

THE COMMITTEE ON THE RIGHTS OF THE CHILD

Session 75 / May-June 2017

**REPORT ON THE SITUATION OF
INFANT AND YOUNG CHILD FEEDING
IN BHUTAN**



April 2017

Data sourced from:

Bhutan WBTi Report of 2015
Royal Government of Bhutan – Ministry of Health
RoGB – Ministry of Labour and Human Resources
Royal Civil Service Commission
Bhutan MICS 2010
UNICEF data

Prepared by:

Geneva Infant Feeding Association (IBFAN-GIFA) – IBFAN global liaison office
www.gifa.org

SUMMARY

The following obstacles/problems have been identified:

- The rate of exclusive breastfeeding under 6 months is still low. Almost 5 out of 10 children are not being exclusively breastfed at 6 months of age. Data on breastfeeding are not collected on a systematic and regular basis: the available data refer only to 2010 and 2015;
- The updated Infant and Young Child Feeding Policy of 2015 and the National Nutrition and Food Security Strategy 2016 – 2025 are still at a draft stage;
- There are no mother support groups promoting and supporting optimal breastfeeding practices at the community level and this is a very important point considering that institutional delivery in Bhutan covers only 63.1% of the total deliveries;
- There is no national Information, Education and Communication (IEC) strategy for improving IYCF that ensures all information and materials are free from commercial influence and that potential conflicts of interest are avoided;
- The implementation of the International Code of Marketing of Breastmilk Substitutes is based on voluntary guidelines; no information is available on a monitoring and sanctioning mechanism;
- The Baby-Friendly Hospitals Initiative is not implemented in Bhutan, although it had been launched in the early 2000s;
- Women working in the private sector are entitled to a maternity leave of only eight weeks;
- Infant Feeding in Emergencies (IFE) is not specifically mentioned in the existing Contingency Planning Guidelines and is not included in pre- and in-service training of health workers.

Our recommendations include:

- Take measures to **increase the rate of exclusive breastfeeding under 6 months**; ensure that **data collection** on infant and young child feeding is carried out on a regular and systematic basis.
- **Adopt the draft IYCF Policy of 2015 and National Nutrition and Food Security Strategy 2016-2015**; provide for a monitoring mechanism of such policies.
- **Create mother support groups** for outreach at the community level, in order to cover the non-institutional deliveries.
- **Establish a comprehensive IEC strategy on infant and young child feeding**;
- **Include all provisions of the International Code and subsequent WHA resolutions in the national law**. Set up a monitoring and sanctioning mechanism. Ensure that health professionals are aware of the Code and its provisions.
- **Re-launch the BFHI**, start the assessment of health facilities. Increase awareness on the BFHI at all levels.
- **Extend the paid maternity leave to 6 months also for women working in the private sector**.
- **Include IFE in the Contingency Planning Guidelines** and in pre- and in-service training of health workers.

1) General points concerning reporting to the CRC

In 2017, the CRC Committee will review Bhutan’s combined 3rd to 5th periodic report.

At the last review in 2008 (session 49), the CRC Committee referred to several problems linked to children’s health in its [Concluding Observations](#). In particular the Committee expressed its concerns *“about the number of children who continue to be malnourished and over the lack of trained health workers and medical practitioners.”*(§ 52) Therefore, the Committee urged Bhutan to *“continue to make efforts to give free access to health services and ensure equitable access for the entire population; **develop a strategy to combat malnourishment and food insecurity; build national capacities to train health workers and medical practitioners.**”* (§ 53, emphasis added)

2) General situation concerning breastfeeding in Bhutan

General data

	2010	2013	2014	2015
Annual number of birth, crude (thousands)	-	-	-	13
Neonatal mortality rate (per 1,000 live births) ¹	22.2	19.7	19.1	18.3
Infant mortality rate (per 1,000 live births) ²	34.1	29.5	28.3	27.2
Under-5 mortality rate (per 1,000 live births) ³	42.3	36.0	34.4	32.9
Maternal mortality ratio (per 100,000 live births) ⁴	204	-	-	148
<i>Delivery care coverage (%)</i> ⁵				
Skilled attendant at birth	64.5	-	-	-
Institutional delivery	63.1	-	-	-
C-section	12.4	-	-	-
Stunting (under 5)	33.6	-	-	-
Underweight (under 5)	12.8	-	-	-

¹ Data retrieved from UNICEF STATISTICS: <http://data.unicef.org/>

² See above

³ See above

⁴ See above

⁵ Data source: MICS 2010

Breastfeeding data (%)⁶

	2010 ⁷	2015
Early initiation of breastfeeding (within one hour from birth)	59.0	77.9
Exclusive breastfeeding under 6 months	48.7	51.4
Introduction of solid, semi-solid or soft foods (6-8 months)	66.9	86.9
Bottle-feeding (0-12 months)	11.5	-
Continued breastfeeding at 2 years	65.7	60.6
Median duration of breastfeeding (in months)	24.2	-

The rate of exclusive breastfeeding under 6 months is still low in Bhutan. Almost 5 out of 10 children are not being exclusively breastfed at 6 months of age. As further described in the next sections, there is an urgent need to re-launch and implement the UNICEF/WHO Baby-Friendly Hospital Initiative, including the Ten Steps to Successful Breastfeeding, as well as to establish stronger community support for pregnant women, so that the importance of breastfeeding can be understood and adequately encouraged.

4) Government efforts to encourage breastfeeding

National policies

Bhutan has a **National Food Security and Nutrition Policy** of 2015, as well as a **National Breastfeeding Policy**, dating back to only 2002, which was updated in the **draft Infant and Young Child Feeding Policy of 2015**⁸. The updated policy uses the recommended parameters and definitions set by the World Health Organization regarding breastfeeding. According to the Bhutan WBTi report of 2015, there is also a **National Breastfeeding Committee/IYCF Committee**, meeting regularly and with a monitoring function.⁹

In addition, the government has developed a **National Nutrition and Food Security Strategy 2016 – 2025**, but it seems that the Strategy is still at the draft stage. **As for the draft IYCF Policy of 2015, there is no information on the status of the adoption of such document.**

⁶ Data retrieved from the Bhutan WBTi Report of 2015. The full report is available at www.worldbreastfeedingtrends.org

⁷ Data retrieved from the Bhutan MICS 2010, available at: www.aidstatahub.org/sites/default/files/documents/MICS_Bhutan_2010.pdf

⁸ The draft IYCF Policy of 2015 is available at: www.health.gov.bt/iycf-draft-policy-2015/

⁹ Bhutan WBTi report, 2015

Promotion campaigns

Bhutan can count on good institutional facilities supporting mothers to breastfeed with a good community outreach through the village health workers. However, **there are no mother support groups promoting and supporting optimal breastfeeding practices at the community level** and this is a very important point considering that institutional delivery in Bhutan covers only 63.1% of the total deliveries.

Bhutan celebrates officially the **World Breastfeeding Week** every year. In 2016, the WBW was celebrated in between the 1st and the 5th of August, with the participation of health professionals and governments representatives. It was a very good initiative in order to raise awareness on the importance of breastfeeding and inform the public on the risks behind artificial feeding. Many activities were organised all over the WBW in several health facilities and had a broad participation.

However, **there is no national Information, Education and Communication (IEC) strategy for improving IYCF that ensures all information and materials are free from commercial influence and that potential conflicts of interest are avoided.** The existing IEC materials should be revised and extensively distributed, and this process should be part of a comprehensive national IEC Strategy.

The International Code of Marketing of Breastmilk Substitutes

The implementation of the International Code of Marketing of Breastmilk Substitutes is based on voluntary guidelines in Bhutan. The country adopted the **SAARC Model Code for the Protection of Breastfeeding and Young Child Nutrition of 1996**, but the national law is still lacking acts and regulations for long-term and sustainable protection from commercial influence and pressure. There is no information available on a monitoring system and on a sanctioning mechanism in case of violations of the Code.

Monitoring of national policies and legislation

A monitoring mechanism of national policies and legislation related to IYCF has been put in place in Bhutan. Some gaps include the quality, analysis and use of the collected data¹⁰, and it is not clear whether there is a national coordinating body in charge of this specific monitoring.

Courses / Training of Health Professionals

¹⁰ Source: Bhutan WBTi report, 2015

As of 2015, most of the community health workers and nurses were trained on Infant and Young Child Feeding (IYCF). IYCF was incorporated in pre-service curricula of health workers and it included the WHO and UNICEF IYCF manuals.

However, it is important to highlight that the observed **shortage of nurses** in Bhutan has pushed the Government to develop in 2012 the Guidelines for Establishment of Nursery and Mid-wifery Institute¹¹, as a way to promote and facilitate the creation of additional health training institutes in the country, with a specific focus on nurses and midwives.

5) Baby-Friendly Hospital Initiative (BFHI)

As of 2015, there was no Baby-Friendly Hospital in Bhutan. The Initiative has been launched in the country between 2000 and 2005, however no health facility has ever started the assessment to obtain the Baby-Friendly designation. According to the 2015 WBTi report, the Initiative is not currently being implemented, and this is one of the reasons behind the low rate of exclusive breastfeeding under 6 months in Bhutan.

The Baby-Friendly Hospitals Initiative needs a strengthened promotion and support, in order to be implemented throughout the country. There is a need for awareness-raising and advocacy strategies targeting the health professionals and key decision-makers.

6) Maternity protection for working women

Maternity protection is regulated in Bhutan by the following acts:

- Bhutan Civil Service Rules and Regulations (BCSR), 2012¹²
- Labour and Employment Act, 2007¹³
- Regulations on Working Conditions, 2012¹⁴
- IYCF draft Policy, 2015
- Food and Nutrition Security Policy of Bhutan, 2012¹⁵

Maternity leave

Duration and scope: Maternity leave has increased from 3 months to 6 months with full pay for mothers working in the civil service¹⁶. However, for women working in the **private sector, the paid maternity leave covers only 8 weeks.**

¹¹ The Guidelines can be found at : www.molhr.gov.bt/molhrsite/wp-content/uploads/2012/07/Nursing-book.pdf

¹² Full text available at : www.nationalcouncil.bt/assets/uploads/docs/download/2015/BCSR2012.pdf

¹³ The Labour Act of 2007 is available at : www.molhr.gov.bt/molhr

¹⁴ www.molhr.gov.bt/molhr/wp-content/uploads/2015/02/15-regulation-eng-in-A5-corrected.pdf

¹⁵ The Policy can be found at : www.gnhc.gov.bt/wp-content/uploads/2011/05/FNS-Policy_Bhutan_Final.pdf

Paternity leave

Duration and scope: A civil servant is entitled to a paternity leave of 10 working days; the Regulations on Working Conditions provides for a 5-day paternity leave for male employees in the private sector.

Breastfeeding breaks

An employer shall allow an employee to interrupt her work every 4 hours for one hour for a period of one month immediately after the expiry of her maternity leave to nurse her child and those interruptions shall be treated as work time for which the employee shall be paid. (art. 114 of the Labour Act of 2007)

Bhutan has not ratified the ILO Convention 183 (2000) on Maternity Protection.

7) HIV and infant feeding

The Guidelines on Prevention of Mother-to-Child Transmission (PMTCT) have been developed in 2015¹⁷. They support the use of infant formula to feed all babies born from HIV-positive mothers and the government provides for free ARVs for the mother and the baby, with free infant breastmilk substitute for the first two years of the baby's life. The guidelines are also designed to be included in the health professionals' curricula.

8) Infant feeding in emergencies (IFE)

The Royal Government of Bhutan has developed in 2014 the Contingency Planning Guidelines¹⁸. However, **IFE is not specifically mentioned in the Guidelines and is not yet included in pre- and in-service training of health workers.**

¹⁶ Following an order by the Royal Civil Service Commission: www.rcsc.gov.bt/wp-content/uploads/2016/03/Press-Release.pdf

¹⁷ PMTCT Guidelines, 2015: www.health.gov.bt/wp-content/uploads/moh-files/prevMotherchild.pdf

¹⁸ Contingency Planning Guidelines for Bhutan, 2014 : www.ddm.gov.bt/download/dm_contingency_guideline.pdf