

THE CONVENTION ON THE RIGHTS OF THE CHILD

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

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Data sourced from:

- UNICEF Ukraine <http://www.unicef.org/ukraine/ukr/children.html>
- Development and Health Survey (DHS), 2007
- Ministry of Health of Ukraine (MOH), 2007-2009
- United Nations Population Fund (UNFPA), 2009
- State report on the situation of children in Ukraine, 2009
- Ministry of Economy of Ukraine (MOE), 2010
- Research "Learning needs of children born to HIV-positive parents", prepared by the NGO Analytical Centre Sotsiokonsaltnh, 2008
- Independent international counsellor (Evaluation of UNICEF influence on implementation of the expanded Baby-friendly Hospital Initiative in Ukraine, Anne-Lora Pinyar-Rane), 2008

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Infant and Young Child Feeding in Ukraine

1) General points concerning reporting to the CRC

Ukraine is being reviewed by the CRC Committee for the 4th time. At the last review, in October 2002 (session 31), IBFAN sent an alternative report to the CRC Committee.

In 2002, the CRC Committee made recommendations on infant and young child feeding. These recommendations addressed the needs to: Paragraph 50 (a) *“Ensure that all children, especially the most vulnerable groups, have access to **primary health care**; (b) Develop a **national policy** in order to ensure an integrated and multidimensional approach to **early childhood development, with a focus on health and nutrition**; (c) Continue to operate with and seek assistance from...UNICEF and WHO.”*

Ukraine has a progressive **national policy** with an integrated and multidimensional approach to early childhood development with focus on health and nutrition: Nakaz № 149 (2008) of the Ministry of Health “Clinical protocol on health care of the healthy child till 3 years of age”. It is based on the definition of child health as a medical and a social issue where the family is the main participant in the process. This Nakaz corresponds to the World Health Organization’s recommendations regarding definitions, charts and age scale. Also we have several other Nakazes (more than 20), which include many provisions of current WHO recommendations in relation to early childhood health and nutrition.

Collaboration with UNICEF and WHO has been and remains very fruitful, especially regarding child health, development and nutrition management. UNICEF and MOH Ukraine have joint activity plans and work together in the Programme “Child’s Health and Development”.

In 2009, Ukraine ratified the UN Convention on the Rights of Persons with Disabilities, but we have not reported on that Convention so far.

2) General situation concerning breastfeeding in Ukraine

Access to health services

As stated in the Ukrainian legislation, any person can address any health facility in order to get primary health care. But, despite the considerable network of medical institutions that provide medical care to children, unbalances in the health system makes it difficult to provide equal access to health care for rural and urban children. According to the Ministry of Health of Ukraine (2008), only 38% of children living in rural areas obtained care in the regional children's hospital. The MOH has noted that the low incidence of morbidity of rural children does not reflect the true state of their health. In reality, there is a serious lack of financial possibilities for families living in rural areas, a lack of social awareness of parents regarding their health and their children's health, as well as limited access to health care.

Statistics

The total amount of children each year decreases, but the number of children in the age group 0-2 years is growing. The infant mortality rate in rural areas is higher than in urban areas.

Total numbers of children (up to 18 years old)	8.3 million (UNICEF, 2008)	8 186 277 (State report)
Number of infants under 12 months	~ 462 000 (State report, 2008)	
Number of children under 2	~ 460 000 (State report, 2008)	
Number of children under 5	~ 401 000 (State report, 2008)	
Infant mortality rates (per 1000 born alive)	20 (UNICEF, 2007) 13 (UNFPA, 2008)	11 (MOH, 2007) 10.3 (MOH, 2008)
Child mortality rate – up to 5 years (per 1000 born alive)	24 (UNICEF, 2008) 17 (UNFPA, 2008)	13.2 (MOE, 2008)
Maternal mortality rates (per 100 thousands born alive)	23.5 (UNICEF, 2007) 18 (UNFPA, 2008)	17.8 (MOH, 2007) 14.7 (MOH, 2008) 15.5 (MOE, 2008)

Data on breastfeeding (initiation, and exclusive breastfeeding at 0 and 3 months) is not available. Data from the Baby Friendly Hospital Initiative show that exclusive breastfeeding at time of discharge from the hospital is very high: 98.2% (MOH, 2008).

Meanwhile, exclusive breastfeeding at 6 months in Baby Friendly Hospitals is recorded at 50.5% by the Ministry of Health (2008) and at 18% for the whole of Ukraine (investigation of households) by DHS. The percentage of children who were not longer breastfeeding at 6 months (any degree of breastfeeding) increased from 38.1% in 2000 to 47.6% in 2008 (MOH). This is a rapid serious change for the worse). 21.5% of children born in Baby Friendly Hospitals were breastfed up to 12-15 months (MOH).

The inclusion of statistics on breastfeeding in medical surveys shows a clear effort to display these data, but there is still room for improvement. Some of the systemic weaknesses are the availability, collection, analysis, reliability and harmonization of different data sources. Figures on breastfeeding should be treated cautiously since health institutions do not register the social status of patients and it is therefore difficult to determine the accessibility of services for vulnerable groups. Moreover, data collection on exclusive breastfeeding is not a common practice. Also, monitoring of breastfeeding rating at national level is still weak.

The main causes of death among infants and young children from 0 to 1 years of age (MOH, 2008):

- Situations arising in the peri-natal period – 57.00 (per 10'000 live births)
- Congenital abnormalities – 27.00
- External causes - accidents, poisonings and injuries – 6.56

The causes of death of **rural children** come from exogenous factors - they die twice as often from respiratory diseases, 2.1 times more frequently from infectious diseases and 2.5 times more often from external actions.

3) Government efforts to encourage breastfeeding

The International Code of Marketing of Breastmilk Substitutes (IC)

The IC has not been enforced in Ukraine. It is under examination and has been for years. However, a few provisions of Code principles are in some Ukrainian Laws: the laws on advertising, on quality and food safety, and on baby foods. Implementation of the basic Code principles is very weak, because existing legislation does not include any sanctions for violations.

A working group (including health workers, UNICEF and IBFAN-groups) prepared a draft Order based on the International Code focusing on health facilities. The draft Order was transferred for approval to the MOH, but two years later it has still not been adopted.

Monitoring of the IC in 2004 contained alarming findings: baby food manufacturers were promoting their products in 65% of the health care centres in Ukraine, and a quarter of the mothers surveyed had received product samples which were covered by the Code. Among the companies violating the IC were Nestle, Nutricia, Hipp, Khorol's'kyi factory, Karapuz, Lasunya and Abbott. The report reflected the different types of violations in Ukraine by manufacturers of breastmilk substitutes and it concluded that these violations were mainly due to the lack of a legal framework as well as to the lack of knowledge of medical professionals and families concerning the International Code of marketing.

Other legislation

The other most relevant laws and regulations regarding reproductive health and responsible procreation include:

- The law on **"The Protection of Childhood"**;
- The law on **"Health", Article 57: "Promotion of Motherhood. Guarantees associated with the Health of Mother and Child"**;
- The **Resolution** of the Ministers of Cabinet of Ukraine (2002), **№ 1914** on the approval of the cross-integrated programme **"Nation's Health for 2002-2011"**;
- The **Resolution** of the Ministers of Cabinet of Ukraine (2006), **№ 1849** on the approval of the State programme **"Reproductive Health, 2006-2015"**; this resolution affirms the necessity to increase to 60% the percentage of children who are exclusively breastfed for six months.

Moreover, the programme **"Support of breastfeeding in Ukraine, 2006-2010"**, which focused only on breastfeeding, was adopted some years ago but no comprehensive nutritional programme was set up.

Support to civil society

Currently, a third government sectoral programme supports breastfeeding in Ukraine (until 2010). One of its objectives is to attract NGOs to promote breastfeeding. But in reality, there is little interest to develop cooperation with NGOs and no encouragement whatsoever. Amongst the fears:

- NGOs are non-specialists;
- Perception that NGOs are competitors in the ministries "own" hospital area;
- Mother-to-mother support groups do exist, but they are few, as they find it difficult to sustain themselves, and their work is generally separated from public health facilities.

There are three IBFAN groups in Ukraine.

Courses on breastfeeding, HIV/and infant feeding and/or national research projects on these issues

In the late of 90s and early 2000s, UNICEF and MOH provided a series of training courses on breastfeeding (including HIV/breastfeeding management) for health workers with the aim of preparing national trainers and breastfeeding counsellors; unfortunately we do not know the total number of trained staff.

According to BFHI information, a register of trained experts was created. On 01.01.2010, there were 188 professional national and regional BFHI trainers, 176 BFHI evaluation experts, and 29 BFHI re-

evaluation experts. Regional training and organizational monitoring centres reported that teaching staff at the local level (rural doctors) were trained on BFHI, but no exact figures were provided, nor was a clear strategy described.

In 2004, a national training textbook on breastfeeding management was produced, printed and distributed (2000 copies).

Data on national research projects on breastfeeding are not available.

4) Baby Friendly Hospital Initiative (BFHI)

Background

UNICEF initiated the process of BFHI implementation in 1996 and assisted in the development of national policy documents thus giving BFHI an official basis in Ukraine. UNICEF also prepared numerous educational materials on BFHI. Without UNICEF this initiative would clearly not have been implemented in Ukraine.

In 2006, a new version of printed materials aiming to extend BFHI was produced and, with help from UNICEF, the National Methodical Monitoring Centre was created to monitor the implementation of the renewed and extended BFHI. Today in Ukraine there are 27 regional methodical and organizational monitoring centres (which are generally referred to as centres for breastfeeding support).

Current situation

There were 246 certified “baby friendly” health care facilities in 2009 - in which 51.7% of all children were born. Only 18 % of all maternity facilities¹ were baby friendly in 2008 (UNICEF). At the district level – in rural areas - only 8% of health facilities were certified baby friendly.

No private clinic has baby-friendly status in Ukraine.

Challenges

Observations made in postpartum wards show that mothers receive very little support from health workers, and though “mother-friendly” support is one of the essential components of the extended BFHI, it has not yet been integrated into daily practice.

Health workers understand what is required to make a “Baby-friendly” environment (generally related to modernization and equipment such as the availability of a family birthing room in maternity facilities), but making it “Mother-friendly” is not their priority. Thus, they have not yet integrated a new approach toward the mother and the child based on understanding human rights and creating a Mother- and Child-friendly environment.

Counselling of mothers is insufficient. Mothers cannot fully use their stay at the institution to discuss their problems because they feel uncomfortable to do so.

¹ BFHI in Ukraine is predominantly found in maternity facilities. In some cases, these maternities are part of big health care facilities, in some cases they stand alone. It is only in the last couple of years that BFHI has been established in Children hospitals and policlinics.

5) Maternity protection for working women

General provisions

Maternity protection is included in the **Ukrainian Labour Code** and entitles mothers to paid leave in relation to pregnancy, childbirth and baby care. Payment compensates for the loss of wages during this period.

A pregnant woman, who is officially working, is granted paid leave for temporary disability (“illness sheet”) in relation to pregnancy and delivery.

To be entitled to paid temporary disability in relation to pregnancy and delivery women need to be registered in a women's consultation or clinic and to present an official certificate stating temporary disability.

At the end of the period of paid leave for temporary disability, a young mother can either return to work or go on child care leave (for up to three years). In the latter case, she will no longer receive an average monthly salary, but an amount from the State Insurance.

If the child needs home care because he is ill, it must be confirmed by a doctor that the child is in need of treatment; the mother is then entitled to supplementary leave without pay until the child is six years of age.

Maternity leave (in Ukrainian Law, it is called “illness sheet for temporary disability in relation to pregnancy and delivery”):

- 63 days before and 63 days after giving birth.
- In case of having two or more children or any complications during childbirth, the leave is increased to 140 days (70 days before and 70 after childbirth).
- Leave for child care lasts till the child is 3 years old.

Cash benefits

- 100% of the woman's average wages at her work place if she has been working more than 1 month.
- If she has worked less, she will receive a minimum amount, sufficient to survive.
- the amount is paid by the State Insurance Fund, regardless of her holding an insurance or not.
- From 2008, payment at birth of 12'240 Ukrainian griven² (about 1'530 USD) for the first child, 25'000 (about 3'125 USD) for the second child, and 50'000 griven (about 6'250 USD) for the third and subsequent children.

Breaks for breastfeeding

- **Article 183 of the Ukrainian Labour Code:** Additional breaks for breastfeeding are provided to women until the child is 1.5 years old: 30 minutes every three hours.
- In case of two or more babies, the breastfeeding break is set at one hour every three hours.
- Specific terms are established by the employer in consultation with trade unions, and take into consideration the mother's wishes/needs.
- Breaks for breastfeeding are included in working time and paid according to the mother's average earnings.

² Ukrainian currency : 1 US\$ = 8 griven

6) HIV and infant feeding

General information

The highest HIV/AIDS rates in Eastern Europe are in Ukraine. In 2007, HIV prevalence among the population aged 15-49 years was 1.63%. The number of patients among pregnant women was 0.34%, the highest in Europe.

In recent years there has been an annual increase of births in HIV-infected women (during 2000-2008 years, more than 5 times), but vertical transmission of HIV - from mother to child - has fallen from 27% in 2000 to 7.2% in 2007. According to the MoH, by the end of December 2008, 7'985 children had been born to HIV-infected women.

HIV and breastfeeding

In Ukraine, the HIV status of a mother is a contraindication for breastfeeding. Apart from the information given during the breastfeeding course the topic is not discussed. There is a tacit agreement that nurses must convince HIV-positive mothers to not breastfeed. If a mother with confirmed HIV-positive status chooses to breastfeed, the medical staff takes this negatively.

According to the states's report to the CRC, health institutions are fully equipped with adequate milk substitutes for infants born to HIV-positive mothers. However, according to the study "Learning needs of children born to HIV-positive parents" this is not accurate. Indeed:

- 11% of parents were faced with difficulties in baby feeding during first year of life;
- 40% of children regularly receive infant formula in health care facilities (distributed by government); NGOs also distribute infant formula to approximately 2 % of infants;
- 29% were provided breastmilk substitutes from time to time;
- 13% buy the necessary breastmilk substitutes with their own funds;
- 55% of mothers received information on what it is "artificial feeding" and its principles.

7) Obstacles and recommendations

The following obstacles/problems have been identified:

- Lack of availability, collection, analysis and reliability of data related to breastfeeding.
- Little funding for public awareness on infant feeding issues.
- Absence of a legal framework for ensuring implementation and compliance with the *International Code of Marketing of Breastmilk Substitutes*, including sanctions.
- Lack of systematic monitoring on International Code violations, which is one of the reasons for violations by stakeholders.
- Lack of surveys of service users about the quality of aid at health institutions, and degree of implementation of the principles of extended BFHI, International Code.
- Extended BFHI not included in training programmes for doctors and specialists, nurses and midwives, either at regional or national levels.
- Lack of attention of medical staff on the essential elements of the extended BFHI: providing mother- and family-friendly services.
- Efforts of medical staff to support BFHI are not compensated financially.

Our recommendations include:

- Work towards implementation of human rights-based approach to children, mothers, families, with particular attention to disparities in health services between rural and urban children.
- Organise easily accessible and reliable data collection on infant and young child feeding at national and regional level.
- Promote extended BFHI in primary health care (in order to provide access to the most vulnerable categories of the population).
- Raise public awareness on infant feeding through campaigns and education.
- Facilitate the adoption and implementation of the draft Order transmitted to the MoH to tackle the advertising of breastmilk substitutes in Ukrainian health care centres. Implement and comply with the *International Code on Marketing of Breastmilk Substitutes*.
- Support and encourage collaboration with civil society on the protection, promotion and support of breastfeeding. In particular, engage in a process of cooperation with regards to the effective implementation of the International Code.
- Develop mechanisms to train and motivate medical staff to comply with principles of friendly approaches to the mother and child. Conduct regular evaluations to measure the level of satisfaction in maternity facilities services.
- Provide information and educational materials for counselling of mothers, including in relation to Mother-to-child-transmission for HIV-positive mothers (based on WHO recommendations).
- Consider ratifying the ILO Convention 183 (2000) on maternity protection at work.

Annex: Violations of the International Code of Marketing of Breastmilk Substitutes in Ukraine



Figure 1. Advertisement from AVENT



Figure 2. Advertisement for Nestlé juices

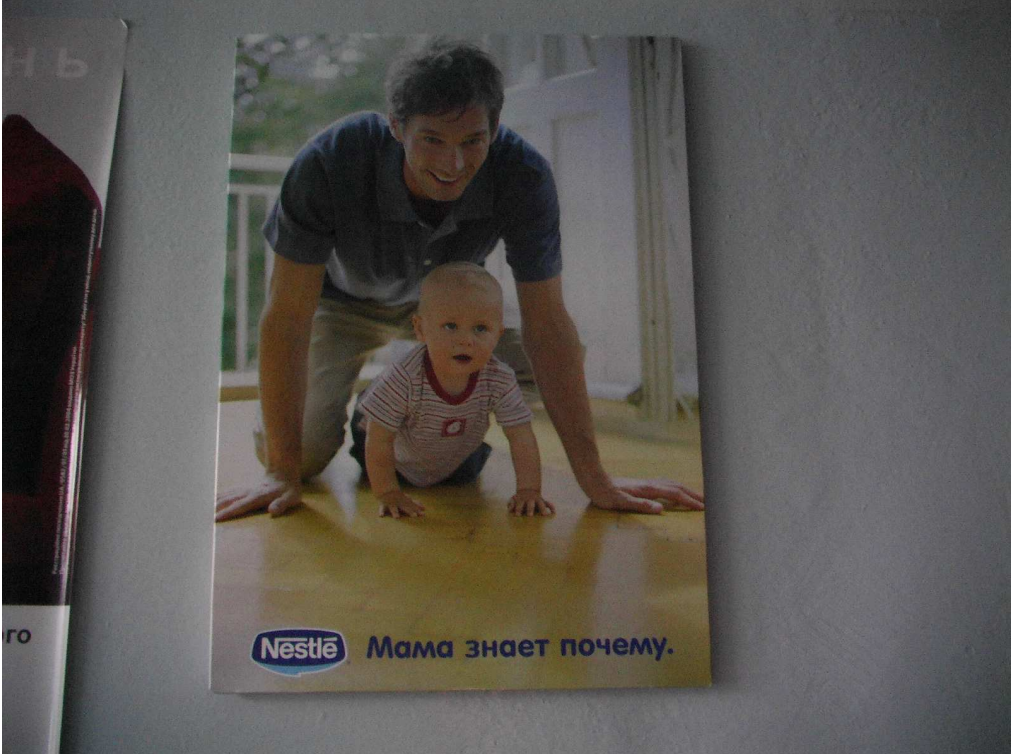


Figure 3. Poster by Nestlé exposed in a health clinic