6
2) Baby Friendly Hospital Initiative	2.5
3) Implementation of the International Code	6
4) Maternity Protection	4.5
5) Health and Nutrition Care Systems	5
6) Mother Support and Community Outreach	5
7) Information Support	3
8) Infant Feeding and HIV	3
9) Infant Feeding during Emergencies	9.5
10) Monitoring and Evaluation	7
Total Score	51.5

IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated out of 100.

Total: **51.5**

<i>Scores</i>	<i>Colour- rating</i>
0 – 30,9	Red
31 – 60,9 ✓	Yellow
61 – 90,9	Blue
91 – 100	Green

Conclusions (*Summarize the achievements on the various programme components, what areas still need further work*)¹¹ :

Indonesia still in the yellow scores and a small improvement has been reach from the previous assesment back in 2008. The main reason is we still don't have the comprehensive IYCF program that runs by a national comittee which closely monitored and evaluated.

¹¹ In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

Summary Part II: Infant and young child feeding (IYCF) practices

IYCF Practices	Result	Scoring
Starting Breastfeeding (Initiation)	34.5%	6
Exclusive Breastfeeding for first 6 months	30.2%	6
Median duration of Breastfeeding	21.5 mos	9
Bottle-feeding	31.6%	3
Complementary Feeding	91%	9
Total Score		33

IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding Practice (indicators 11-15) are calculated out of 50.

Scores	Colour- rating
0 – 15	Red
16 – 30	Yellow
31 – 45 ✓	Blue
46 – 50	Green

Conclusions (*Summarize which infant and young child feeding practices are good and which need improvement and why, any further analysis needed*)¹² :

Part II has blue grading, which is from indicator 11 to 15 Indonesia has average to good scores. Need to be improved in the use of bottle feeding.

¹² In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

Total of Part I and Part II (indicator 1-15): IYCF Practices and Policies and Programmes

Total score of infant and young child feeding **practices, policies and programmes (indicators 1-15)** are calculated out of 150. Countries are then rated as:

$$51.25 + 33 = 84.25$$

Scores	Colour- rating
0 – 45.5	Red
46 – 90.5 ✓	Yellow
91 – 135.5	Blue
136 – 150	Green

Key Gaps

Together part I and II, Indonesia still in the yellow scores, which is actually showing improvement compared to 2008 assesment. The challenge is having a comprehensive IYCF that runs by a national comittee which closely monitored and evaluated.

Key Recommendations

Indonesia needs to have national committee of IYCF therefore can do monitoring and evaluation to all implementation and regulations