WBTi
WORLD BREASTFEEDING TRENDS INITIATIVE

MAKING A DIFFERENCE

An Evaluation Report

of the
World Breastfeeding
Trends Initiative (WBTi)
in Mobilising
National Actions
on Breastfeeding
and IYCF

2020

MAKING A DIFFERENCE

An Evaluation Report of the World Breastfeeding Trends Initiative (WBTi) in Mobilising National Actions on Breastfeeding and IYCF

2020

Authors
Dr. Arun Gupta
Barbara Nalubanga
Marta Trejos
Dr. JP Dadhich
Nupur Bidla

WBTi
WORLD BREASTFEEDING TRENDS INITIATIVE

IBFAN
defending breastfeeding

bpni
putting child nutrition at the forefront of social change

Making A Difference
An Evaluation Report of the World Breastfeeding Trends Initiative (WBTi)
in Mobilising National Actions on Breastfeeding and IYCF

WBTi Global Secretariat
Breastfeeding Promotion Network of India (BPNI)
BP-33, Pitampura, Delhi - 110034, India
Phone: 91-11-27312705, 42683059
E-mail: wbtigs@gmail.com
Website: www.worldbreastfeedingtrends.org

Authors: Dr. Arun Gupta, Barbara Nalubanga, Marta Trejos, Dr. JP Dadhich, Nupur Bidla

Report Design: Sumit Bhattacharya • sumit@planbready.com

Our ethical policy: BPNI/International Baby Food Action Network (IBFAN) South Asia does not accept funds or any support from the companies manufacturing baby foods, feeding bottles or infant feeding related equipments. BPNI and IBFAN South Asia do not associate with organizations having conflicts of Interest.

Cite this document as:
Gupta A, Nalubanga B, Trejos M, Dadhich JP, Bidla N. (2020) Making A Difference - An evaluation report of the World Breastfeeding Trends Initiative (WBTi) in Mobilising National Actions on Breastfeeding and IYCF. Breastfeeding Promotion Network of India and IBFAN South Asia.

CONTENTS

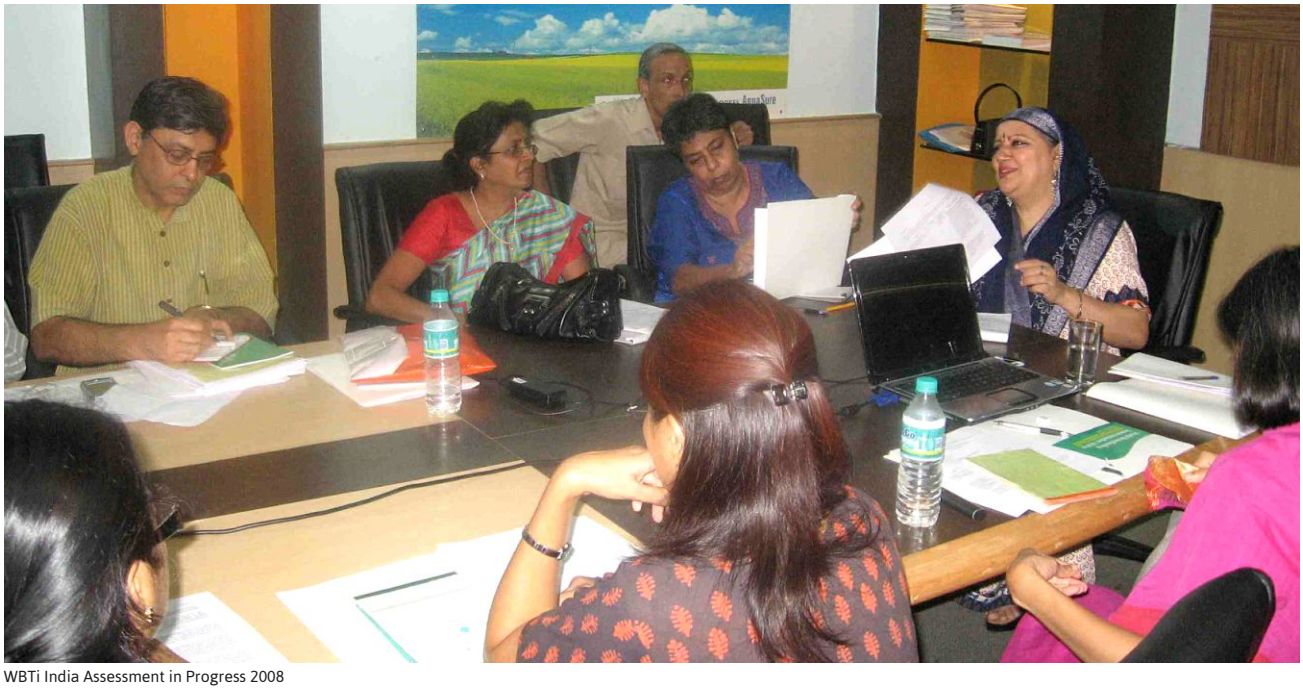
ACKNOWLEDGEMENT

This evaluation study on the World Breastfeeding Trends initiative (WBTi) has been successfully conducted through the concerted efforts and support of numerous organisations, institutions and individuals. This covers the whole spectrum of activities right from inception, through development of the tool, testing, data collection, analysis and preparation of this report.

We are truly grateful to all those who contributed in conducting this study and developing this report. Our sincere thanks to the government agencies, IBFAN colleagues, NGOs, and individuals in the study countries for their active participation, their time and efforts for the success of the study. The report would not be possible without this help. IBFAN regional offices provided a valuable support that enriched the whole exercise, we deeply appreciate. We like to acknowledge the contribution of Irena Zakarija-Grkovic from Croatia to the development of the tool and the report. We are specifically grateful and acknowledge the support provided by IBFAN Uganda for the data management and compilation of the draft report.

Thank you!

Dr. Arun Gupta
MD, WBTi Global Secretariat,
BPNI, India



WBTi India Assessment in Progress 2008

This study covers the whole spectrum of activities right from inception, through development of the tool, data collection, analysis and preparation of this report

LIST OF TABLES

ACRONYMS

ABA	Australian Breastfeeding Association
ACF	Action Contre la Faim
ACLAM	Associacion Consejería en lactancia Materna
ACP	Associazione Culturale Pediatri
AHDS	Afghan Health and Development Services
AIDS	Acquired Immune Deficiency Syndrome
AIMI	Indonesian Breastfeeding Mothers' Association
AKAZ	Agency for Quality and Accreditation in Healthcare
AKHS	Agha Khan Health Services
AMA	Afghanistan Midwifery Association
APILAM	Association for Breastfeeding Promotion, and Scientific and Cultural Investigation
BFAG	Breastfeeding Advancement Group
BFHI	Baby Friendly Hospital Initiative
BMIS	Bhutan Multiple Indicator Survey
CALC	Croatian Association of Lactation Consultants
CALMA	Centro de Apoyo de Lactancia Materna
CAPPA	Child Birth and Post-Partum Professional Association
CDRF	China Development of Research Fund
CIP	Capital Institute of Paediatrics
CONAPLAM	National Breastfeeding Committee
CONNA	Consejo Nacional de la Niñez y la Adolescencia
CRC	Convention on Rights of the Child
CRS	Catholic Relief Services
EBF	Exclusive Breastfeeding
EGPAF	Elizabeth Glaser Peadiatric Aids Foundation
EIB	Early Initiation of Breastfeeding
FANTA	Food and Nutrition Technical Assistance
FAO	Food and Agricultural Organisation
FUNDAFAM	Fundación de Apoyo Familiar
GAPAIN	Groupe d'Action pour la Promotion de l'Alimentation Infantile
GINAN	Ghana Infant Nutrition Action Network
HPA	Heath Promotion Agency
IA	Infor-Allaitement
IBCLC	International Board Certified Lactation Consultants
IBFAN	International Baby Food Action Network
IKMI	Institu fur Klinische Mikrobiologie und Immunologie
ILO	International Labor Organisation
IMCI	Integrated Management of Childhood Illness
INCAP	Institute of Nutrition of Central America and Panama
IYCF	Infant and Young Child Feeding
LACTARED	Peruvian Breastfeeding Network
LCA	Lactation Consultants of Australia
LLL	La Leche League
MAA	MCH Alliance of Armenia
MAMI	Movimen to Allattamen to Materno Italiano
MCH	Maternal and Child Health
MICS	Multiple Indicator Cluster Survey
MIYCAN	Maternal Infant and Young Child and Adolescent Nutrition
MOH	Ministry of Health
MOLISA	Ministry of Labour, Invalids and Social Affairs
MoPH	Ministry of Public Health
MPC	Maternity Protection Convention
MTPS	Ministerio de Trabajo y Previsión Social
MWCA	Ministry of Women and Children's Affairs
NaNA	National Nutrition Agency
NCT	National Charity Trust (UK Parents Charity)
NEBPROF	Nepal Breastfeeding Promotion Forum
NFNC	National Food and Nutrition Council
NIN	National Institute of Nutrition
NNS	National Nutrition Survey
OPS	Organización Panamericana de la Salud
PHRN	Public Health Resource Network
PROSAN	Programa de Seguridad Alimentaria y Nutricional
RUANDI	Red Uruguaya de Apoyo a la Nutrición y Desarrollo Infantil
SESAN	Secretaria de Seguridad Alimentaria y Nutricional
UEES	Universidad Evangélica de El Salvador
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VBBB	Vereniging Begeleiding en Bevordering van Borstvoeding (Association)
WBTi	World Breastfeeding Trends Initiative
WFP	World Food Program
WHO	World Health Organisation
WVI	World Vision International
YSMU	Yerevan State Medical University

EXECUTIVE SUMMARY

INTRODUCTION

Given the public health importance of optimal breastfeeding and infant and young child feeding practices, in 2004/05, the Breastfeeding Promotion Network of India (BPNI)/IBFAN South Asia developed the World Breastfeeding Trends Initiative (WBTi) to assess the status and to benchmark the progress of the implementation of the Global Strategy for Infant and Young Child Feeding at a national level. Based on the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes", the WBTi assists countries in assessing the strengths and weaknesses of their policies and programmes related to protecting, promoting and supporting optimal breastfeeding and infant and young child feeding (IYCF). The WBTi also generates national action to improve the policies and programmes. The WBTi assessment reports from 97 countries across the globe have generated a plethora of such information. This study has been done to evaluate the role of WBTi in enhancing action on breastfeeding/IYCF policies and programmes at national level. This evaluation report provides analysis and results of the study, and lessons learnt; that may be useful to the Governments, UN agencies, donors, and breastfeeding groups, who may like to understand better what impact WBTi has and incorporate such strategies to strengthen policy implementation and services to improve breastfeeding and IYCF practices.

OBJECTIVE

The objective of the study was to determine the role of the WBTi process on breastfeeding and IYCF policies and programmes in countries that have reported on WBTi assessments.

The specific objectives were:

i) Assess the difference WBTi has made at a national level on policy, programmes and practices;
ii) Analyse factors associated with the use of the WBTi report and report cards, with a special emphasis on frequency, methods, partnerships, and
iii) Assess how WBTi results were used for advocacy to impact policy and programmes.

METHODOLOGY

We constituted a technical working group (TWG), having members from 5 regions e.g. Latin America and the Caribbean (LAC), Africa, Europe, Asia and Arab world. The TWG reflected research experience as well as in-depth knowledge of the WBTi process. The TWG developed the questionnaire with both quantitative and qualitative questions and carried out field-testing that helped to finalize the questionnaire. We sent the questionnaire to all the 97 WBTi country coordinator/focal persons electronically seeking responses and 51 countries responded. The WBTi global secretariat compiled the information and did the data entry and analysis

This study has been done to evaluate the role of WBTi in enhancing action on breastfeeding/IYCF policies and programmes at national level. This evaluation report provides analysis and results of the study, and lessons learnt; that may be useful to the Governments, UN agencies, donors, and breastfeeding groups

using Microsoft Excel and SPSS for quantitative data analysis; and employed the standard procedure for analysis of qualitative data by identifying key themes in responses from the available data. We did the content analysis and used the open coding for identification of key aspects.

KEY FINDINGS

1. General

The study questionnaire was sent to 97 countries, which completed and reported on the WBTi assessments during 2005 to 2019 out of which, 51 (52.5%) responded to this evaluation questionnaire. The respondents represented 6 continents of Africa, Asia, Oceania, Europe, South America, and North America with highest number from Asia (16), followed by Africa and Europe with 11 countries each, LAC -10, Oceania region -2 and North America had one country in the study. (See Table 2)

IBFAN groups (47%) played major role in coordination of the WBTi national assessments, followed by Government agencies (31%), and other organizations (29%) that included local NGOs working in the area of breastfeeding, as well as associations or institutions working in the area of child health. In some countries, more than one organisation coordinated the task. Apart from coordination, IBFAN contributed significantly in the WBTi process at national level e.g. in report development (70%) and advocacy using the WBTi report (52%) etc. (See Figure 2)

2. Active multi-sector core groups in countries

The WBTi process calls for a multi-sector core group involving number of concerned partners who have been contributing to the breastfeeding and infant and young child feeding agenda. Government agencies (28%), academic institutions (18%) the United Nations agencies (12%), and professional associations (10%) were among the partners. (See Table 3; Figure 2). Most respondents indicated that WBTi core groups were still active sources of advocacy on breastfeeding as well as an important structure to utilize for further assessments, implying a sustained and active source of advocacy on breastfeeding in the country.

3. Enhancement of organizational and analytical skills

The national WBTi coordinators reported acquiring skills of report writing (86%), analysis of data (78%), and organizing meetings/workshops and learning research methodology (67%). At the same time the organisations to which WBTi coordinators belong, benefitted by being a reference point for breastfeeding and IYCF(73%), and recognised as platform for local partnerships around IYCF(69%). (See Table 4, 5 and 6)

Photo Credit: UNICEF Egypt

4. Periodic monitoring of policy and programmes
Fig.3 shows countries according to the number of assessments conducted. The WBTi process advocates repeat assessment every 3-5 years. Findings reveal that earlier the introduction of WBTi in the country, higher the chances to have repeat multiple assessments. (See Table 7). Of the 51 countries, 25 (50%) conducted twice, 10 (20%) conducted thrice, and four countries (8%) conducted 4 times.

5. Improvement in total policy scores in countries repeating assessment.
Average score of 10 countries, which conducted three assessments increased from 47/100 in the first assessment to 60.5/100 in the third assessment. All these countries increased their score substantially except India, which recorded a minor decrease. Afghanistan gained their score by 130%, Nepal -71%, Dominican Republic -69% and Bhutan -68%. (See Figure 6). Four countries who conducted 4 assessments increased their scores further between first and fourth assessment. For example, Afghanistan increased the score by 196% from the first to fourth assessment, while Bhutan and Nepal recorded a 75% increase in their scores. (See Figure 7).This pattern of increasing the policy scores highlights the importance of periodic monitoring and assessments, which enables the country to identify the remaining gaps in policies and programmes and take action to bridge these gaps.

6. Improvement in specific policy or programmes over the years
Increased scores among specific policy and programme in 10 countries (between first and third assessments) showed that governments took steps. Improvements were visible in indicator 9(IFE) - 158% increase, followed by Indicators 1 (National Policy, Programme and Coordination) with 58% increase and indicator 4 (Maternity Protection) with 53% increase. All indicators showed improvement except BFHI, which registered a decline of 21%. (See Figure 8 and Table 8)

7. Improvement in breastfeeding/infant feeding practices
Comparison between the first assessment and the third assessment in countries that accomplished three assessments shows significant improvements in 4 out of 5 Breastfeeding and IYCF practice indicators. Indicator 11 on early initiation of breastfeeding, indicator 12 on exclusive breastfeeding for 6 months and indicator 15 on initiation of complementary feeding at 6-9 months showed a rise. However, increase in bottle-feeding rates is concerning. (See Figure 9)

8. Documentation and dissemination at national level
The WBTi assessment reports were available for almost (97%) all the respondent countries. This ranged between 92% following third assessments, and 100% after fourth assessment. The WBTi assessment report cards were available for 87% of participating countries, ranging between 77% following third assessments and 100% after fourth assessment. (See Table 9) The country groups disseminated the reports and report cards through "Meeting with policy makers and programmers" (73%), followed by "Conferences and meetings" and "Dissemination to partners/allies" at 65% and 63%. (See Figure 10). Governments' attention was drawn through organizing dissemination meetings (67%) and presenting the report to relevant government officials in one to one meetings (47%). (See Table 10)

9. Government's commitments
More than two third of the countries (69%) reported receiving governments' commitments and several took actions such as review and/or adaptation of policies, programmes and laws pertaining to breastfeeding, as well as maternal and child health and nutrition. (See Table 11 and 12)

This pattern of increasing the policy scores highlights the importance of periodic monitoring and assessments, which enables the country to identify the remaining gaps in policies and programmes and take action to bridge these gaps

LESSONS LEARNT

Several useful lessons have been learnt and these are grouped among the following sections.

Improvement in policies, programmes and funding

- The WBTi made it possible to objectively identify gaps in policy implementation and services. It was possible to motivate countries to bridge the gaps thus identified.
- The WBTi process helped raise issues needed to enhance commitment of decision makers.
- The WBTi report and report cards using colour coding was useful and effective tools for advocacy by enhancing visibility, instead of figures.

Improved collaboration and partnerships

- Building a strong partnership and ownership of the concerned actors is possible e.g. Ministries of Health, UNICEF, national institutions, NGOs and professional organizations.
- Integration of different sectors and strengthened inter-institutional coordination has been made possible that led to capacity building in promotion, protection and support for breastfeeding among different players.

Development of priorities and strategies

- The WBTi process leading to evidence-based information could help in drawing up clear strategies and priorities that need focussed attention.
- Comparing countries' progress over time and with other countries can create a need to put more emphasis on the identified weak areas.

Enriching surveys and reporting systems

- Identification of gaps in data collection can lead to national actions on infant and young child feeding surveys, clear reporting standards and monitoring tools.

CHALLENGES

We identified number of challenges in different countries in the application of the WBTi process. These included:

Leadership and governance

- Few respondents reported having difficulty in involving the Ministry of Health and other government authorities and their endorsement.
- Frequent changes of the authorities at policy level caused some limitations.
- Some respondents mentioned that it is a challenge to make IYCF a priority at political level.
- Sometimes, it was challenging to agree on recommendations among the WBTi core group.

Health information systems

- Difficulties in getting data

Sustenance

- Few respondents reported that sustaining the WBTi core group was challenging.
- Centralised funding from one source limits sustainability. Number of WBTi assessments is slowly going down over the years. Lack of funding to conduct assessments may be one of the reasons for this decline.

Financing of WBTi process

- According to some respondents, there were financial and human resource limitations to undertake the WBTi assessment process, print the report card and host a dissemination meeting.
- There was no stipulated budget lines earmarked for WBTi at country level by the governments.
- One respondent cited lack of interest in UN agencies to provide funding for the process.

More than two thirds of the countries that reported on the WBTi assessment received commitment from government. It is likely that advocacy efforts using WBTi reports that identified gaps, led to commitments/actions by the governments to improve the services and quality of data

CONCLUSIONS

Difference WBTi made at a national level on policy, programmes and practices

The study shows that the policy and programme scores improved steadily in the study countries, following repeat assessments. In countries with three assessments substantial positive impact is reported in specific areas like IFE, national policy/coordination, and maternity protection. However, BFHI shows a declining trend. Among the 51 countries that responded few have stood out in performance e.g. Afghanistan and Nepal. These gains in the policy and programme scores may have contributed to the improvement in initiation of breastfeeding, exclusive breastfeeding, and complementary feeding). However, rates of bottle-feeding showed a rise.

More than two thirds of the countries that reported on the WBTi assessment received commitment from government. It is likely that advocacy efforts using WBTi reports that identified gaps, led to commitments/actions by the governments to improve the services and quality of data.

Factors associated with WBTi process and use of the report and report cards

Formation of the WBTi Core group and its sustained presence contributed greatly to the success of development and strategic dissemination of the WBTi reports and report cards, which provided a basis for bridging the gaps, resource mobilisation and the change.

The WBTi process contributed to additional skills to both the national WBTi coordinators and organizations following the WBTi process. Report writing, analysis of data, organizing a meeting/ workshop and learning research methodology helped to achieve the objectives. WBTi helped organisations being recognised as reference point or a platform for partnership around IYCF. The WBTi therefore improved credibility of the organizations involved in the process as well as status of the WBTi coordinators.

RECOMMENDATIONS

1. The Governments, UN agencies, and donor could prioritise monitoring and tracking of breastfeeding policy and services; strengthen the work of core groups and provide funding for the WBTi process, resulting in repeated assessments and advocacy efforts on IYCF policies and programmes in the country.
2. The Governments, UN agencies, donors and all concerned should allocate specific funds for implementing interventions to protect promote and support breastfeeding and IYCF.
3. All countries could learn from the WBTi process and undertake the WBTi assessment. This will help in identifying gaps in the policies and programmes on IYCF, which may catalyse action to bridge the gaps and enhancing IYCF practices.
4. The existing WBTi countries should go for periodic reassessment every 3-5 years.
5. Every country should review the current investment being made to improve policies and programmes and commit to universalise breastfeeding services.

Strengths and weaknesses of the study

- The strength of the study lies in the fact that WBTi country coordinators who had worked on the whole process of WBTi assessment in their respective countries and therefore had first-hand experience, provided this information.
- On the other hand, this report includes data from only 51 out of 97 countries; therefore, it does not represent the status of impact of WBTi in all the countries, which is a weakness.

1 BACKGROUND

INTRODUCTION

The Breastfeeding Promotion Network of India (BPNI) / International Baby Food Action Network(IBFAN) South Asia developed the World Breastfeeding Trends initiative (WBTi) in order to assess the status and benchmark the progress of the implementation of the *Global Strategy for Infant and Young Child Feeding* at the national level. At the same time WBTi has the potential to generate local action. Based on 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 strengths and weaknesses of 10 parameters of policies and programmes aimed at protecting, promoting and supporting optimal breastfeeding and infant and young child feeding practices and it also monitors 5 indicators of infant feeding practices. (Table 1).

Table 1: Ten indicators on policy and programmes (1-10), and five indicators on infant and young child feeding practices (11-15)

Indicators 1-10: Policy and programmes	Indicators 11-15: Infant feeding practices
1. National policy, programme and coordination 2. Baby Friendly Hospital Initiative (ten steps to successful breastfeeding) 3. Implementation of the international code of marketing of breastmilk substitutes 4. Maternity protection 5. Health and nutrition care systems (in support of breastfeeding &IYCF) 6. Mother support and community outreach 7. Information support 8. Infant feeding and HIV 9. Infant feeding during emergencies 10. Mechanisms of monitoring and evaluation system	11. Early initiation of breastfeeding 12. Exclusive breastfeeding 13. Median duration of breastfeeding 14. Bottle feeding 15. Complementary feeding

In 2016, IBFAN's 84-country report based on the WBTi assessments (Has Your Nation done Enough to Bridge the Gaps?)[1], highlighted several gaps in the implementation of the Global strategy. Infant feeding during emergencies (IFE)

1. https://www.worldbreastfeedingtrends.org/uploads/resources/document/84-country-report.pdf

stood to be the most neglected one. By end of 2018, 97 countries reported on WBTi assessments, which provided valuable information indicating several instances of changes in the policy and programmes. This evaluation report provides an analysis and results of the study conducted to look into how WBTi generates local action and brings desired change in the policies and programmes that remove barriers women face while breastfeeding.

OBJECTIVES

The overall objective of the study was to determine the impact of the WBTi process on national level advocacy, policies and programmes on breastfeeding/ IYCF in countries that have reported on WBTi. The specific objectives:

i) Assess the difference WBTi has made at a national level on policy, programmes and practices;
ii) Analyse factors associated with the use of the WBTi report and report cards, with a special emphasis on frequency, methods, partnerships, and
iii) Assess how WBTi results were used for advocacy to impact policy and programmes.

WBTi Assessment Progress in LAC Region

2

METHODOLOGY

CONSTITUTION OF THE GLOBAL TECHNICAL WORKING GROUP

The WBTi global secretariat constituted a technical working group (TWG), comprising members with from Latin America and the Caribbean (LAC), Africa, Europe, Asia and Arab world, with the research experience as well as in-depth knowledge of the WBTi process. The TWG tasks included development of questions and facilitate analysis.

DRAFTING AND FIELD-TESTING QUESTIONNAIRE

With the study objectives in mind, the WBTi global secretariat drafted a set of questions for this study and presented these to the technical working group (TWG) for inputs. After initially finalising of the questionnaire, the TWG field-tested it in five countries. This helped to improve the questionnaire. The TWG in collaboration with the WBTi secretariat then agreed on the modalities of how the study would be conducted as well as roles and responsibilities of the key players.

DATA COLLECTION

The global secretariat sent the data collection questionnaire electronically (Appendix -1) to all the coordinators in the 97 countries in March 2019, and received responses over next two months.

ANALYSIS AND REPORT WRITING

The WBTi global secretariat compiled information from the questionnaires and managed data entry and analysis. For quantitative data analysis we used the Microsoft Excel and SPSS to present in the form of descriptive statistics in appropriate tabular and graphical formats. For analysis of qualitative data we did the content analysis and applied standard methods of coding and identifying key themes from what the respondents emphasized. We made efforts to combine the closely related themes for synthesis into specific notes in order to make them more workable for analysis. We used the manual coding of keynotes and subsequent generation of narratives, as recommended by Svarstad (2010)[2], believing in its advantages over available computer programmes. This helped us to easily interpret the different themes as well as the deeper understanding of the material that could be attained through the process.

—

2. Svarstad, H. (2010). Why hiking? Rationality and reflexivity within three categories of meaning construction. *Journal of Leisure Research*, 42 (1), 91-110.

3

RESULTS AND ANALYSIS

GENERAL

Out of the 97 countries that carried out a WBTi assessment and to whom the study questionnaire was sent, 51 (61%) responded. These included, from Africa-11 countries, Asia-16, Oceania-2, Europe-11, Latin America and Caribbean-10, and North America-1. Table 2 shows the geographical distribution of the countries that participated in the WBTi impact study.

Table 2: Geographical distribution of countries

Continent	No. of Countries	Countries
Africa	11	Cameroon, Egypt, Gabon, Gambia, Ghana, Malawi, Niger, Nigeria, Sierra Leone, Uganda, Zambia
Asia	16	Afghanistan, Armenia, Bhutan, China, India, Indonesia, Jordan, Korea, Kuwait, Maldives, Mongolia, Nepal, Singapore, Thailand, Timor Leste, Vietnam
Europe	11	Belgium, Bosnia Herzegovina, Croatia, France, Italy, Lithuania, Malta, Moldova, Spain, Turkey, The United Kingdom
North America	1	The USA
LAC	10	Chile, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador, Honduras, Guatemala, Peru, Uruguay
Oceania	2	Australia, Fiji

1. Coordination of WBTi Assessments

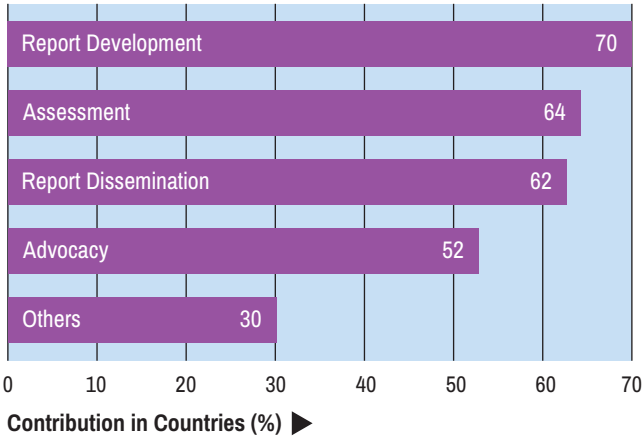
Coordination at the country level is an important component of the WBTi assessment process. We sought information from the respondents from the participating countries about the agencies which coordinated the task in their countries. In some countries more than one agency coordinated the work. In majority of countries, IBFAN groups led this work in 47% cases, followed by governments in 31%. Others included local NGOs working in the area of breastfeeding, as well as associations or institutions working in the area of child health.

2. Role of IBFAN in WBTi process

The International Baby Food Action Network (IBFAN), who played a crucial role in developing, introducing, implementing and sustaining WBTi, contributed significantly to the report development (70%), assessment process (64%), report

dissemination (62%) and post-assessment advocacy using the WBTi report (52%). Others (30%) included capacity building in WBTi, financial support, development of call to action, logistic support in managing funds etc. (See Figure 1).

Figure 1: IBFAN's contribution in WBTi assessment process in countries



ACTIVE MULTI-SECTOR CORE GROUPS IN COUNTRIES

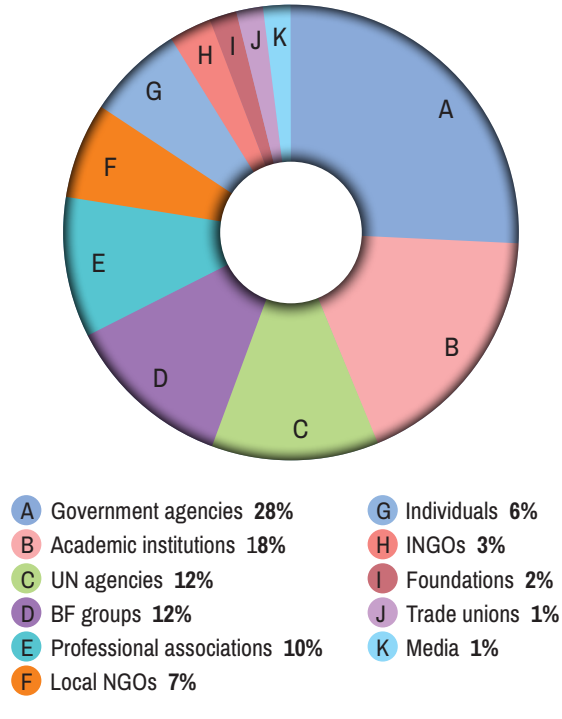
The WBTi country assessment process requires formation of a country core group comprising of diverse individuals/organisations. In addition to IBFAN, a variety of partners took part in the WBTi process in the study countries. These included Government agencies (28%), academic institutions (18%), UN agencies (12%), breastfeeding groups (12%), professional associations (10%), NGOs etc. (See Table 3 and Figure 2).

These partners are also contributing to the IYCF agenda in the study countries.

Table 3: WBTi core group partners

Categories of core group partners	Organisations
Government Agencies	Prime Minister's Office Ministry of Health Food health nutrition centres National advisory committee for HIV/AIDS control
UN agencies	UNICEF WHO WFP ILO FAO
Associations	Midwives Nurses Paediatricians Consumer groups Breastfeeding advocacy groups Health journalists Lactation consultants BF support groups
Academic institutions	Public health institutions Hospitals Universities
International organisations	World Vision International Save the Children Plan International Elizabeth Glaser Paediatric AIDS Foundation (EGPAF) USAID Child Fund
Local organisations	NGOs CBOs
Breastfeeding organisations	La Leche League IBCLC First Step Nutrition Trust
Others	Media Foundations Trade unions Individuals

Figure 2: WBTi core group partners



ENHANCEMENT OF ORGANIZATIONAL AND ANALYTICAL SKILLS

The WBTi process involves strengthening of skills of the national WBTi coordinator and country organisations coordinating the assessment in research methods; data collection and analysis; organising meetings; report writing etc. Table 4 shows that WBTi assessment process immensely helped the national WBTi coordinator in report writing (86%), analysis of data (78%) and organizing a meeting/ workshop and learning research methodology, both at 67%. Tables 4a and 4b further show that the WBTi assessment benefited their organization through acquiring these skills. It helped in recognition as a reference point for IYCF in the country (73%), and serving as a platform for local partnership around IYCF (69%). There were, other skills/benefits that were reported in details by 22% of respondents, like recognition as reference point for community dispensation of anti-retroviral drugs, connecting with media, getting recognition and appreciation for the work and being mentioned in various meetings, acquiring skills to organise and coordinate similar meetings.

Table 4a: Skills acquired by national WBTi coordinators

Skills	Enhanced skill reported in (n=51)
Report writing	44 (86%)
Learning research methodology	34 (67%)
Analysis of data	40 (78%)
Organising a meeting/ workshop	34 (67%)
Advocacy skills	31 (61%)
Other skills	7 (14%)

Table 4b: Skills acquired by national WBTi country organizations

Skills	Enhanced skill reported in (n=51)
Act /recognised as reference point for IYCF	37 (73%)
Serve as platform for local partnership around IYCF	35 (69%)
Other skills	11 (22%)

Most of the national WBTi coordinators attained more than three out of the six enumerated skills. A total of 20 respondents reported that the national WBTi coordinators attained five or more of the six enumerated skills, followed by those that attained three to four (18 countries) and while in 13 countries they attained less than three skills. (See Table 5)

Table 5: Skills attained by National WBTi coordinator by country

Skills attained	No. of Countries	Countries
5 or more out of 6 enumerated skills	20	Afghanistan, Armenia, Australia, Belgium, Bosnia, Cameroon, Chile, Colombia, Cuba, Dominican Republic, El Salvador, Fiji, Gabon, India, Maldives, Mongolia, Turkey, UK, USA, Vietnam
3 to 4 out of 6 enumerated skills	18	China, Ecuador, Gambia, Ghana, Guatemala, Honduras, Indonesia, Korea, Kuwait, Malawi, Malta, Nepal, Peru, Singapore, Thailand, Uganda, Uruguay, Zambia
Less than 3 out of 6 enumerated skills	13	Bhutan, Croatia, Egypt, France, Italy, Jordan, Lithuania, Moldova, Niger, Nigeria, Sierra Leone, Spain, Timor Leste

Table 6 shows the number of skills attained by organizations following the WBTi process in the study countries out of the 3 enumerated skills. Most of the organisations benefitted by their staff acquiring at least one out of three enumerated skills. A total of 7 respondents reported that organizations in their countries had attained 3 of the 3 enumerated skills, followed by those that attained 2 (22 countries) and attained one skill (18 countries). The Maldives, France, Nigeria and Spain did not report about the skills acquired by organizations following the WBTi process.

Overall, the countries of Afghanistan, Australia, Bosnia Herzegovina, Cameroon, Chile, Cuba, Dominic Republic, El Salvador, Fiji, Gabon, Mongolia, United Kingdom and Vietnam reported that skills of both the national WBTi coordinators and organizations in the respective countries had been enhanced significantly following the WBTi process.

Table 6: Number of skills attained by Organizations

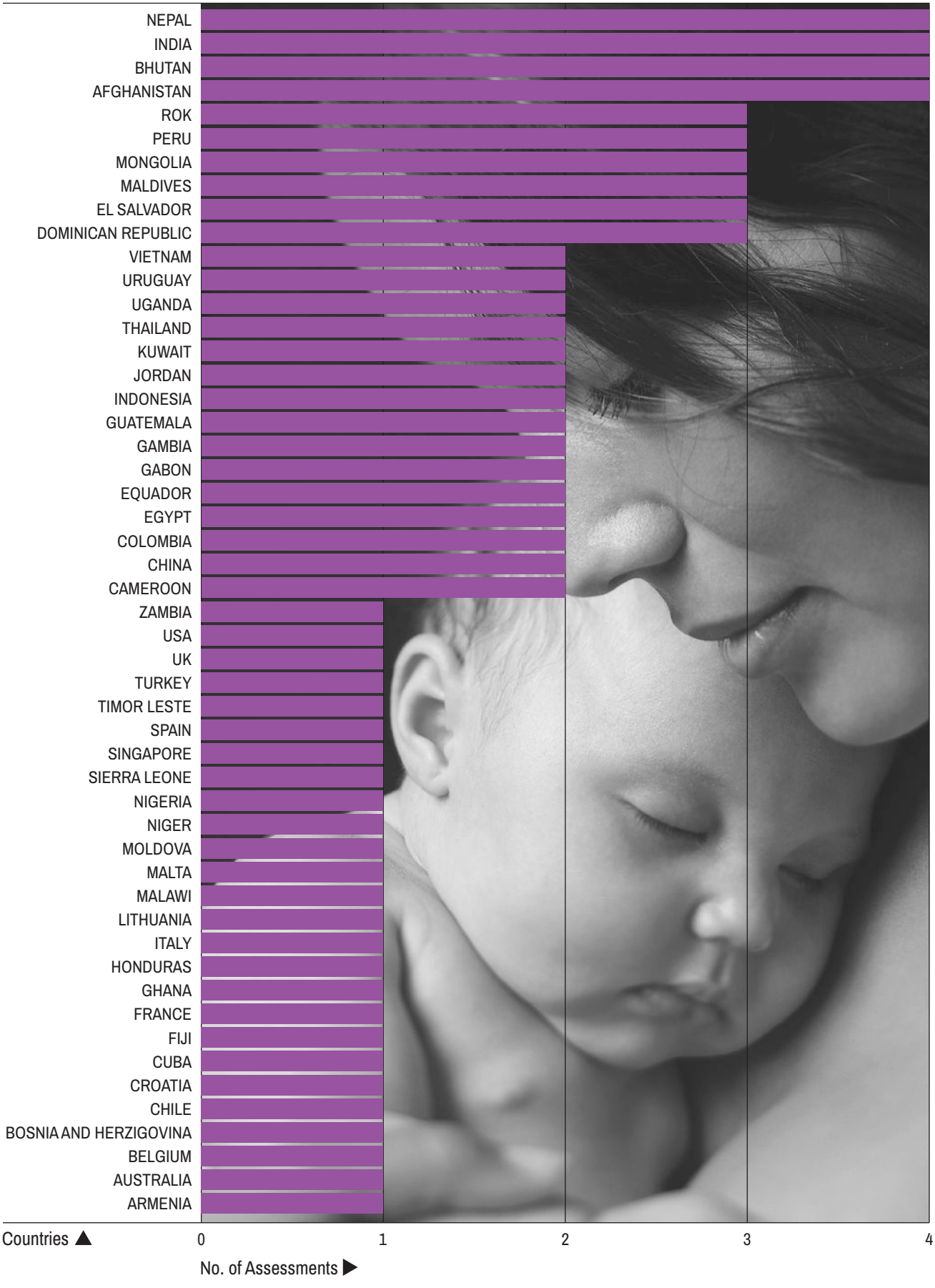
Number of skills acquired by organizations conducting WBTI process	Number	Countries
3	7	Afghanistan, Bhutan, El Salvador, Fiji, Guatemala, Nepal, Nigeria
2	22	Cuba, Dominican Republic, Egypt, Gabon, Ghana, Australia, Bosnia, Cameroon, Chile, India, Korea, Kuwait, Malawi, Mongolia, Peru, Sierra Leone, Singapore, Thailand, Uganda, UK, Vietnam, Zambia
1	18	Armenia, Belgium, China, Croatia, Ecuador, Gambia, Honduras, Indonesia, Italy, Jordan, Lithuania, Malta, Moldova, Colombia, Timor Leste, Turkey, Uruguay, USA
No response	4	Maldives, France, Niger, Spain

PERIODIC MONITORING OF POLICY AND PROGRAMMES

1. Number of assessment done by the countries

One of the critical components of WBTi process is to repeat assessment after 3-5 years, in order to study the change in policies/programmes. Therefore, countries are encouraged to do re-assessments. In the study countries (n=51), twenty-six (26) countries accomplished only one assessment, while twenty-five (25) countries did more than one assessment. Out of these 25 countries, four did it 4 times, ten did it 3 times and twenty-five did it twice. Figure 3 depicts the countries according to the number of assessments done.

Figure 3: Countries segregated according to number of assessments accomplished



2. Year of introduction of WBTi and its relation with number of assessment(s) done by the countries

In the study countries (n=51), WBTi was introduced through national/regional trainings at different time periods starting from the year 2005. In ten countries, which accomplished 3 or more assessments, WBTi was introduced in 2005 and 2008. In countries where WBTi was introduced in the early phase of the programme during 2005-2009, about half (25 countries) conducted two or more assessments. It is apparent that earlier the introduction, more chances were there to have repeat assessments. (see Table 7)

Table 7: Year of introduction of WBTi and number of assessment done by the countries (n=51)

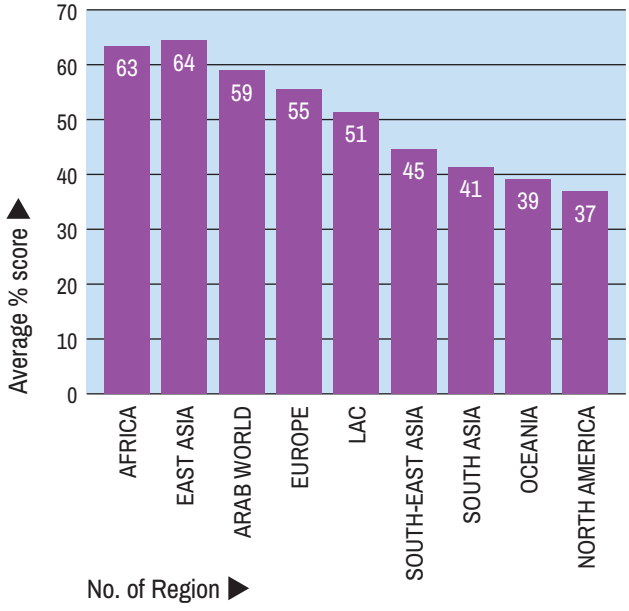
Year of Introduction of WBTi	Number of assessments accomplished			
	1	2	3	4
2005			• Maldives	• Afghanistan • Bhutan • India • Nepal
2008	• Armenia • Cuba • Ghana • Honduras • Malawi • Singapore • Zambia	• China • Colombia • Ecuador • Gambia • Guatemala • Indonesia • Thailand • Uganda • Vietnam	• Dominican Republic • El Salvador • Mongolia • Peru • Republic of Korea	
2009	• Chile • Niger • Nigeria • Sierra Leone	• Cameroon • Egypt • Gabon • Jordan • Kuwait • Uruguay		
2011	• Fiji • Timor Leste			
2016	• France • Lithuania • Moldova • Spain			
2017	• Australia • Malta			
2018	• USA			
Total No.	**26**	**15**	**6**	**4**

IMPROVEMENT IN POLICY SCORES IN COUNTRIES REPEATING ASSESSMENT

The average policy/programme score in the first assessment was 50.4/100. Figure 4 shows average scores for the first assessment on policy and programmes in the 51 study countries. Average score in the region of East Asia is 64, Africa-63, Arab world-59, Europe-55, North America-37, and Pacific / Oceania scored 39.

Countries that showed high scores in the first assessment included China (65.5/100), Maldives (70.5/100), Mongolia (71/100), Vietnam (64/100), Jordan (63/100) and Gambia (62/100). Meanwhile, countries that had lower scores included Afghanistan (27/100), Bhutan (32/100), Australia (26/100), Dominican Republic (38/100), Lithuania (39/100), Indonesia (28/100), Nepal (32/100), Spain (35/100), USA (37/100).

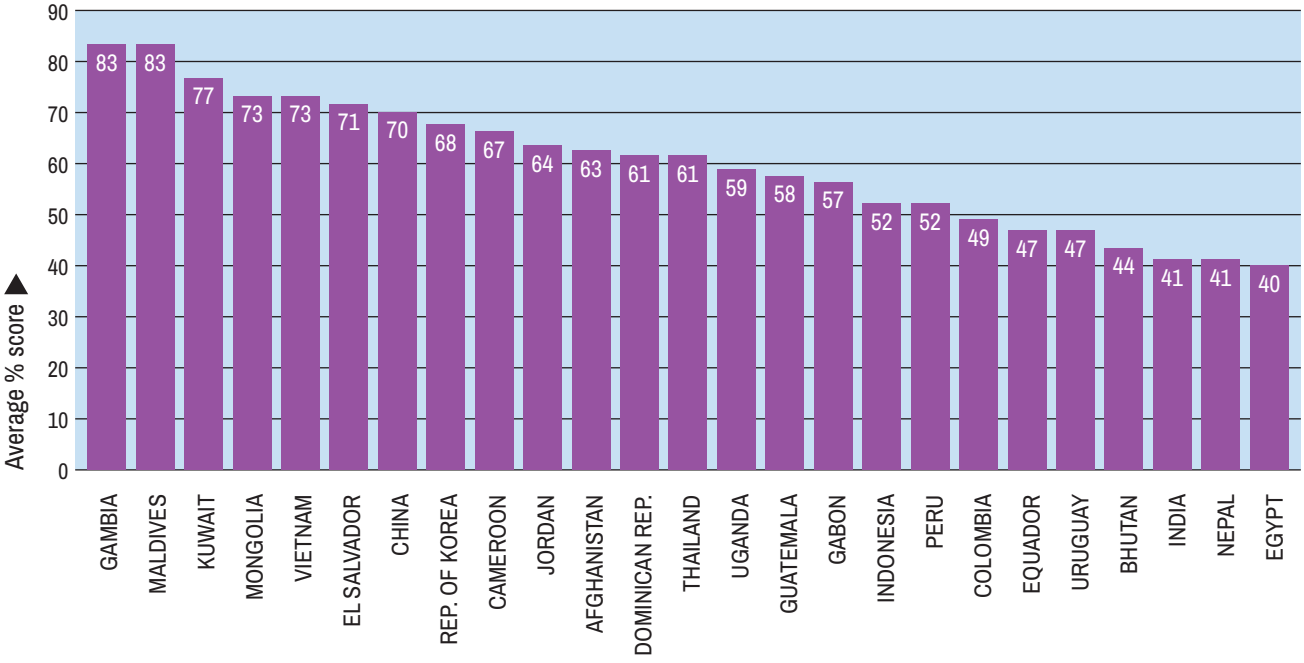
Figure 4: Region-wise average scores on policy & programme during 1st assessment



1. Second assessment on policy and programmes

Among the study countries (n=51), twenty-five countries conducted a second assessment. Average score of policy and programme indicators was 60.5/100.Countries that scored highest were Maldives and Gambia at 83/100 each, followed by Kuwait (77), Mongolia (73) and Vietnam (73). Lowest scores were registered in Egypt (40), India (41) and Nepal (41) as shown in Figure 5.

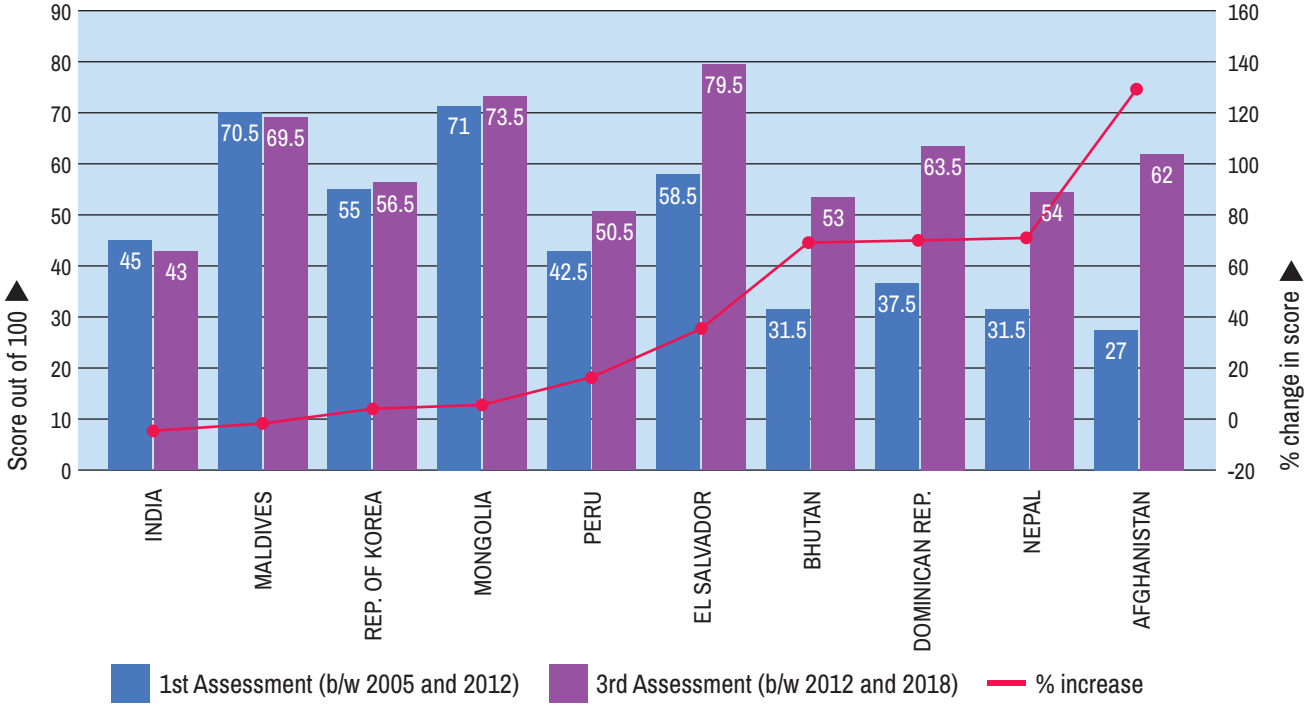
Figure 5: Country-wise average scores on policy & programme indicators during 2nd Assessment



2. Comparison of policy and programme scores between 1st and 3rd assessment

A total of ten countries conducted the third assessment. Average score in these ten countries increased from 47/100 in the first assessment to 60.5/100 in the third assessment. Figure 6 shows that most countries increased their score in comparison to their scores in the first assessment except India, which recorded a minor decrease. Figure 6 also depicts percentage increase in the score in these countries. Countries like Afghanistan (130%), Nepal (71%), Dominican Republic (69%) and Bhutan (68%) recorded very significant increase in their scores.

Figure 6: Comparison of policy and programme scores (1st and 3rd assessment) in 10 countries

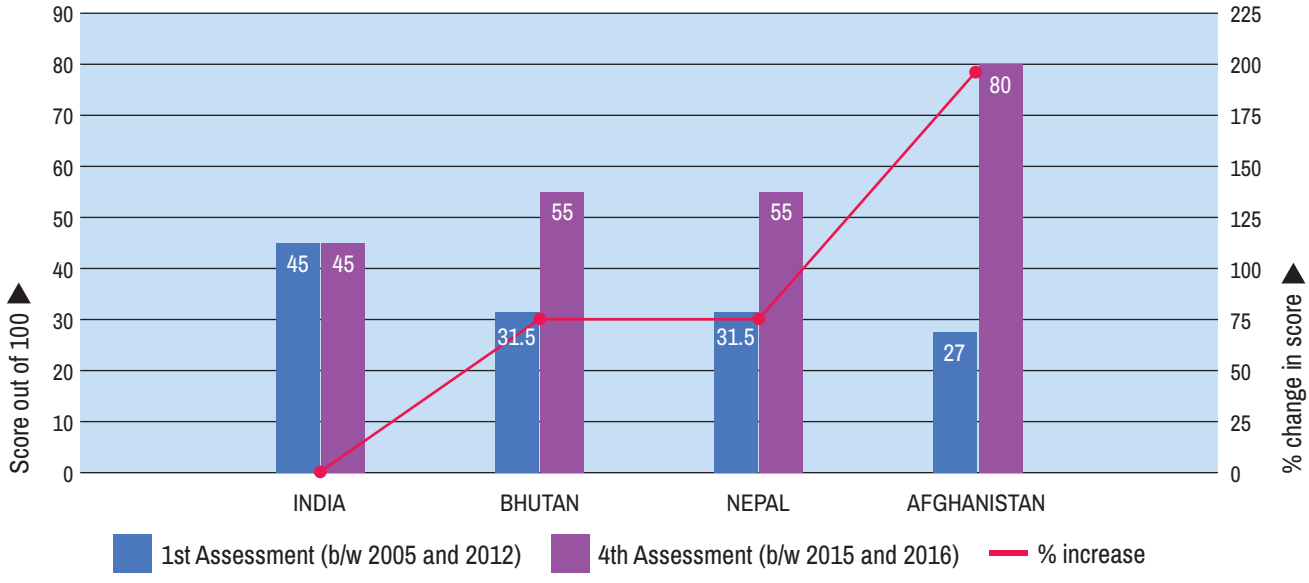


Presenting gaps infant feeding during emergencies WBTi India Assessment 2018

3. Comparison of policy and programme scores between 1st and 4th assessment

Only four countries conducted the 4th assessment. Figure 7 shows the comparative scores for the first and fourth assessment and percentage increase in these countries. Afghanistan increased the score by 196%, while Bhutan and Nepal recorded a 75% increase in their scores between the first and fourth assessment. India, which recorded a dip in its score in the third assessment regained its score in the fourth assessment. This pattern of increasing score highlights the importance of repeated assessments. The process enables the country to identify the remaining gaps in policies and programmes and take action to bridge these gaps, thus helping increase their policy/programme scores.

Figure 7: Comparison of policy and programme scores (1st and 4th assessment) in 4 countries



IMPROVEMENT / DECLINE IN SPECIFIC POLICY OR PROGRAMMES OVER THE YEARS

As the WBTi process expects to generate action nationally to improve policy and programme support to breastfeeding women, we asked the respondents to provide information about achievements in the different policy and programme indicator scores. Most of the policy and programme indicator scores improved in the ten countries that did three assessments. Figure 8 shows the improvements in the total scores of 10 countries especially in the Indicator 9(IFE) which registered a 158% increase, followed by Indicators 1 (National Policy, Programme and Coordination) with 58% increase and indicator 4 (Maternity protection) with 53% increase. Others achieved small gains. However, it is important to note that indicator 2 on BFHI registered a decline of 21%. Table 8 shows country-wise listing of specific action in different indicators.

Figure 8: Comparison of Indicator Scores between the 1st and 3rd assessments in 10 countries

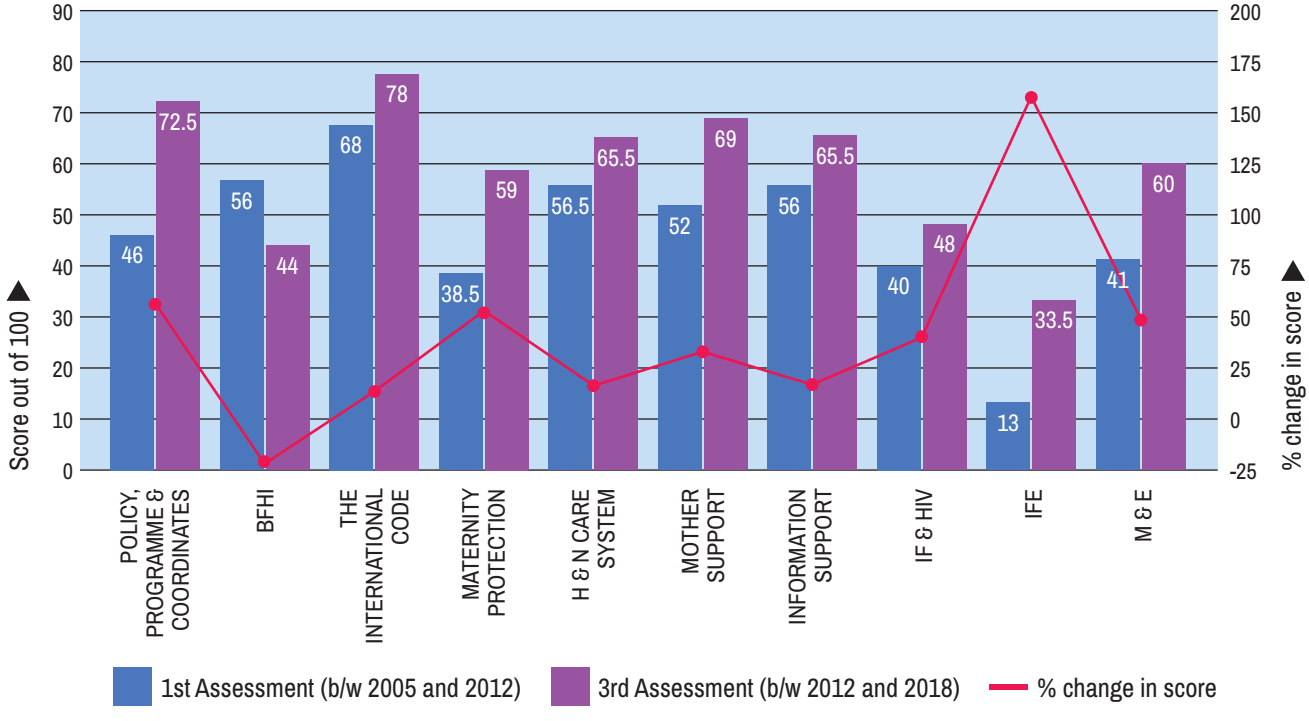


Table 8: Country-wise analysis of improvement in policy and programme indicators

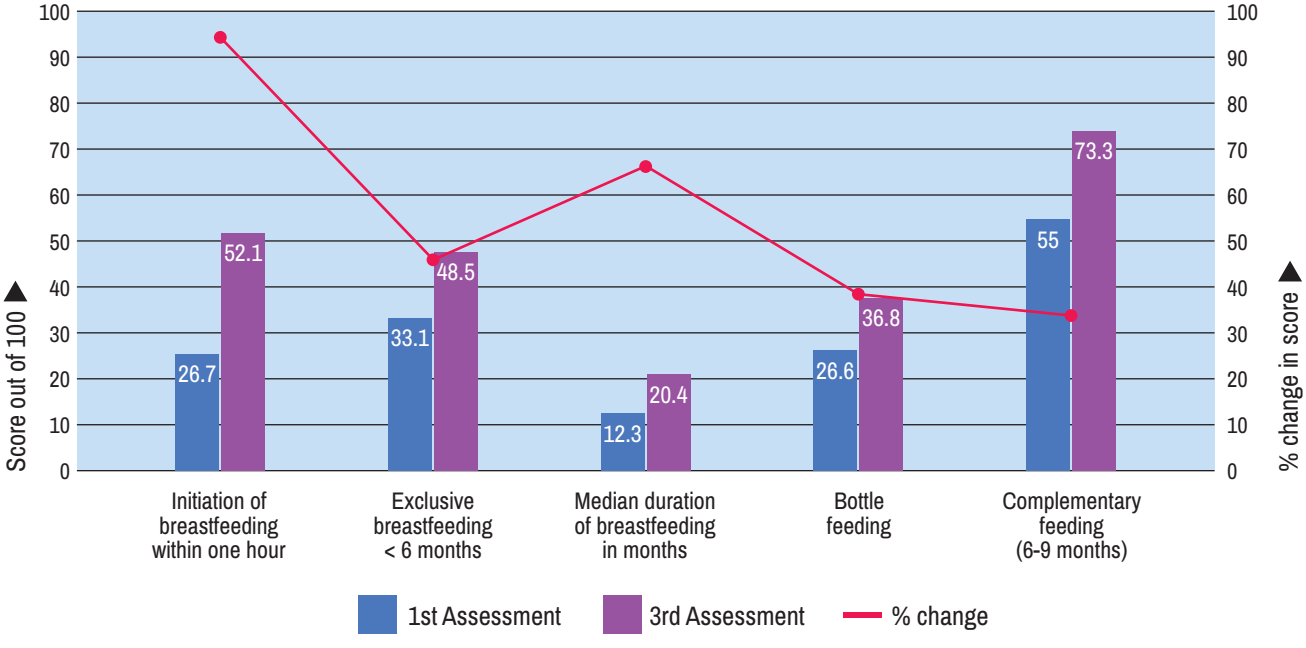
Country	Indicators	Improvement
Afghanistan	National Policy, Programme and Coordination	IYCF policy and strategy developed and officially endorsed , IYCF national committee and focal point developed and assigned, program funded
	Implementation of the International Code	Breastmilk Substitutes (BMS) national regulation developed and endorsed, it is monitored and implemented throughout the country, all articles of the Code is part of national regulation as law.
	IFE	Emergency preparation established and one person was trained as an emergency focal point.
Bhutan	National policy, programme and coordination	Since the first assessment, The National Breastfeeding policy has been updated into "food and nutrition security policy". This policy was updated based on the recommendations from WHO and UNICEF
	Maternity Protection	Government's initiative of giving 6 months paid maternity leave plus flexi time for civil servants and mandatory leave by leave for all workers
	Mechanisms of Monitoring and Evaluation System	IYCF indicators have been incorporated into the information system and there are also routine periodic surveys be carried out to keep track of the progress.
Dominican Republic	Maternity Protection	Ratification of ILO Convention 183
	Infant feeding during emergencies	Establishment of the emergency group in nutrition
	Policies and programmes	IYCF included in the government plans
El Salvador	National Policy, Programme and Coordination	The National Breastfeeding Plan was designed based on the policy.
	The International Code	Adoption, implementation and enforcement of the Law on the Promotion, Protection and Support of Breastfeeding
	Maternity Protection	Enhanced maternity benefits like maternity leave, paternity leave, paid breastfeeding breaks, work-place benefits etc.
	Health and Nutrition Care System	Improved guidelines on friendly birth care procedures
	Community Support	Support for pregnant and lactating mothers made available in community through support groups and child and women's Health units.
	Infant feeding and HIV	Enhanced guidance and support to pregnant and lactating women with HIV, better monitoring of the programme on HIV and IF.
	Infant feeding during emergencies	For the 2015 report, the Breastfeeding Policy incorporates infant feeding in emergency situations and disasters and it is included in the Law on the Promotion, Protection and Support of Breastfeeding and its Regulations. In addition, guidelines have been established to protect, support and promote the optimal feeding of infants and young children in emergency situations.
	Monitoring and Evaluation	Improved monitoring mechanisms for feeding practices at the community and health care facility level.

Country	Indicators	Improvement
India	Maternity Protection	Strengthened Maternity Benefit Act 1961 through an Amendment with enhanced maternity leave of 26 weeks, and work-place facilities
	Information support	A national IEC campaign on IYCF using electronic and print media was developed and implemented
	Monitoring and Evaluation	Monitoring and evaluation components are built into major infant and young child feeding programmes like ICDC, NRHM through Mother Child Protection card.
Korea, Republic of	National Policy, Programme and Coordination	A national IYCF policy has been adopted
	Maternity Protection	Improved maternity protection with enhanced maternity leave
	Mother support	Community-based ante-natal and post -natal support systems with counselling services on infant and young child feeding has been made available to all pregnant women
Maldives	National Policy, Programme and Coordination	Integrated National Nutrition Strategic Plan 2013-2017 has IYCF interventions
	The International Code of marketing of BMS	All Articles of the International code of marketing of BMS is enforced implemented as a regulation, "Regulation on import, produce and sales of breast milk substitutes in Maldives".
	Infant feeding and HIV	There is a comprehensive guideline for the Prevention of Mother to Child Transmission (PMTCT) of HIV; health care providers are being trained on it.
Mongolia	Infant feeding and HIV	Health staff and community workers receive training on HIV and infant feeding policies; lactating women provided ARVs and supported to practice safe infant feeding
	Infant feeding during emergencies	System for emergency preparedness established in Ministry of health
Nepal	Information support	Development of a national IEC strategy for improving infant and young child feeding
	Infant feeding during emergencies	Strengthening of policy and programme mechanisms for support during natural disasters (Flood, Landslide etc.)
Peru	Maternity protection	Adoption of a law that protects working mothers with enhanced maternity leave
	Health and Nutrition Care System	Guidelines for mother-friendly childbirth procedures were developed and disseminated to health personnel providing maternity care
	Information support	A communication strategy called "Somos Lecheros" has been developed which is mainly activated for the celebration of World Breastfeeding Week; The IEC materials has been aligned with national and international recommendations.

IMPROVEMENT IN BREASTFEEDING / INFANT FEEDING PRACTICES

Comparison of average rates of practice indicators between the first assessment and the third assessment in 10 countries shows improvements in 4 out of 5 IYCF practice indicators (See Figure 9). It includes Indicator 11 on early initiation of breastfeeding (increased by 95%), indicator 12 on exclusive breastfeeding for 6 months (increased by 47%) indicators 13 on median duration of breastfeeding (increased by 66%), and indicator 15 on initiation of complementary feeding at 6-9 months (increased by 33%) However, analysis of indicator 14 revealed that there was a 38.6% increase in bottle-feeding rates, which is negative.

Figure 9: Trends in the IYCF Practices Indicators in 10 countries accomplishing three assessments



For indicator 11 (early initiation of breastfeeding), four countries, Afghanistan, Bhutan, Maldives and Korea, Republic of did not have any data in the first assessment but included the indicator in their national surveys thereafter. This was one of the good examples of detecting a gap and bridging it with affirmative action. Except Dominican Republic and Mongolia, other 8 countries recorded a rise in this practice.

For indicator 12 (exclusive breastfeeding < 6 months), data was lacking in Afghanistan and Bhutan in the first assessment but the indicator was included in subsequent national health surveys. An analysis of trend showed that Dominican Republic, Republic of Korea, Mongolia and Peru showed a downward trend while in India it remained static. Other five countries showed an upward trend in this indicator.

For indicator 13 (Median duration of breastfeeding in months), four countries, Afghanistan, Bhutan, Maldives and Republic of Korea did not have any data in the first assessment but included the indicator in their national surveys thereafter. Except Dominican Republic, all other countries recorded an upward trend in the indicator.

For indicator 14 (Bottle-feeding), data was lacking in Afghanistan and Bhutan in the first assessment but the indicator was included in subsequent national health surveys. All countries except El Salvador and India showed an upward trend in bottle-feeding rates. This is a worrisome trend.

For indicator 15 (Complementary feeding – 6-9 months) data was not available in Bhutan in the first assessment but the indicator was included in subsequent national health surveys. All countries recorded an upward trend in this indicator except Afghanistan, Maldives and Peru.

DOCUMENTATION AND DISSEMINATION AT NATIONAL LEVEL

1. Availability of WBTi assessment reports and report cards

Apart from submitting the assessment findings to WBTi global secretariat at Breastfeeding Promotion Network of India, country core group is encouraged to develop a formal report and a report card for use as an advocacy tool at national, regional and global level. Among the study countries (n=51), most of the countries developed the report as well as report card. Table 9 shows that structured WBTi assessment reports were available in almost all (99%, range 96% – 100% in different assessment frequency) of the study countries. Among the participating countries 90% (range 78% – 100% in different assessment frequency) developed the WBTi assessment report cards.

Table 9: Availability of Reports and Report Cards of various Assessments

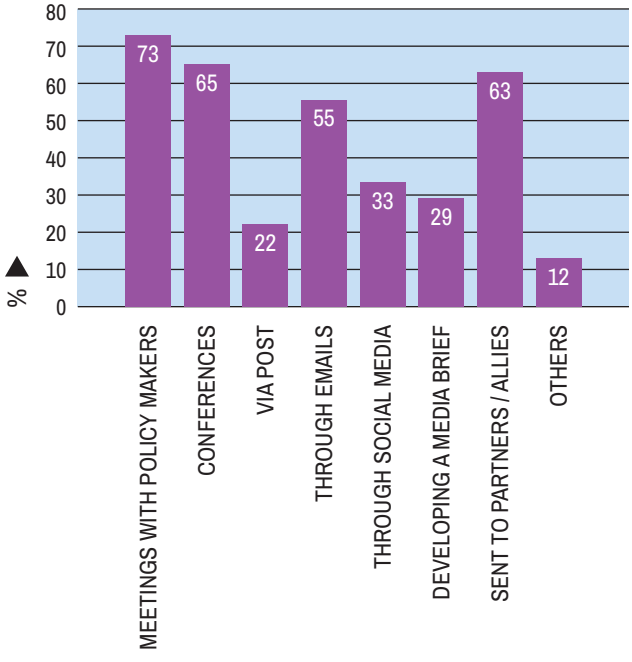
Assessment frequency	Available Report	Available Report Card
First	49/51 (96%)	40/51 (78%)
Second	25/25 (100%)	21/25 (84%)
Third	10/10 (100%)	10/10 (100%)
Fourth	4/4 (100%)	4/4 (100%)

2. Methods used in dissemination of reports and drawing Government's attention to WBTi findings

One of the purpose of developing the WBTi report is to inform the Government agencies about the gaps in the policies and programmes on IYCF in the country and to ask for action to bridge the gaps. The WBTi process calls for use of the national WBTi report for advocacy to bring change. To achieve this, the report and the report card require sharing and dissemination.

The WBTi coordinators used different methods for sharing. We found that 73% respondents did share it with policy makers and programmers at a meeting, 65% did it by presentation in conferences and meetings, 63% through dissemination to other partners, and 55% through email sharing. In addition, 33% shared it through social media, 29% utilized the documents for preparing a press brief. It is important to note that many countries used more than one method to disseminate the report. (See Figure 10).

Figure 10: Method(s) used to disseminate country report(s) or report card(s)



GOVERNMENT'S COMMITMENTS

In more than two third study countries (66.5%), ranging 55% in first assessment – 80% in third assessment, the governments made some commitment or led to an action to bridge the identified gaps by the WBTi report. (See Table 10)

Table 10: Commitment from Governments

Assessment frequency	Number of countries with commitment from Government
First	28/51 (55%)
Second	14/25 (56%)
Third	8/10 (80%)
Fourth	3/4 (75%)

An analysis of responses from the countries undertaking three assessment, showed that government agencies have taken several steps to improve the policies and programmes support to breastfeeding women. These included review and/or adaptation of policies, programmes and laws pertaining to breastfeeding, as well as strengthening the programmes on maternal and child health and nutrition. (See Table 11)

WBTi El Salvador Assessment in Progress 2018

Table 11: Types of commitment/actions by the governments

Country	Government Commitment / Action
Afghanistan	Community based IYCF counselling training was funded World Breastfeeding Week celebrated Breastfeeding communication campaign implemented Nutrition counsellors were hired Training of midwives in IYCF counselling done throughout the country
El Salvador	Breastfeeding pact was made where different sectors committed to continue efforts to generate favourable environments for breastfeeding through inter-sectoral work Commitment book signed by government and partners to monitor indicators and improve breastfeeding policies and programmes
Honduras	'Call for Action' agreed upon Act signed to strengthen child nutrition
Thailand, Bhutan, Egypt, China, El Salvador	Maternity and paternity leave passed into law Maternity and paternity leave revised and increased
Kuwait	Issuance of a ministerial circular to all health facilities, both public and private, encouraging BFHI implementation
Fiji	General budgetary allocation to all food and nutrition security programs including BFHI
Ghana	Improved financial and human resource allocation for the 'Infant and Young Child Feeding Program'
India	Maternity Benefit Act strengthened
Malawi	All shortfalls following assessment included in new 'Multi-sector Nutrition Policy and Costed Strategic Plan'
Mongolia	Law on 'Food for Infants and Young Children' approved

Country	Government Commitment / Action
Nigeria	National law on marketing of breast milk substitutes was made by the National Agency for Food and Drug Administration and Control that included subsequent relevant WHA Resolutions Many stakeholder meetings have been held to review implementation status of the Code and address challenges Sensitization meetings on the Code have been conducted in four States in the Rivers
Peru	Regulation developed for a Multi-sector Breastfeeding Commission RM2060 / 2014 MINSA Technical guide developed for Support Groups RM 609/2014 MINSA Administrative Directive of Friends Establishments RM4062 / 2015 Technical guide developed for Breastfeeding Counselling
Singapore	Support and funding from Health Promotion Board to promote breastfeeding and the BFHI
Timor-Leste, UK	Report used by MoH as a parameter for IYCF situation, and recommendations followed up through IYCF programming
Zambia	IYCF programmes incorporated into those of the National Food and Nutrition Council to strengthen programmes at both provincial and district levels

ACTIVITIES UNDERTAKEN BY THE COUNTRY CORE GROUPS AFTER WBTI ASSESSMENT

The core group for assessment comprised of different actors working on breastfeeding issues continued to contribute to breastfeeding and IYCF agenda in the country even after the assessment. 65% respondents indicated that WBTi core groups remained a sustained and active source of advocacy on breastfeeding in the country. Some of the salient actions achieved in countries is reflected in Table 12 below.

Table 12: Activities undertaken by the country core groups after WBTi assessment

Country	Activity
Australia	Reconnecting all the organisations who were invited initially but did not respond for WBTi assessment Maintaining contact with government policy makers and health ministers
Afghanistan	Monthly meeting of the IYCF working group chaired by the public nutrition directorate
Belgium	Keep on asking the government to organise data collection
Croatia	Each member of the core group continue to protect, promote and support breastfeeding in its own settings
Colombia	Advocacy for implementation of a new law for breastfeeding support and promotion

Country	Government Commitment / Action
Cuba	Organising conferences, training courses and workshops Developing research proposals Evaluation of BFHI
El Salvador	Breastfeeding education Dissemination of the breastfeeding law Preparation of educational materials
Fiji	Advocacy on breastfeeding and complementary feeding Developing advocacy material for education and counselling for dieticians
Gabon	Submitting reports of violation of the International code of the marketing of BMS and national regulation to the minister of health, UNICEF, WHO and FAO.
Honduras	Implementation of Friends of Children Hospital Initiative (IHAN) in 5 public hospitals Trying to reactivate the national commission of breastfeeding and complementary feeding
India	Advocacy with the government agencies on issues related with breastfeeding protection, promotion and support
Italy	Advocacy with the ministry of health and local health authorities for the rigorous application of the International Code of marketing of BMS Advocacy for extending BFHI to areas currently not covered
Kuwait	The core group members are part of the Kuwait breastfeeding promotion and BFHI implementation committee
Mongolia	Organising World Breastfeeding Week Advocacy on breastfeeding with the government
Nepal	Advocacy on breastfeeding at different levels
Peru	Presentation of WBTi report in various meetings and events
Spain	Doing training courses Accrediting hospitals and health centres Organising breastfeeding congress
Uruguay	Contribution to the drafting team of the bill regulating the commercialization of breast milk substitutes Campaign during the World Breastfeeding Week
Uganda	Meeting every month to discuss issues related to MIYCN Meet and review findings of the research studies

CRITICAL ACTIONS ON FUNDING, CAPACITY BUILDING AND CRC REPORTING

Apart from the actions mentioned above, the WBTi process has helped individual study countries in many other ways. Some of the actions are mentioned below:

- WBTi process led to additional fund-raising as reported by respondents from eighteen countries[3] out of fifty-one (35%).
- WBTi assessment reports provided valuable information to develop alternative CRC country reports. Respondents from eleven countries[4] out of fifty-one (21.5%) reported using the WBTi findings to strengthen their reports.
- The WBTi process helped identify status of health facilities and health workers trainings. It led to recommendation to capacity building of health professionals on breastfeeding and IYCF so as to increase the number of trained personnel working in mother and child care facilities.

3. Afghanistan, Guatemala, India, Bosnia, Korea, Maldives, Cuba, Mongolia, Nepal, Ecuador, Nigeria, Gambia, Ghana, Uganda, UK, Sierra Leone, Singapore, and Zambia
4. Belgium, Bosnia, Cameroon, Gabon, Ghana, Guatemala, India, Mongolia, Nepal, Niger, UK, and Vietnam

4 CHALLENGES AND LESSONS LEARNT

CHALLENGES

We identified number of challenges in different countries in the application of the WBTi process. These included:

Leadership and governance

- Few respondents reported having difficulty in involving the Ministry of Health and other government authorities and their endorsement.
- Frequent changes of the authorities at policy level caused some limitations.
- Some respondents mentioned that it is a challenge to make IYCF a priority at political level.
- Sometimes, it was challenging to agree on recommendations among the WBTi core group.

Health information systems

- Difficulties in getting data

Sustenance

- Few respondents reported that sustaining the WBTi core group was challenging.
- Limited funding does not help to sustain. Number of WBTi assessments is slowly going down over the years. Lack of funding to conduct assessments may be one of the reasons for this decline.

Financing of WBTi process

- According to some respondents, there were financial and human resource limitations to undertake the WBTi assessment process, print the report card and host a dissemination meeting.
- There was no stipulated budget lines earmarked for WBTi at country level by the governments.
- One respondent cited lack of interest in UN agencies to provide funding for the process.

LESSONS LEARNT

Several useful lessons have been learnt and these are grouped among the following sections.

Improvement in policies, programmes and funding

- The WBTi made it possible to objectively identify gaps in policy implementation and services. It was possible to motivate countries to bridge the gaps thus identified.
- The WBTi process helped raise issues needed to enhance commitment of decision makers.
- The WBTi report and report cards using colour coding was useful and effective tools for advocacy by enhancing visibility, instead of figures.

Improved collaboration and partnerships

- Building a strong partnership and ownership of the concerned actors is possible e.g. Ministries of Health, UNICEF, national institutions, NGOs and professional organizations.
- Integration of different sectors and strengthened inter-institutional coordination has been made possible that led to capacity building in promotion, protection and support for breastfeeding among different players.

Development of priorities and strategies

- The WBTi process leading to evidence-based information could help in drawing up clear strategies and priorities that need focussed attention.
- Comparing countries' progress over time and with other countries can create a need to put more emphasis on the identified weak areas.

Enriching surveys and reporting systems

- Identification of gaps in data collection can lead to national actions on infant and young child feeding surveys, clear reporting standards and monitoring tools.

"Something as simple as
better breastfeeding could save
a million children a year."
- Anne M Mulcahy

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

Difference WBTi made at a national level on policy, programmes and practices
The study shows that the policy and programme scores improved steadily in the study countries, following repeat assessments. In countries with three assessments substantial positive impact is reported in specific areas like IFE, national policy/coordination, and maternity protection. However, BFHI shows a declining trend. Among the 51 countries that responded few have stood out in performance e.g. Afghanistan and Nepal. These gains in the policy and programme scores may have contributed to the improvement in initiation of breastfeeding, exclusive breastfeeding, and complementary feeding). However, rates of bottle-feeding showed a rise.

More than two thirds of the countries that reported on the WBTi assessment received commitment from government. It is likely that advocacy efforts using WBTi reports that identified gaps, led to commitments/actions by the governments to improve the services and quality of data.

Factors associated with WBTi process and use of the report and report cards
Formation of the WBTi Core group and its sustained presence contributed greatly to the success of development and strategic dissemination of the WBTi reports and report cards, which provided a basis for bridging the gaps, resource mobilisation and the change.

The WBTi process contributed to additional skills to both the national WBTi coordinators and organizations following the WBTi process. Report writing, analysis of data, organizing a meeting/workshop and learning research methodology helped to achieve the objectives. WBTi helped organisations being recognised as reference point or a platform for partnership around IYCF. The WBTi therefore improved credibility of the organizations involved in the process as well as status of the WBTi coordinators.

RECOMMENDATIONS

1. The Governments, UN agencies, and donors could prioritise monitoring and tracking of breastfeeding policy and services; strengthen the work of core groups and provide funding for the WBTi process, resulting in repeated assessments and advocacy efforts on IYCF policies and programmes in the country.

2. The Governments, UN agencies, donors and all concerned should allocate specific funds for implementing interventions to protect promote and support breastfeeding and IYCF.

3. All countries could learn from the WBTi process and undertake the WBTi assessment. This will help in identifying gaps in the policies and programmes on IYCF, which may catalyse action to bridge the gaps and enhancing IYCF practices.

4. The existing WBTi countries should go for periodic reassessment every 3-5 years.

5. Every country should review the current policy and programmes as well as investment being made to improve these and commit to universalise breastfeeding services.

Strengths and weaknesses of the study

- The strength of the study lies in the fact that WBTi country coordinators who had worked on the whole process of WBTi assessment in their respective countries and therefore had first-hand experience, provided this information.
- On the other hand, this report includes data from only 51 out of 97 countries; therefore, it does not represent the status of impact of WBTi in all the countries, which is a weakness.

"We don't need to promote breastfeeding - we need to protect it. We need to change the narrative."
- Kim Lock

APPENDIX 1

QUESTIONNAIRE OF THE STUDY

WBT*i* IMPACT QUESTIONNAIRE

Country:

Name of the Respondent:

Name of the Country Coordinator for WBT*i*: **Date:**

Please check the appropriate answer(s)

1. Who coordinated the WBT*i* assessment?	1 = Government 2 = IBFAN 3 = Other Organisation (please mention the name)_____
2. How did you draw the attention of your government to the findings of the WBT*i* assessment?	1 = Organising a dissemination meeting for the report 2 = Presenting a report to the relevant government official in a one to one meeting 3 = Through a media brief leading to a media report 4 = Any other (*specify*)_____
3. How many times was WBT*i* assessment conducted and what are its outputs?	

3A. Number of times	3B. Years of Assessment	3C. Indicate score for policy & programmes(out of 100) _____	3D. Report Available?	3E. Report Card Available?	3F. Received Commitment from government on report?
1 = Once	1st_____	1st_____	1 = Yes 2 = No	1 = Yes 2 = No	1 = Yes 2 = No
2 = Twice	2nd_____	2nd_____	1 = Yes 2 = No	1 = Yes 2 = No	1 = Yes 2 = No
3 = Thrice	3rd_____	3rd_____	1 = Yes 2 = No	1 = Yes 2 = No	1 = Yes 2 = No
4 = Four times	4th_____	4th_____	1 = Yes 2 = No	1 = Yes 2 = No	1 = Yes 2 = No

4. If yes for question 3F, what was the commitment of the government? *Please include "QUOTE" if any.* Attach any documentation of commitment.	

5. Which policy and programme indicator Score improved in between 1st and the last assessment giving reason for the improvement (Note: This question is for countries who have done more than one assessment).

	Which Indicators	What contributed to the improvement?
Between 1st and last assessment		

6. Which policy and programme indicators Score declined between 1st and last assessments and why?

	Indicators	What contributed to the decline?
1st and last assessment		

7. Which Infant and young child feeding (IYCF) (11-15 indicators) Score improved or declined?

7A. Which indicator (11-15) improved between the first and the last assessment? *(Please mention the indicator with data)*	Please mention the indicator with data
7B. Which indicator (11-15) Score declined between the first and the last assessment?	

8. Which method(s) were used to disseminate the country report(s) or report card(s)? *Tick all that apply* Which methods did you use the country report and /or report cards for dissemination?	1. Presented at meeting with policy makers/programme managers 2. Presented at conference/symposium 3. Sent out report via post (mention the recipients) _____ 4. Shared through emails 5. Shared through social media 6. Used to develop a media brief 7. Disseminated to partners/allies 8. Published a journal article Other (*specify*)_____	
9. What major lessons have been learnt from applying the WBT*i* process at National Level? *Please list*	1. 2. 3. 4. 5.	
10. What are the major challenges in applying WBT*i* at country level? *Please list*	1. 2. 3. 4. 5.	
11. Is the WBT*i* core group still an active source of advocacy on BF in your country? *If yes, please explain what activities are being undertaken*	1 = Yes 2 = No	
12. What was IBFAN´s role in the WBT*i* national assessment process? Circle that apply	1. Coordination 2. Contribution in the Core group for assessment 3. Development of the report 4. Dissemination of the report 5. Advocacy based on the report 6. Others(*specify*)	
13. List the partners who form the WBT*i* core group?	1. 2. 3. 4. 5. 6.	
14. Which core group partners contributing to IYCF agenda in your country? *List*		
15. How did WBT*i* added to the skills of the following? *Tick all that apply*	15a. National WBT*i* coordinator 1. Writing report 2. Learning research methodology 3. Analysis of data 4. Organising a meeting/workshop 5. Advocacy skills 6. Other skills(Specify)	15b. Your Organisation 1. Act /recognised as reference point on IYCF 2. Serve as platform for local partnership around IYCF 3. Others skills (specify)
16. Did the WBT*i* project help in additional fund raising? *If Yes how?*	1 = Yes 2 = No	
17. Was WBT*i* used in developing the alternate Convention of the Rights of the Child (CRC) report? *If yes what was the outcome*	1 = Yes 2 = No	

APPENDIX 2

LIST OF RESPONDENTS

S. No.	COUNTRY	RESPONDENT/COORDINATOR
1.	Afghanistan	Dr. M. Homayoun Ludin
2.	Armenia	Susanna Harutyunyan
3.	Australia	Naomi Hull
4.	Belgium	Else Flies
5.	Bhutan	Laigden Dzed
6.	Bosnia	Aida Fillipovic Hadziomonjic
7.	Cameroon	James Achanyi Fontem
8.	Chile	Morella Contreras Ruvinskis
9.	China	Shuyi Zhang
10.	Colombia	Ana Marcela Gomez
11.	Croatia	Irena Zakarija Grkovic
12.	Cuba	Dr. Norma Silva Leal
13.	Dominican Republic	Clavel Sanchez
14.	Egypt	Dr .Ghada Sayed
15.	El Salvador	Licda Ana Josefa Blanco Noyola
16.	Ecuador	Rocio Cacio Boma
17.	Fiji	Ateca Kama
18.	France	Britta Boutry-Stadelmann
19.	Gabon	Jules Aurelien Bembangoye
20.	Gambia	Fofana Malang
21.	Ghana	Veronica Gomez, Wilhemira Oburbi
22.	Guatemala	Vilma Chavez de Pop
23.	Honduras	Ana Maria L. A.
24.	India	Dr. J. P. Dadhich
25.	Indonesia	Nia Umar
26.	Italy	Adriano Cattaneo
27.	Jordan	Dr. Hanan Al-Najmey
28.	Korea	Kim Jai Ok
29.	Kuwait	Mona Alsumaie
30.	Lithuania	Daiva Sniukaite
31.	Malawi	Sylvester Kathumba, Janet Guta
32.	Maldives	Mohamed Saeed, Mrs. Thohira
33.	Malta	Charlene Vasallo /Dr.Mariella Borg Buontempo
34.	Moldova	Ala Curteanu
35.	Mongolia	Soyolgerel Gochoo
36.	Nepal	Prakash Sunder Shrestha

S. No.	COUNTRY	RESPONDENT/COORDINATOR
37.	Niger	Haoua Afagnibo
38.	Nigeria	Alice Nte
39.	Peru	Nair Carrasco, Ana Vasquez Gardin
40.	Sierra Leone	Mariama Ellie, Amirata Shamit Koroma
41.	Singapore	Cynthia Pang
42.	Spain	Salomé Laredo Ortiz
43.	Thailand	Nisachol Cetthakrikul, Yupayong Hangchaovanich
44.	Timor-Loste	Maria Guterres
45.	Turkey	Charlotte Cordon
46.	Uganda	Ms. Esther Namaganda, Barbara Nalubanga
47.	United Kingdom	Patricia Wise, Alison Spiro, Clare Meynell, Helen Gray
48.	Uruguay	Natalia de Souza, Alejandra Girona
49.	USA	Kajsa Brimdyr
50.	Vietnam	Dr. Quan ne nga
51.	Zambia	Grace Mushibwe

Team Bangladesh during a WBTi Assessment in 2005

"Breastfeeding is a mother's gift to herself, her baby and the Earth."
- Pamela K. Wiggins

International Baby
Food Action Network
(IBFAN) Asia

Breastfeeding
Promotion Network
of India (BPNI)

WBTi Global Secretariat
Breastfeeding Promotion Network of India (BPNI)
BP-33, Pitampura, Delhi 110 034 (INDIA)
Phone: +91-11-27312705, 42683059
Email: wbtigs@gmail.com

@WBTiGlobalSec
Wbti Global

www.worldbreastfeedingtrends.org