

THE CONVENTION ON THE RIGHTS OF THE CHILD

Session 63
May/June 2013

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



February 2013

Prepared by:

Geneva Infant Feeding Association (IBFAN-GIFA, Geneva, Switzerland)

1) General points concerning reporting to the CRC

In 2013, the CRC Committee will review Uzbekistan’s combined 3rd and 4th periodic report.

At the last review in 2006 (session 42), IBFAN presented a report on the state of breastfeeding. In the [Concluding Observations](#), in para 48-49, the CRC Committee recommended Uzbekistan to “*a) continue [...] to strengthen primary health care centres [...]; b) plan and implement systematic health programmes, in particular nutrition programmes [...]*”.

Besides the Convention on the Rights of the Child, Uzbekistan ratified other relevant international human rights conventions, in particular the International Covenant on Economic Social and Cultural Rights. At the last review in 2005 (35th session), the CESCR expressed its concern “*about the high incidence of malnutrition in the State party, in particular in Karakalpakstan*” (para 31) and urged Uzbekistan “*to take all necessary measures to ensure access to essential food which is sufficient, nutritionally adequate and safe for everyone living in the State party, in particular in Karakalpakstan*” (para 62).¹

Uzbekistan has not yet ratified the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families, the Convention on the Rights of Persons with Disabilities and the International Convention for the Protection of All Persons from Enforced Disappearance.

2) General situation concerning breastfeeding in Uzbekistan

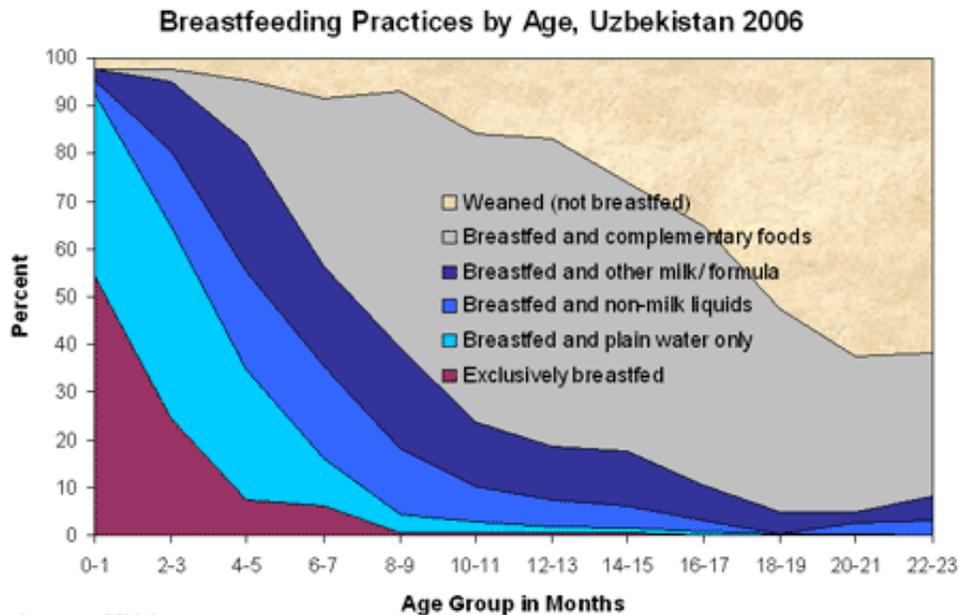
General data

Annual number of births (in thousands)	587 (2010)	
Infant mortality rates under 1 year of age (per 1000 live births)	63 (1990)	44 (2010)
Neonatal mortality rate (per 1000 live births)	23 (2010)	
Maternal mortality ratio (per 100'000 live births)	21 (2006-2010) reported	30 (2008) adjusted
Skilled attendant at birth	100%	
Institutional delivery	97% (2006-2010)	
Infants with low birth weight	5% (2006-2010)	

Breastfeeding data²

| (2006)

Early initiation of breastfeeding	67%
Exclusive breastfeeding at 6 months	26%
Complementary feeding at 6-8 months	45%
Continued breastfeeding at 12-15 months	78%
Continued breastfeeding at 20-23 months	38%



Source: *childinfo.org*

Breastfeeding trends in the country³ show an increase of early initiation of breastfeeding (from 19% to 68% in 10 years) and an increase in exclusive breastfeeding rates (from 2.4% to 26% over a decade). With 97% of institutional deliveries and 100% of skilled attendance at birth, Uzbekistan has a very high potential in reaching 100% early initiation to breastfeeding rates, through training health care professionals to adequately advise and support mothers at birth.

It has been estimated that 22% of newborn deaths could be prevented if every baby were breastfed within one hour from birth, and 16% if breastfeeding started within one hour⁴.

The data show that more than 90 % of mothers in Uzbekistan breastfeed their children during the first 6 months of life. However, **exclusive breastfeeding** up to 6 months (red part of the chart) remains very low and the introduction of other liquids – especially water and other milk/formula – and of complementary foods in infants’ diet occurs too early; almost 40% of new mothers start to introduce other liquids in their children’s diets right after birth – only 45% of babies are adequately introduced to complementary foods between 6-8 months. This might be due to lack of proper information on best infant and young child feeding practices that mothers receive.

It is therefore key to improve health personnel’s training on breastfeeding and infant and young child feeding in order to allow for more accurate information and support to be given to mothers before and after birth.

3) Government efforts to encourage breastfeeding

National measures:

In Uzbekistan, Infant and Young Child Feeding falls under the direction of the National Interdepartmental Committee on Nutrition established in 2006. The Committee is subordinate to the Cabinet of Ministers and coordinated by the Ministry of Health; it formulates action plans, fosters enabling conditions for disseminating the policy of exclusive breastfeeding until the age of six months, formulates and implements a set of measures aimed at reducing the incidence of nutrition-related problems, integrates nutrition principles into all national programmes and creates conditions for the introduction of healthy nutrition principles at the national level⁵.

The International Code of Marketing of Breastmilk Substitutes:

According to the International Code Documentation Centre, Uzbekistan has no law on marketing of breastmilk substitutes and the *International Code of Marketing of Breastmilk Substitutes (WHO UNICEF 1981)* is being studied by the government.

In 2004, an order (“prikaz”) prohibiting advertisement and promotion of breastmilk substitutes in maternity and pediatric health care settings was adopted. However, few facilities follow the directive.⁶

The adoption of the Code by Uzbekistan is urgently needed, especially considering that after the first month of age there is a sharp drop in exclusive breastfeeding rates, in large part due to the fact that many paediatricians and nurses are influenced by infant formula companies and recommend other food and milks but not breastmilk⁵.

Courses on infant feeding and training of health personnel on breastfeeding:

The MOH, in collaboration with UNICEF and international organizations, has done some work at the community level to educate leaders in infant and young child feeding promotion activities. Exclusive breastfeeding rates are reported to have reached 83 percent in focus communities⁶.

Health facilities have seen a decrease in trained personnel due to a rapid turnover and lack of systems for training replacements. Out of 260 staff trained as BFHI and lactation managers from 1998-2006, only 10 percent were still available to serve as trainers in 2008. Newly arrived hospital administrators also lacked orientation and thus commitment⁶.

4) Baby Friendly Hospital Initiative (BFHI)

Uzbekistan’s engagement in BFHI began in 1998. Currently 31% of maternities and 2% of polyclinics are certified as baby friendly⁵.

	Maternities	Polyclinics
Number of facilities designated baby friendly	102	76
% of all (or targeted) facilities	31%	2%

5) Maternity protection for working women

Maternity leave

Scope: All women working in the territory of Uzbekistan. The entitlement to maternity leave also covers a father or tutor, grandmother, grandfather or other relatives who actually takes care of the child, in cases when the mother’s care for the child is absent (for example in case of death or long stay in medical establishment).

Duration

General total duration

- 126 calendar days (70 days before and 56 days after childbirth).
- Maternity leave shall be calculated cumulatively and shall be granted entirely irrespective of the number of days actually used before childbirth.

Extension

- In case of birth of two or more children, the postnatal period of maternity leave is extended to 70 calendar days (instead of 56).

Cash benefits

- Insured workers shall be granted maternity benefits.
- *Duration:* Throughout the entire period of maternity leave and its extensions.
- *Amount:* 100 per cent of the wage.
- *Financing of benefits:* State social insurance scheme. Contributions to the social insurance scheme shall be paid by employers as well as by insured workers themselves.
- *Alternative provisions:* Upon birth of a child a lump sum allowance shall be paid.

Right to part-time work

- Upon request pregnant women, women with children of 14 years of age (handicapped child - under 16 years), including children taken into custody, the employer shall allow part time work. This provision also applies to a father or tutor, grandmother, grandfather or other relatives who actually

takes care of the child, in cases when the mother's care for the child is absent (for example in case of death or long stay in medical establishment).

- If requested, the mother or other person entitled to parental leave may continue to work on part time basis or at home on agreement with the employer.

Parental leave

- On completion of maternity leave women are granted childcare leave, which may be used entirely or partially by the child's father, grandmother and grandfather, or by another relative who actually takes care of the child. These leave provisions also apply in case of adoption or guardianship.
- *Length*: On completion of maternity leave women shall be granted childcare leave until the child reaches the age of two years with an allowance for this period. On her request, she shall also be granted a complementary leave without pay to care for the child until the age of three years.

Cash benefits

- *Amount*: Mothers caring for children younger than age 2 may receive monthly paid leave equal to 20 per cent of the national minimum wage⁷.
- *Financing of benefits*: State social insurance scheme.

Breastfeeding

- Women with children under two years shall be granted complementary breaks to feed a child, in addition to breaks for taking rest and meals, at least every three hours, 30 minutes each.
- When there are two or more children under two years, the length of the break shall not be less than one hour.
- On request of the woman the breaks to feed a child may be added to breaks for taking rest and meals or summarised and transferred either to the beginning or to the end of the working day (working shift) with its appropriate reduction.
- Concrete length of these leaves and the way of their granting shall be established by collective agreement between the employer and trade union committee or other worker's representative's body.
- The right to breaks for feeding a child also covers a father or tutor, grandmother, grandfather or other relatives who actually takes care of the child, in cases when the mother's care for the child is absent (for example in case of death or long stay in medical establishment).
- *Remuneration of nursing breaks*: Breaks to feed a child shall be counted in working time and paid at the rate of the average monthly wage.

We note that after birth, working mothers are entitled to less than 2 months of maternal leave paid at her full salary, after which period she can enjoy parental leave whose payment amounts to only 20% of the national minimum wage⁶. Hence, even though the duration of parental leave is extensive, the very small payment does not incentivize parental leave, making exclusive breastfeeding up to 6 months very difficult for mothers.

Uzbekistan could consider extending maternity leave with full wage payment to ideally 4-6 months after birth, and introducing a parental leave payment that decreases progressively.

It is important to note that Uzbekistan has not ratified ILO Convention No. 183 (2000), and ILO Recommendation 191 and it should probably consider doing so.

We do not have any information on the protection that mothers working in the informal sector may enjoy. This is a critical aspect to take into consideration as “a large part of the working-age population is employed in the informal sector”⁸.

6) HIV and infant feeding

There are no available data on the prevalence of HIV/AIDS in Uzbekistan.

Uzbekistan national guidelines do not include the 2006 WHO/UNICEF recommendations on HIV/AIDS and breastfeeding that recommend exclusive breastfeeding by HIV-infected women for 6 months except when replacement feeding is acceptable, feasible, affordable, sustainable, and safe (AFASS).

Formula feeding is recommended to HIV-positive mothers, who also receive free infant formula while in the hospital. Once discharged, they must purchase the formula, which many families cannot afford⁶.

7) Obstacles and recommendations

The following obstacles/problems have been identified:

- Very low early initiation to breastfeeding and exclusive breastfeeding rates and suboptimal infant feeding practices;
- Health personnel not duly trained to promote and support breastfeeding;
- The marketing of breastmilk substitutes is not regulated;
- The maternity leave’s duration after birth is less than 2 months and the following parental leave is paid inadequately.

Our recommendations include:

Uzbekistan should:

- **Enhance its efforts to promote and support breastfeeding, in particular by training health personnel on breastfeeding and optimal infant and young child feeding practices, including on cases of HIV positive mothers.**
- **Train health care staff who assists birth delivery, to support mothers to initiate breastfeeding within one hour from birth. Strengthen overall efforts to implement the ‘Ten Steps to Successful Breastfeeding’ through the Baby Friendly Hospital (and polyclinics) Initiative .**
- **Adopt the International Code of Marketing of Breastmilk Substitutes (and relevant subsequent WHA resolutions) in its national legislation and set up the relative mechanisms to**

implement and monitor it. Sanctions should also be put in place for violators, and the role of civil society in monitoring Code should be positively promoted.

- Consider extending the post-birth period of the maternity leave in order to allow for exclusive breastfeeding of up to 6 months and jointly consider introducing a parental leave payment that decreases progressively;

¹ CESCR. E/C.12/UZB/CO/1.

² MICS 2006, Final report, http://www.childinfo.org/breastfeeding_icyf.php

³ UNICEF/AED. 2010. Infant and Young Child Feeding Programme Review: Consolidated report of six country review of breastfeeding programmes.

⁴ “Superfood for babies: How overcoming barriers to breastfeeding will save children’s lives”, Save the Children, 2013. <http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/SUPERFOOD%20FOR%20BABIES%20ASIA%20LOW%20RES%282%29.PDF>

⁵ UNICEF/AED. 2010. Infant and Young Child Feeding Programme Review: Case Study: Uzbekistan.

(http://www.aednutritioncenter.org/update_docs/IYCF_Feeding_Prog_Rev_Case_Study_Uzbekistan.pdf)

⁶ UNICEF/AED. 2010. Infant and Young Child Feeding Programme Review: Consolidated report of six country review of breastfeeding programmes.

⁷ NOTE: this information sourced from the ILO database differs from the information provided by UNICEF in its *2010 Infant and Young Child Feeding Programme Review*, where the child allowance is reported to be “twice the minimum salary (26,000 sums), for a total of 5,000 sums (approximately \$35) per month for two years”. Either way the payment is very low.

⁸ CESCR. E/C.12/UZB/CO/1, para 16.