

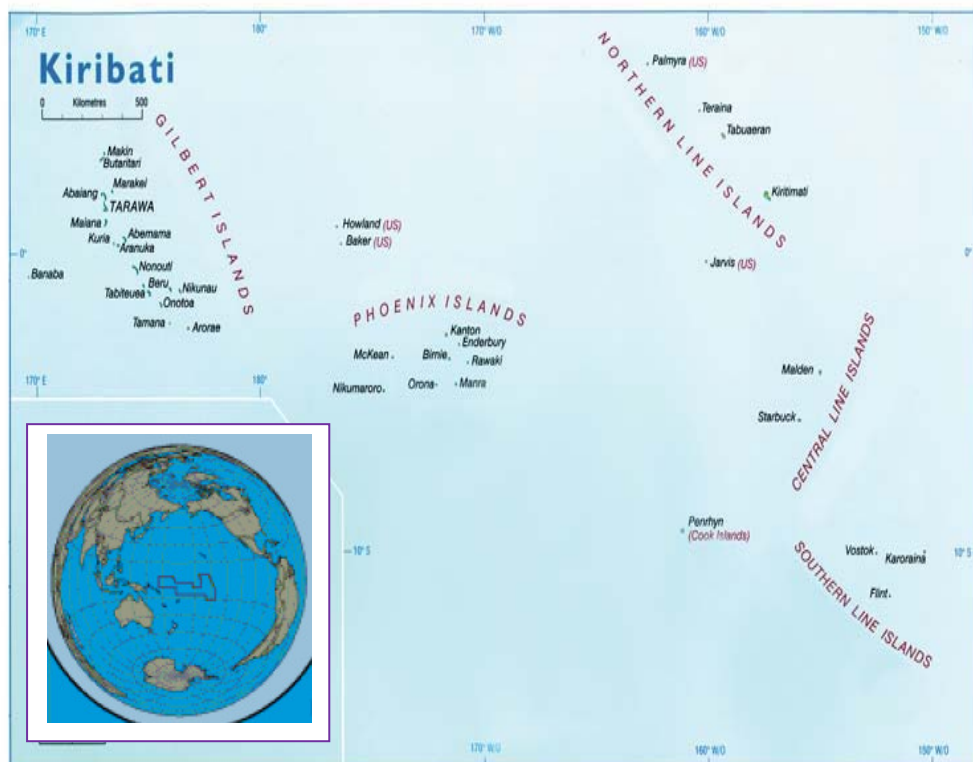
# The World Breastfeeding Trends Initiative (WBTi)

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**Name of the Country: Kiribati**

**Year : December 2011**

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## Introduction

This document is the report of an assessment on the implementation of the Global Strategy for Infant and Young Child Feeding (GSIYCF) reflecting current policies, programmes and practices that support optimal infant and young child feeding (IYCF) in **Kiribati**.

The assessment process began with an orientation workshop in Suva, Fiji 6-7 June 2011 using the World Breastfeeding Trends Initiative toolkit (WBTi). WBTi is an innovation developed by International Baby Food Action Network, Asia (IBFAN Asia). The reporting was co-ordinated by IBFAN Oceania, supported by funding from the *Norwegian Agency for Development Cooperation* (NORAD) and made possible due to the willingness and helpfulness of the Kiribati Ministry of Health Nutrition Centre and the Kiribati Nursing School.

As is the goal of WBTi through participatory simple research, Kiribati will be able to scrutinise the findings and recommendations in this report to stimulate national plans of action and bridge any gaps if necessary.

There is no doubt that improving breastfeeding rates is a cost effective and relatively simple intervention towards achieving the Millennium Development Goals as well as contributing to a reduction in non-communicable diseases (NCDs) thereby reducing financial burden and loss of life. Kiribati is positioned to compare its progress with other countries using the WBTi process. Reassessment in 3-5 years time will also help ensure progress continues to be made on all elements of the GSIYCF.

## Background

The Republic of Kiribati consists of 32 low-lying atolls and one volcanic island in three main groups of islands located in the central tropical Pacific Ocean. These are the Gilbert Islands (where the majority of people reside) Phoenix Islands (the largest protected marine reserve in the world, uninhabited except for Kanton Atoll that houses a small caretaker population) and Line Islands. Of the total 33 islands, 21 are inhabited. Being coral atolls and reef islands the soil is generally very poor and infertile making agriculture difficult.

The geographical spread of the islands poses a challenge for the delivery of services. For example, the country's ocean area is about 3.5 million square kilometres. Residents in the northern Line Islands are more than 3,000 kilometres away from the capital Tarawa yet the total land area of Kiribati is only 811 km<sup>2</sup>. This small land area, no high-ground and a very fragile eco-system makes the country extremely vulnerable to the impacts of climate change, especially to rising sea-levels and droughts. Kiribati is also at high risk of tropical cyclones from November to April.

There are four hospitals in Kiribati, the main one being Tungaru Central Hospital (TCH) in South Tarawa. There are also 78 Health Centres, manned by a Medical Assistant, that provide primary health care services including maternity and well child care checks. A number of dispensaries also provide primary care depending on population. Services are modest and some in outer islands lack the technology and equipment to effectively administer essential obstetric care.

Traditional healers are popular in Kiribati however, there is a lack of coordination between the traditional health care system and the Ministry of Health.

Kiribati is on the list of least developed countries in the Western Pacific region. Its population is 103,466 (Census 2010) of which 35.5% is under the age of 15 years and only 3.5% over 64 years. The birth rate is 22.73 births per 1000, infant mortality rate 38.5/1000 live births<sup>1</sup> and child mortality under five years of age is 48.6<sup>2</sup>.

Kiribati has ratified the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women but has yet to incorporate these into Kiribati legislation.

“Breastfeeding is still common in Kiribati however, on South Tarawa it is declining. Possible reasons include insufficient follow-up by midwives, more accessibility to bottles and breastmilk substitutes,

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<sup>1</sup> World Bank 2010

<sup>2</sup> World Bank 2010

and, along with higher cash incomes, some people believe that bottle-feeding is the western norm and therefore better”<sup>3</sup>.

### **Assessment process followed by the country**

- In June 2011 IBFAN Oceania and IBFAN Asia co-funded and led a WBTi orientation training workshop in Suva. Participants included two representatives from Kiribati and representatives from Fiji, Vanuatu and Solomon Islands.
- A tentative action plan to advance WBTi was voiced and recorded at the workshop
- Over the months following the workshop Ministry of Health Nutrition Centre held informal meetings and introduced the WBTi toolkit.
- The IBFAN Oceania representative offered to support the Nutrition Centre to build on this progress and subsequently visited Kiribati in person on 23 November 2011.
- IBFAN Oceania documented the findings and sent a draft report back to Kiribati stakeholders for approval.
- On approval by Kiribati stakeholders IBFAN Oceania passed the report to IBFAN Asia for completion and uploading to the WBTi website.

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

- Dr Teatao Tiira, Director of Public Health  
Ministry of Health, PO Box 69, Bairiki, Tarawa Tel: +686 28100 Fax: 28152
- Ministry of Health, Nutrition Centre – Mrs Eretii Timeon, Nutritionist
- Ministry of Health, Nutrition Centre - Ms Ntaene Tanua, Assistant Nutritionist
- Kiribati Nursing School – Ms Tooreka Tokiara, Nursing lecturer
- IBFAN Oceania – Marcia Annandale, Trustee / Lactation Consultant

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<sup>3</sup> Kiribati Islands. A Situation Analysis of Children, Women and Youth. UNICEF Pacific Office, Fiji. 2005 p33.

## 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 Coordinator?

Criteria of Indicator 6	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	2	✓
1.2) 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	✓
1.3) A National Plan of Action has been developed with the policy	2	✓
1.4) The plan is adequately funded	1	
1.5) There is a National Breastfeeding Committee	1	✓
1.6) The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	
1.7) The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5	✓
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	✓
<b>Total Score</b>	<b>8 / 10</b>	

### Information and Sources Used:

Ministry of Health, Nutrition Centre – personal communication

- Ministry of Health and Medical Services Strategic Plan 2008-2011. Republic of Kiribati: 2009.

The first two strategic objectives are to:

*1.1 Improve child survival rate*

*1.2 Improve maternal health through accessibility, attainable skilled care services during pregnancy, childbirth, post partum periods and non related pregnancy health issues in women*

- CHiPS - Western Pacific Country Health Information Profiles: 2011 Revision  
[www.wpro.who.int/internet/files/hin/chips2011.pdf](http://www.wpro.who.int/internet/files/hin/chips2011.pdf)
- Kiribati Islands. A Situation Analysis of Children, Women and Youth. UNICEF Pacific Office, Fiji. 2005.  
[www.unicef.org/pacificislands/Kiribati\\_Sitan.pdf](http://www.unicef.org/pacificislands/Kiribati_Sitan.pdf)
- Breastfeeding Policy

### **Gaps:**

- Inadequate funding sources
- No Terms of Reference for the Breastfeeding Committee
- Reshuffling / turn-over of staff within Ministry of Health (OB staff)
- Young child feeding (complementary feeding) is not included in the Breastfeeding Policy

### **Recommendations:**

- IYCF / Breastfeeding policy should be included in recurrent budget
- Restructuring of Breastfeeding Committee and review its Terms of Reference (TOR)
- All nurses should be well trained (20 hour course)
- Review the Breastfeeding Policy to include young child feeding (complementary feeding)

### **Notes:**

- The Breastfeeding Committee is made up of all public health nurses (about 30)
- Activity on breastfeeding is high around World Breastfeeding Week otherwise quiet
- The Breastfeeding Committee operates within usual work hours and it is normally chaired by a paediatric doctor
- Integrated Management of Childhood Illness (IMCI) has been delivered locally in Kiribati since 2005
- National Policy, Programme and Coordination also comes under the role of the Safe Motherhood Coordinator

## Indicator 2: *Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)*

### Key Question:

2A) What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?

2B) What is the skilled training inputs and sustainability of BFHI?

2C) What is the quality of BFHI program implementation?

### 2A) Quantitative

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

- **1.2 %** Tarawa Central Hospital      **(1 of 82 maternity services)**

### 2B) Qualitative

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

- **18 hour course**
- **20 hour course**
- **Infant and Young Child Feeding Counselling: An Integrated Course, 2006.**  
**WHO/UNICEF**

BFHI designated hospitals that have been certified after a minimum recommended training of 18 hours for all its staff working in maternity services is **1.2 %**

## Qualitative

### 2C) What is the quality of BFHI program implementation?

Criteria	Score	Results ✓ Check that apply
2.3) BFHI programme relies on training of health workers	.5	✓
2.4) A standard monitoring system is in place	.5	
2.5) An assessment system relies on interviews of mothers	.5	✓
2.6) Reassessment systems have been incorporated in national plans	.5	✓
2.7) There is a time-bound program to increase the number of BFHI institutions in the country	.5	
<b>Total Score</b>	<b>1.5</b>	
<b>Total Score 2A, 2B and 2C</b>	<b>3.5 / 10</b>	

#### Information and Sources Used:

- BFHI Programme UNICEF
- Nutrition Centre, Ministry of Health

#### Gaps:

- Miscommunication among support groups
- Lack of an effective link to fulfil Step 10
- Lack of funds for support members (eg transport)
- No monitoring system in place

#### Recommendations:

- Increase partnership with the community to volunteer with breastfeeding
- Provision of funds either recurrent or request to donors (UNICEF & WHO, etc)
- Establishment of a monitoring process (BFHI cycle)

#### Notes:

- IYCF Counselling: An Integrated Course (5-day training) was introduced in 2007 and is funded by WHO & UNICEF
- Ministry of Health Nutrition Department used to conduct breastfeeding training for nurses but nurses now do their own training



**Indicator 3: 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 ✓ Check those that apply. If more than one is applicable, record the highest score.
3.1) No action taken	0	
3.2) The best approach is being studied	1	
3.3) National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable	2	
3.4) National measures (to take into account measures other than law), awaiting final approval	3	✓
3.5) Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions	4	
3.6) Some articles of the Code as a voluntary measure	5	✓
3.7) Code as a voluntary measure	6	
3.8) Some articles of the Code as law	7	
3.9) All articles of the Code as law	8	
3.10) All articles of the Code as law, monitored and enforced	10	
<b>Total Score:</b>	<b>5 / 10</b>	

**Information and Sources Used:**

- Ministry of Health and Medical Services Strategic Plan 2008-2011. Republic of Kiribati: 2009 \*
- Food Safety Act 2011 (in draft and not yet passed through parliament)
- Attorney General Office
- Ministry of Commerce Industry and Cooperatives (MCIC)

**Gaps:**

- Limited action and advancement on the Code and its resolutions

**Recommendations:**

- Work with relevant parties to advance the implementation of the Code and Resolutions
- Palau and Fiji are examples of Pacific countries that have fully regulated the Code

**Notes:**

- There has been work on the Code with the Attorney General's Office since 2007
- "Some Code provisions are included in the Breastfeeding policy. Efforts are currently being undertaken to make the Code part of national legislation" \*
- Funding for the Code is limited and reliant on UNICEF who has postponed action until 2012
- UNICEF in a Technical Advisory role has an initial plan to conduct an advocacy and awareness programme
- Nestle and Heinz are the main brands available in Kiribati
- Availability of infant formula can be low due to low stock levels. It can take a long time from ordering for stocks to arrive by sea. This can lead to mothers substituting with condensed milk. It is very cheap compared to formula or they may use Sunshine full milk powder which costs AU\$6.25. Formula costs about AU\$20.00 a tin and is not sustainable.

**Indicator 4: 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
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave		
a. Any leave less than 14 weeks	0.5	✓
b. 14 to 17weeks	1	
c. 18 to 25 weeks	1.5	
d. 26 weeks or more	2	
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.		
a. Unpaid break	0.5	
b. Paid break	1	✓
4.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	
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.	1	
4.5) Women in informal/unorganized and agriculture sector are:		
a. accorded some protective measures	0.5	
b. accorded the same protection as women working in the formal sector	1	✓
4.6)		
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	✓
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 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	
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5	✓
4.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5	
4.12) 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 / 10</b>	

#### Information and Sources Used:

- Kiribati National Conditions of Service: 2011 Edition. By the Public Service Office
- Employment Ordinance (as amended 2000 and 2008)
- ILO Decent Work Country Programme 22 January 2010  
<http://www.ilo.org/public/english/bureau/program/dwcp/download/kiribati.pdf>
- Department of Labour
- ILO Database of Conditions of Work and Employment Laws  
<http://www.ilo.org/dyn/travail>

#### Gaps:

- Maternity leave of 12 weeks is insufficient to facilitate the recommended 6 months of exclusive breastfeeding.
- Paid maternity leave of 12 weeks is available for the first two children only
- There is no general obligation for the employer to protect pregnant or breastfeeding workers against dangerous or unhealthy work.

#### Recommendations:

- Ratify ILO MPC No 183
- Enact provisions equal to or stronger than ILO MPC No 183
- Extend maternity leave to  $\geq 100$  days to facilitate exclusive breastfeeding
- Extend the benefits of maternity protection to mothers for all her children

**Notes:**

- Kiribati only became a Member of the ILO on 3 February 2000.
- Kiribati National Conditions of Service 2011 (reviewed 2 yearly). It includes maternity leave and has just included paternity leave of 5 working days.
- The need for mothers to return to paid employment causes an emphasis on complementary feeding over exclusive breastfeeding

**Indicator 5: 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
5.1) A review of health provider schools and pre-service education programmes in the country <sup>4</sup> 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.	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. <sup>5</sup>	2 ✓	1	0
5.4) Health workers are trained with responsibility towards Code implementation as a key input.	1	0.5	0 ✓
5.5) 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
5.6) These in-service training programmes are being provided throughout the country. <sup>6</sup>	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 ✓
<b>Total Score:</b>	<b>7 / 10</b>		

<sup>4</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>5</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>6</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:

- Kiribati Nursing School
  - WHO/UNICEF Integrated Management of Childhood Illness (IMCI) documents
  - Ministry of Health and Medical Services Strategic Plan 2008-2011. Republic of Kiribati: 2009
- [www.wpro.who.int/NR/rdonlyres/.../12KIRpro2011\\_finaldraft.pdf](http://www.wpro.who.int/NR/rdonlyres/.../12KIRpro2011_finaldraft.pdf)

### Gaps

- Criteria 5.2, standard and guidelines for mother friendly childbirth procedures and support have been developed but not disseminated to all facilities and personnel providing maternity care except the Obstetric ward in which we (the school) tried to quote and update information with it, as it is part of our curriculum in normal child birth for second year students.
- Criteria 5.4, no awareness about the Code implementation.
- Criteria 5.7, no policy existed. Experience showed that all breastfeeding mothers were advised to take their leave or day off when one of their children was sick.

### Recommendations

- Encourage nurses in the obstetric ward to make use of students to work with those who conduct the breastfeeding health talk (just in the morning) as some women need to hear from different people especially the young ones.
- All information concerning breastfeeding should be disseminated to all maternity care providers including the Kiribati School of Nursing
- Include the Kiribati School of Nursing in all updating workshops and trainings in order to recruit quality and productive nurses for the future.
- Support a process for regular review (every 5-7 years) of curricula in the Kiribati School of Nursing

### Notes:

- Breastfeeding was included in the school curriculum and it plays major roles in most topics, especially during antenatal and postnatal sessions dealing with pregnancy and childbirth, not only these but also in Breastfeeding topic.

**Indicator 6: 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		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	2	1 <input checked="" type="checkbox"/>	0
6.2) All women have access to support for infant and young child feeding after birth.	2	1 <input checked="" type="checkbox"/>	0
6.3) Infant and young child feeding support services have national coverage.	2	1 <input checked="" type="checkbox"/>	0
6.4) 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	1 <input checked="" type="checkbox"/>	0
6.5) 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 <input checked="" type="checkbox"/>	0
<b>Total Score:</b>	<b>5 / 10</b>		

**Information and Sources Used:**

- Nutrition Centre, Ministry of Health
- Health promotion
- Antenatal clinic in hospital

**Gaps:**

- Lack of motivation among health staff toward breastfeeding
- Lack of training for new staff and support group members
- Complementary feeding is not included in MS1 (Health Information Form)
- Child Health Card

**Recommendations:**

- Frequent monitoring of health staff and support group members
- Training of new staff and support group members
- Inclusion of complementary feeding in MS1



**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?

<b>Criteria</b>	<b>Results</b>		
	<input checked="" type="checkbox"/> <b>Check that apply</b>		
	Yes	To some degree	No
7.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.	2	1	0
	<input checked="" type="checkbox"/>		
7.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2	1	0
	<input checked="" type="checkbox"/>		
7.3) 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
		<input checked="" type="checkbox"/>	
7.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2	1	0
	<input checked="" type="checkbox"/>		
7.5) A national IEC campaign or programme <sup>7</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
	<input checked="" type="checkbox"/>		
<b>Total Score:</b>	<b>9 / 10</b>		

<sup>7</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).

**Information and Sources Used:**

- Nutrition Centre, Ministry of Health
- Public health promotion / posters, Ministry of Health
- Radio public health messages

**Gaps:**

- Insufficient funds for IEC materials and programs
- Shortage of health staff for counselling

**Recommendations:**

- Request for funds from external donors / inclusion in recurrent budget
- Recruit more health staff / mobilise support group members

**Indicator 8: 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
8.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2 ✓	1	0
8.2) The infant feeding 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) 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 locally appropriate is provided to HIV positive mothers.	1	0.5 ✓	0
8.6) 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	0.5 ✓	0
8.7) 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	0.5 ✓	0
8.8) 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 ✓	0.5	0
8.9) 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	0
<b>Total Score:</b>	<b>8 / 10</b>		

### Information and Sources Used:

- Ministry of Health and Medical Services Strategic Plan 2008-2011. Republic of Kiribati: 2009 [www.wpro.who.int/NR/rdonlyres/.../12KIRpro2011\\_finaldraft.pdf](http://www.wpro.who.int/NR/rdonlyres/.../12KIRpro2011_finaldraft.pdf)
- Nutrition Centre, Ministry of Health
- Prevention of Parent to Child Transmission
- HIV / AIDS Taskforce (includes community)
- Ministry of Health HIV AIDS committee
- McMillan K., and H. Worth (2010) Risky Business Kiribati: HIV prevention amongst women who board foreign fishing vessels to sell sex. International HIV Research Group, UNSW, Sydney.
- Western Pacific Country Health Information Profiles: 2011 Revision World Health Organisation. ISBN978-92-9061-540-8  
[www.wpro.who.int/internet/files/hin/chips2011.pdf](http://www.wpro.who.int/internet/files/hin/chips2011.pdf)

### Gaps:

- The general population needs information that 6 months of exclusive breastfeeding and continued breastfeeding is still the healthiest feeding option for HIV+ women
- Provide technical support for Ministries, NGOs and the health care service on issues related to HIV and Infant Feeding

### Recommendations:

- Emphasise the importance of exclusive breastfeeding in addition to the 'no mixed feeding' message
- Monitor achievement of the HIV national plan in relation to infant and young child feeding

### Notes:

- HIV was first confirmed in Kiribati in 1991. At the end of 2010, Kiribati had a cumulative total of 54 HIV/AIDS cases, of whom 24 were known to have died (follow-up is a problem)
- VCCT has just been introduced and is a work in progress
- Doctors reinforce no mixed feeding for HIV+ women

**Indicator 9: 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		
	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	2	1	0
			✓
9.2) 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
			✓
9.3) 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
9.4) Resources identified for implementation of the plan during emergencies	2	1	0
9.5) 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
<b>Total Score:</b>	<b>0/10</b>		

### **Information and Sources Used:**

- Kiribati National Disaster Risk Management Plan September 2010

### **Gaps:**

- A person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations
- A comprehensive policy on infant and young child feeding in emergencies that includes minimising the risk of artificial feeding when this is necessary
- A person(s) who has expertise to ensure optimal breastfeeding and appropriate complementary feeding are practised during emergencies

### **Recommendations:**

- Develop a comprehensive plan on infant and young child feeding in emergencies
- Develop or utilise the resources on infant and young child feeding in emergencies available at the Emergency Nutrition Network <http://www.enonline.net>
- Ensure infant and young child feeding in emergencies is included in all pre-service and in-service training

### **Notes:**

- The Organizing Committee of the “International Conference on Natural Disasters and their Human Consequences in Small Island Developing States” in collaboration with the Council of Regional Organisation in the Pacific (CROP) partners will hold a conference in Disaster Reduction and Management (DRM) in July/August 2012

**Indicator 10: Monitoring and Evaluation**

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

Criteria	Results		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1 <input checked="" type="checkbox"/>	0
10.2) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.	2	1 <input checked="" type="checkbox"/>	0
10.3) Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	2	1 <input checked="" type="checkbox"/>	0
10.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers	2	1 <input checked="" type="checkbox"/>	0
10.5) 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 <input checked="" type="checkbox"/>
<b>Total Score:</b>	<b>4 / 10</b>		

**Information and Sources Used:**

- Nutrition Centre, Ministry of Health
- Health Information Department

**Gaps:**

- The Health Information Statistics record only exclusive breastfeeding

**Recommendations:**

- Gain monthly reports from health centres

## Indicator 11: Early Initiation of Breastfeeding

*Key question: Percentage of babies breastfed within one hour of birth = 80 %*

### Source of data:

- Kiribati National Statistics Office (KNSO) and SPC. 2009. *Kiribati Demographic and Health Survey*. Secretariat of the Pacific Community (SPC), Noumea. <http://www.spc.int/prism/country/KI/stats>

### Summary Comments

- IYCF related information is contained in Chapters 11-13 of the Kiribati Demographic and Health Survey 2009 - accessed at: [http://www.spc.int/sdp/index.php?option=com\\_docman&task=cat\\_view&gid=67&Itemid=42&lang=en](http://www.spc.int/sdp/index.php?option=com_docman&task=cat_view&gid=67&Itemid=42&lang=en) pages 179-190.
- The Demographic and Health Survey is based on information from 100 babies

## Indicator 12: Exclusive breastfeeding for the first six months

*Key question: Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours? = 54.8 % (4-5 months of age)*

### Source of data:

- Kiribati National Statistics Office (KNSO) and SPC. 2009. *Kiribati Demographic and Health Survey*. Secretariat of the Pacific Community (SPC), Noumea. <http://www.spc.int/prism/country/KI/stats>

### Summary Comments:

- Reduce the practice of prelacteal feeding through education and training.
- Ensure future surveys accurately define exclusive breastfeeding (i.e. no prelacteal feeds, no water, no fluids other than breastmilk or through breastfeeding to the age of 6 months completed).
- Aim for higher case numbers in future surveys to better reflect Kiribati infant feeding practices.



- Liquids other than formula milk are introduced earlier to babies, which could contribute to the high prevalence of underweight (DHS 2009)

**Notes:**

- While both health professionals (HP) and traditional birth attendants (TBA) promote exclusive breastfeeding, women in the care of TBAs were more likely (64%) than HPs (43%) to give prelacteal feeds within the first three days of birth.
- At 4-5 months of age exclusive breastfeeding in the last 24 hours is 54.8 %
- At 6-8 months of age exclusive breastfeeding in the last 24 hours is 23.0 %

**Indicator 13: Median duration of breastfeeding**

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

- **4.8 months = exclusive breastfeeding**
- **5.7 months = predominant breastfeeding**
- **23.8 months = any breastfeeding**

**Source of data:**

- Kiribati National Statistics Office (KNSO) and SPC. 2009. *Kiribati Demographic and Health Survey*. Secretariat of the Pacific Community (SPC), Noumea.  
<http://www.spc.int/prism/country/KI/stats>

**Summary Comments**

- While the mean duration of any breastfeeding is 23.8 months the DHS indicates infant formula from 6-8 months and other milks are also commonly given to breastfed children. This practice unnecessarily increases health risk and cost.
- About two-thirds of Kiribati children under the age of three do not consume a diet to optimise good health.

#### **Indicator 14: Bottle feeding**

Key question: What percentage of breastfed babies less than 6 months old receives other foods or drinks from bottles? **17%**

##### **Source of data:**

- Kiribati National Statistics Office (KNSO) and SPC. 2009. *Kiribati Demographic and Health Survey*. Secretariat of the Pacific Community (SPC), Noumea. p183.

<http://www.spc.int/prism/country/KI/stats>

##### **Notes:**

- The Bottle Feeding rate Calculator was used and the figures appear as Appendix 2.

##### **Summary Comments**

The rate of 'any' breastfeeding is high and very commendable in Kiribati (23.8 months) however early use of supplementary bottles is undesirable and poses unnecessary risk to babies health and development, particularly those under 6 months of age.

#### **Indicator 15: Complementary feeding**

*Key question: Percentage of breastfed babies receiving complementary foods at 6-9 months of age?* **67.7 %**

##### **Source of data:**

- Kiribati National Statistics Office (KNSO) and SPC. 2009. *Kiribati Demographic and Health Survey*. Secretariat of the Pacific Community (SPC), Noumea.

<http://www.spc.int/prism/country/KI/stats>

##### **Summary Comments**

- The DHS indicates very young babies are introduced to liquids other than breastmilk or infant formula. This practice may deprive the young of calories and nutrient-rich foods and may be a cause of the high prevalence of underweight children in Kiribati.

##### **Key Gaps**

- Maintain the age-old wisdom of families to provide fresh, local, home prepared foods in addition to continued breastfeeding to attain optimal infant and young child nutrition, health and well-being.

**Notes:**

- The complementary feeding rate above was based on 46 children only
- Public Health Nurses use the UNICEF Flips Charts “Foods for Growing Children” to support discussions about complementary feeding

**Key Recommendations:**

**Protect, promote and support optimal infant and young child feeding** by offering:

Early	Breastfeed within one hour of birth
Exclusive	Breastfeed or give breastmilk only for the first 6 complete months of life. That is, no other liquids or solids, not even water, with the exception of vitamins, minerals or medicines if necessary.
Complementary	<p>From 6 complete months of age introduce appropriate and adequate solid foods (ideally fresh, local and home-prepared) that provide sufficient energy, protein and micronutrients to meet the child’s nutritional and developmental needs. Solid foods ‘complement’ breastfeeding.</p> <p>From 6-8 months of age solid foods 2-3 times daily.          From 9-24 months of age solid foods 3-4 times daily plus one to two snacks offered as required.</p>
Continued	Sustain breastfeeding for two years or beyond

## APPENDIX 2

Source: ILO Database of Conditions of Work and Employment Laws

<http://www.ilo.org/dyn/travail>

# Kiribati - Maternity protection - 2011

## LAST UPDATE

20 September 2011

## Data quantity

NORMAL

## SOURCES

### Name of Act

Employment Ordinance [Cap 30] Revised Edition 1977, commenced 22 April 1966, and amended to incorporate Employment (Amendment) Act 1980 No. 9 of 1980. Published by Pacific Islands Legal Information Institute (PacLII) at [http://www.pacii.org/ki/legis/consol\\_act/ea202/](http://www.pacii.org/ki/legis/consol_act/ea202/)

Two further amendments have also been passed and reflected in the following report:  
(1) No. 6 of 2000, published by Pacific Islands Legal Information Institute (PacLII) at [http://www.pacii.org/ki/legis/num\\_act/ea2000229/](http://www.pacii.org/ki/legis/num_act/ea2000229/)  
; and

(2) No. 2 of 2008, published by Pacific Islands Legal Information Institute (PacLII) at [http://www.pacii.org/ki/legis/num\\_act/ea2008229/](http://www.pacii.org/ki/legis/num_act/ea2008229/)

*[Employment \(Amendment\) Act 2000](#)*

*[Employment \(Amendment\) Act 2008](#)*

*[Employment Ordinance \(incorporating Act No. 9 of 1980\)](#)*

### Other source used

WHO Country Health Profile - Kiribati 2010, published by the World Health Organization at [www.wpro.who.int](http://www.wpro.who.int) and accessed 20 September 2011

*[WHO Country Health Profile - Kiribati 2010](#)*

### Other source used

Family Planning International and Secretariat of the Pacific Community 'A Measure of the Future - Women's Sexual and Reproductive Risk Index for the Pacific 2009', Family Planning International 2009, available at

## **MATERNITY LEAVE**

### **Scope**

The maternity leave entitlement applies to all workers of the female sex. A worker is any person who has entered into or works under a contract of employment and includes any immigrant worker, a worker who is apprenticed and any domestic servant and self-employed persons including children working in the absence of an employment relationship.

*Employment Ordinance (as amended 2000 and 2008) §§2, 76, 80*

### **Qualifying conditions**

An employer shall allow a woman employee to leave her work upon production by her of a medical certificate given by a medical practitioner stating that her confinement will take place within 6 weeks.

*Employment Ordinance (as amended 2000 and 2008) §80(1)*

### **Duration**

#### **Compulsory leave**

An employer shall not permit a woman to work during the period of 6 weeks following confinement.

*Employment Ordinance (as amended 2000 and 2008) §80(1)*

#### **General total duration**

The general total duration of maternity leave is up to 12 weeks, being a maximum of 6 weeks before confinement and a minimum of 6 weeks after confinement.

*Employment Ordinance (as amended 2000 and 2008) §80(1)*

#### **Historical data (year indicates year of data collection)**

- **2009:** 12 weeks (6 weeks prenatal and 6 weeks postnatal leave).
- **2004:** Twelve weeks
- **1998:** n.a.
- **1994:** n.a.

#### **Extension**

No provision for extending maternity leave identified.

## **Leave in case of illness or complications**

No express entitlement to take leave in case of illness or complications arising out of pregnancy or childbirth identified. However, employers are prohibited from giving notice of dismissal to a woman employee who is absent on maternity leave, or who remains absent as a result of illness certified by a medical practitioner to arise out of pregnancy or confinement and rendering her unfit for work until such absence has exceeded in all a period of 12 weeks.

*Employment Ordinance (as amended 2000 and 2008) §81*

## **RELATED TYPES OF LEAVE**

### **Parental leave**

No entitlement to parental leave identified.

### **Paternity leave**

No entitlement to paternity leave identified.

### **Adoption leave**

No entitlement to adoption leave identified.

## **RIGHT TO PART-TIME WORK**

### **General provisions**

No right to part-time work identified.

## **CASH BENEFITS**

### **Maternity leave benefits**

#### **Scope**

The maternity leave cash benefit entitlement applies to all workers of the female sex. A worker is any person who has entered into or works under a contract of employment and includes any immigrant worker, a worker who is apprenticed and any domestic servant and self-employed persons including children working in the absence of an employment relationship.

*Employment Ordinance (as amended 2000 and 2008) §§2, 76, 80*

#### **Qualifying conditions**

The employee must produce a medical certificate given by a medical practitioner stating that her confinement will take place within 6 weeks.

*Employment Ordinance (as amended 2000 and 2008) §80(1)*

## **Duration**

The duration of the maternity leave cash benefit reflects the duration of maternity leave taken by the worker (a maximum of 12 weeks).

*Employment Ordinance (as amended 2000 and 2008) §80(1), (2)*

## **Amount**

A woman employee shall be entitled to be paid not less than 25 per cent of the wages she would have earned had she not been absent on maternity leave.

*Employment Ordinance (as amended 2000 and 2008) §80(2)*

## **Historical data (year indicates year of data collection)**

- **2009:** 25 % of the wage the employee would have earned during the leave period.
- **2004:** Twenty-five percent
- **1998:** n.a.
- **1994:** n.a.

## **Financing of benefits**

The maternity leave cash benefits are to be paid by the employer.

*Employment Ordinance (as amended 2000 and 2008) §80(2)*

## **Historical data (year indicates year of data collection)**

- **2009:** Employer.
- **2004:** Employer
- **1998:** n.a.
- **1994:** n.a.

## **Alternative provisions**

No alternative provisions identified.

## **Parental leave benefits**

No entitlement to parental leave cash benefits identified.

## **Paternity leave benefits**

No entitlement to paternity leave cash benefits identified.

## **Adoption leave benefits**

No entitlement to adoption leave cash benefits identified.

## **MEDICAL BENEFITS**

### **Pre-natal, childbirth and post-natal care**

No statutory entitlement to prenatal, childbirth or postnatal care identified. However, a 2010 WHO report indicates that Kiribati has a publicly funded formal health care system and a parallel traditional health system offering antenatal, childbirth and postnatal care. It estimates that approximately 90% of childbirths are attended by trained health personnel.

A 2009 joint Family Planning International / Secretariat of the Pacific Community study reported that 100% of women receive antenatal care. Postnatal care rates are not known.

*WHO Country Health Profile - Kiribati 2010 pp161-162*  
*Women's Sexual and Reproductive Risk Index for the Pacific 2009 The Reproductive Risk Index - p45*

## **Financing of benefits**

According to the WHO, health care is financed by public funds.

*WHO Country Health Profile - Kiribati 2010 p162*

## **HEALTH PROTECTION**

### **Arrangement of working time**

No relevant provisions identified, save for the general prohibition on employing women at night and the obligation to allow a woman employee who is nursing a child two half hour breaks during her working hours to nurse her child.

*Employment Ordinance (as amended 2000 and 2008) §§77, 78, 80(3)*

### **Night work**

Women (irrespective of pregnancy) shall not be employed during the night in any undertaking, except where the night work-

(a) has to do with raw materials or materials in course of treatment which are subject to rapid deterioration; or

(b) is necessitated by an emergency which it was impossible to foresee and which is not of a recurring character; or

(c) is that of a responsible position of management held by a woman who is not ordinarily engaged in manual work; or

(d) is that of nursing and of caring for the sick, or other health or welfare work; or

(e) is carried on in a cinematograph or other theatre while such theatre is open to the public; or

(f) is carried on in connection with a hotel or guest house, or with a bar, restaurant or club; or

(g) is carried on by a registered pharmacist; or

(h) is not prohibited by an international convention applying to Kiribati and is specifically declared by the Minister by order to be work upon which women may so be employed.

Further, the Minister may by order from time to time suspend the prohibition of the employment of women during the night when in case of serious emergency the public interest so demands.

*Employment Ordinance (as amended 2000 and 2008) §§77, 78*



## **Other work arrangements**

An employer shall allow a woman employee who is nursing a child half an hour twice a day during her working hours for this purpose.

*Employment Ordinance (as amended 2000 and 2008) §80(3)*

## **Dangerous or unhealthy work**

### **General**

No general obligation to identify, assess or ensure against risks arising from dangerous or hazardous work identified. The only OSH-related provisions impose specific obligations on employers to provide amenities, fresh water, medical care and treatment etc. None of these requirements bear any particular relation to the particular needs of pregnant or breastfeeding workers.

*Employment Ordinance (as amended 2000 and 2008) Part XI*

### **Particular risks**

No woman shall be employed on underground work in any mine, unless she holds a position of management and does not perform manual work, or she is employed in health or welfare services.

For the purposes of this prohibition, a 'mine' includes any undertaking, whether public or private, for the extraction of any substance from under the surface of the earth.

*Employment Ordinance (as amended 2000 and 2008) §79*

## **NON-DISCRIMINATION AND EMPLOYMENT SECURITY**

### **Anti-discrimination measures**

No person shall discriminate, directly or indirectly, against any employee or applicant for employment on the grounds of race, colour, sex, religion, political opinion, national extraction, social origin, disability, non contagious disease including actual or perceived HIV/AIDS status, in respect of recruitment, training, promotion, terms and conditions of employment, termination of employment or other matters arising out of the employment relationship.

Further, men and women shall receive equal remuneration for work of equal value.

*Employment Ordinance (as amended 2000 and 2008) §§75A(1), 75B(1), 75C*

### **Prohibition of pregnancy testing**

No prohibition on pregnancy testing identified. Moreover, it is a statutory requirement that employers shall cause every worker who enters into a contract to be medically examined by a medical officer or a person approved for that purpose by the Health Officer.

*Employment Ordinance (as amended 2000 and 2008) §59*

## **Protection from discriminatory dismissal**

No employer shall give notice of dismissal to a woman employee who is absent on maternity leave, or who remains absent as a result of illness certified by a medical practitioner to arise out of pregnancy or confinement and rendering her unfit for work until such absence has exceeded in all a period of 12 weeks.

*Employment Ordinance (as amended 2000 and 2008) §81*

## **Burden of proof**

Whenever discrimination is alleged, the employer against whom the allegation is made must establish that it is justified.

*Employment Ordinance (as amended 2000 and 2008) §75C*

## **Guaranteed right to return to work**

No express guaranteed right to return to work identified, beyond the protection offered by the prohibition on dismissing a worker while on maternity leave.

*Employment Ordinance (as amended 2000 and 2008) §81*

Results generated on: 10th January 2012 at 22:25:50.

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## APPENDIX 2

### Bottle-feeding rate calculators

*Bottle feeding rate (BOT) calculator<sub>1</sub>*  
using DHS data available for two-month intervals

#### From the published tables:

1a	BOT, 0–1 mo	5.5%	BOT rate in percentages for BF children 0–< 2 months
1b	BOT, 2–3 mo	17.0%	BOT rate in percentages for BF children 2–< 4 months
1c	BOT, 4–5 mo	29.9%	BOT rate in percentages for BF children 4–< 6 months
1d	BOT, 6–7 mo	46.6%	BOT rate in percentages for BF children 6–< 8 months
1e	BOT, 8–9 mo		BOT rate in percentages for BF children 8–< 10 months
1f	BOT, 10–11 mo	39.2%	BOT rate in percentages for BF children 10–< 12 months
1g	BOT, 0–11 mo	<b>17%</b>	<b>Calculated BOT rate for BF children 0–&lt; 12 months</b>

#### From the published tables:

2a	Number, 0–1 mo	44	Total number of BF children in the age group 0–<2 months
2b	Number, 2–3 mo	39	Total number of BF children in the age group 2–<4 months
2c	Number, 4–5 mo	33	Total number of BF children in the age group 4–<6 months
2d	Number, 6–7 mo	53	Total number of BF children in the age group 6–<8 months
2e	Number, 8–9 mo		Total number of BF children in the age group 8–<10 months
2f	Number, 10–11 mo	47	Total number of BF children in the age group 10–<12 months
2g	Number, 0–11 mo	216	Calculated total number of children aged 0–< 12 months

#### Calculated absolute numbers

3a	Numbers BOT, 0–1 mo	242	BF children 0–<2 months who are bottle-fed
3b	Numbers BOT, 2–3 mo	273	BF children 2–<4 months who are bottle-fed
3c	Numbers BOT, 4–5 mo	987	BF children 4–<6 months who are bottle-fed
3d	Numbers BOT, 6–7 mo	350	BF children 6–<8 months who are bottle-fed
3E	Numbers BOT, 8–9 mo		BF children 8–<10 months who are bottle-fed
3F	Numbers BOT, 10–11 mo	1842	BF children 10–<12 months who are bottle-fed
3G	Numbers BOT, 0–11 mo	3694	BF children 0–<12 months who are bottle-fed