THE CONVENTION ON THE RIGHTS OF THE CHILD

REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN AFGHANISTAN

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- **Emergency Nutrition Network (ENN)**
- **Action Contre la Faim (ACF)**
- **World Breastfeeding Trends Initiative (WBTi)**
- **State of the World Children, UNICEF, 2010**

Infant and Young Child Feeding in Afghanistan

1) A context of "exceptionally difficult circumstances"

Even if Afghanistan has overcome the state of emergency and has experienced some progress in the recent years, the country still has big challenges to overcome. The lack of a well-functioning state apparatus which would guarantee a basic level of security and effective public services and institutions has earned Afghanistan the label of a "fragile state". Women and children continue to face a situation of acute emergency with **exceptionally** high maternal and child mortality rates. In these circumstances, they require special consideration as they are particularly vulnerable to malnutrition, illness and death. In exceptionally difficult situations, as well as in emergencies, careful attention to infant and young child feeding practices and support to good practices has proved a powerful tool in saving lives.

The Global Strategy for Infant and Young Child Feeding (WHO-UNICEF 2003) emphasizes the need for comprehensive national policies on infant and young child feeding, **in exceptionally difficult circumstances**. More precisely it recommends that an effective feeding policy in such circumstances should include interventions that:

- Ensure that health workers have accurate and up-to-date information about infant feeding policies and practices, and specific knowledge and skills for exceptionally difficult circumstances, including counselling HIV-positive women;
- Create conditions that will facilitate exclusive breastfeeding;
- Ensure that suitable and locally available complementary foods are selected and fed, consistent with the age and nutritional needs of older infants and young children;
- Search actively for malnourished infants and young children so that their condition can be identified and treated, they can be appropriately fed, and their caregivers can be supported;
- Give guidance for identifying infants who have to be fed on breast-milk substitutes, ensuring that a suitable substitute is provided and fed safely for as long as needed, and that any “spill over effect” of artificial feeding into the general population is prevented;
- Adapt the Baby-friendly Hospital Initiative by taking account of HIV/AIDS and by ensuring that those responsible for emergency preparedness are well trained to support appropriate feeding practices consistent with the Initiative’s universal principles;
- Ensure that whenever breast-milk substitutes are required for social or medical reasons, for example for orphans or in the case of HIV-positive mothers, they are provided for as long as the infants concerned need them.

Moreover, in May 2010, the World Health Assembly urged its member states to pay particular attention to infant and young child nutrition in emergencies and related preparedness plans.

2) General situation concerning breastfeeding in Afghanistan

General data

Annual number of births (in thousands, 2008)	1269 (2008)	
Infant mortality rate (under 1) – per 1000 born alive	168 (1990)	165 (2008)
Under 5 mortality rate – per 1000 born alive	260 (1990)	257 (2008)
Neonatal mortality rate – per 1000 born alive	60 (2004)	
Maternal mortality ratio	1600(2003-2008 reported)	1800 (2005, adjusted)
Children underweight (under 5)	39 % (2003-2008)	
Children wasting (under 5)	9 % (2003-2008)	
Children stunting (under 5)	59 % (2003-2008)	

Source: State of the World children, UNICEF, 2010

Breastfeeding data

		Source
Exclusive breastfeeding: % of babies >6 months exclusively breastfed in the last 24 hours	44%	WBTi, Survey Kabul 2005
Median duration of breastfeeding	18 months	WBTi, Survey Kabul 2005
% of babies >6 months receiving other foods or drinks from bottles in the last 24 hours		WBTi, Pnjsher Province 2003
Breastfeeding with complementary food (6-9 months)	29 % (2003-2008)	UNICEF, 2010
Still breastfeeding (20-23 months)	54 % (2003-2008)	UNICEF, 2010

Exclusive breastfeeding rate are very low. This is quite alarming given the high rate of malnutrition among children and the risks that artificial feeding presents in poor conditions of sanitation.
There is a general lack of appropriate data at the national level on breastfeeding. Most of the sources come from individual NGOs studies and represent regional figures.

The **main causes of death** among infants and young children are: neonatal causes (41%), pneumonia (21%), and diarrhea (14%) and measles (4%). These four account for 80% of child deaths each year. The

issue of general and micro-nutrient malnutrition underlies all the causes of death because children are much more vulnerable if they are malnourished. (National Child and Adolescent Health Policy 2009 – 2013 Afghanistan)

3) Government efforts to encourage breastfeeding

National policy and strategies

The national health policy of the Ministry of Public Health (MoPH) supports breastfeeding and optimal infant and young child feeding (IYCF). However, it is not clear whether a plan of action to implement the policy has been developed.

Breastfeeding is part of a national health strategy: the Basic Package of Health Services (BPHS). Around 77% of the population has been covered by BPHS, so women have a partial access to consultation. However, there is evidence of a lack of understanding of breastfeeding from the implementing partners. Training on IYCF has been integrated after the start of the programme and does not cover the entire population.

Training of health personnel

Training of health workers on optimal infant and young child feeding is insufficient. A review of education curricula in the country indicates that infant and young child feeding curricula are only partially adequate. Also, very few in-service training programmes exist, which provide knowledge and skills related to breastfeeding especially in rural areas. Moreover, health workers are not trained on the implementation of the *International Code of Marketing of Breastmilk Substitutes*.

One of the problems that was identified has to do with lack of skilled staff to conduct trainings.

4) The International Code and donations of breastmilk substitutes (BMS)

The **International Code of Marketing of Breastmilk Substitutes** has been translated and adapted to a national legislation in 2009, which incorporates all provisions of the Code. Some implementation measures have been adopted by the Ministry of Public Health (letters to the media and industry).

Violations of the Code have been documented in Afghanistan (see Annex). A few examples show that there is insufficient awareness also among development actors on the risks of artificial feeding in the context of Afghanistan. Breastmilk substitutes (e.g. artificial milk) pose enormous potential risks to child health in areas with poor hygiene that lack proper storage facilities. This is exacerbated by the distribution of infant formula among illiterate communities who may not be able to read instructions for the preparation of artificial milk and thus may not be sufficiently aware of the sanitation methods needed for food safety.

The Infant and Young Child Feeding in Emergencies operational guidelines, urge actors involved in humanitarian actions to avoid distribution of donations of breastmilk substitutes.
During July 2010, a battalion of US Marines announced happily the distribution of infant formula in the Helmand Province in Afghanistan. The delivery included infant formula from Nestlé and baby feeder bottles. Thanks to the watchful eye of organizations such as *Action Contre la Faim*, and the cooperation of ISAF (the branch of NATO in Afghanistan) staff, the distribution was stopped in time.

This is a happy ending example, in which BMS distribution was prevented in a timely manner. However it shows that there is a need for guarantees that future BMS donations will be handled according to the best interest of child health, in line with international norms. It also shows that not all actors involved in Afghanistan are aware of the best practices of infant and young child nutrition in emergencies.

4) Baby Friendly Hospital Initiative (BFHI)

There is only 1 hospital in Kabul (Malali Hospital) which is certified as Baby Friendly, and only 5 hospitals have been designated for implementing BFHI.
Partners are not satisfied with its implementation and it has been suggested that the programme needs to be reviewed and also needs to be adapted to the Afghan context.

5) Maternity protection for working women

Afghanistan has not ratified Convention No. 183 on Maternity Protection.
The duration of maternity leave is 13 weeks, for women employed in the public sector. For the same women, breastfeeding breaks are paid for a maximum of 2 hours per day in governmental institutions.

Women employed in the private sector do not enjoy the same rights. They are not covered by the maternity protection law, and thus have no right to maternity leave. Also, no protection is guaranteed for women employed in the informal economy. NGOs working in Afghanistan are also not following the legislation on maternity protection.

Generally, maternity protection legislation is rather weak and several provisions need improvement.

7) Obstacles and recommendations

The following <u>obstacles/problems</u> have been identified:

- Low breastfeeding rates are alarming in a context of high infant mortality and malnutrition and poor sanitation conditions.
- No comprehensive policy is in place for infant and young child feeding in emergencies. There is only one strategy on supplementary feeding prepared by the MoPH.
- Lack of training of health personnel on breastfeeding. Lack of skilled staff to conduct training of health personnel on IYCF.

<u>Our recommendations</u> include:

1. Adopt and integrate the Global Strategy for Infant and Young Child Feeding, and the WHA 63 Resolution in national legislation and policy.

Prepare a comprehensive policy on infant and young child feeding in emergencies, to be included also in national preparedness plans and emergency plans.

2. Intensify efforts on training health personnel on the benefits of breastfeeding. Include infant and young child feeing in educational curricula.

3. Ensure effective implementation of the national marketing code.

4. Ensure coordination among all actors – national and international – regarding national child feeding policy.

For example, through preparing a <u>MEMO</u> on infant and young child feeding policy in difficult circumstances and emergencies, in order to allow for immediate and effective action in case of emergency situations. Disseminate and inform stakeholders widely, including national and international media.

5. Strengthen maternity protection legislation.

Annex: Examples of Code violations

- A medical doctor while being interviewed on a national popular television channel (TOLO) on breastmilk substitutes and promoting formula milk (*Bebeloc*)

- A manager of a formula milk company (Afghan Pharma Company bebeloc) is interviewed on television on the benefits of company products *Bebeloc*