

THE COMMITTEE ON THE RIGHTS OF THE CHILD
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REPORT ON THE SITUATION OF
INFANT AND YOUNG CHILD FEEDING
IN PAKISTAN



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SUMMARY

*The following **obstacles/problems** have been identified:*

- Lack of general awareness regarding importance of optimal breastfeeding practices.
- Lack of stringent system for reporting violations of the existing laws and implementation of the International Code of Marketing of Breast-milk Substitutes.
- The national legislation only covers women working in the public sector. It does not covers women working in the private sector neither does it cover home-based and informal workers.
- Absence of national guidelines regarding infant feeding and HIV.
- Poor food security for a large number of households. As a result, mothers and children are suffering from nutritional deficiencies.
- Pakistan’s mothers and children are at risk due to the long standing emergency especially in the north-western part of the country and various other districts as well.
- Lack of a comprehensive strategy towards tackling the root causes of hunger and malnutrition with severe impact on growth, development and health of children.
- Irregularities and delays in addressing emergency situations like the Tharparkar drought and its impact on the nutritional well-being of children.

***Our recommendations** include:*

- The national strategies regarding IYCF should be implemented through provincial health ministries by engaging key stakeholders at grassroots level.
- Each provincial health ministry should take measures to ensure the implementation of the existing laws, rules and regulations implementing the International Code of Marketing of Breast-milk Substitutes. Deterrent sanction mechanisms should be implemented and enforced to punish Code violations.
- The protection of breastfeeding ordinance 2002 passed by the province of Punjab was recently replicated in the provinces of Sindh and Khyberpakhtunkha and should also be passed in Balochistan and Azad Jamu and Kashmir (AJK). It is necessary to ensure the implementation of the act nationwide.
- Community midwives and other volunteers should be trained and involved in the protection, promotion and support of breastfeeding.

- A comprehensive IEC strategy for IYCF should be developed and implemented by the State and the civil society in order to enhance awareness on importance of optimal breastfeeding practices and to reduce infant mortality and maternal mortality.
- Baby Friendly Hospitals (BFHs) should have to go through a comprehensive re-assessment process and the lessons learnt should be shared with all public sector hospitals in the country.
- Pakistan has a large network of Lady Health Visitor and Lady Health Workers working all over the country at village level through Basic Health Units (BHUs) based in every village. Improve the role of LHV's and LHW's in disseminating information regarding breastfeeding practices and child feeding program.
- Currently, the prevalence of HIV is very low so little attention has been given on the prevention of HIV. There is a dire need of comprehensive awareness campaign on infant feeding and HIV to be developed and implemented nationwide.
- There is a dire need of developing comprehensive nutrition and food policies in each province in order to ensure food and nutrition security for all, particularly targeting to the marginalized and disadvantaged groups of society, which are vulnerable to food insecurity.¹
- As a matter of priority, sufficient resources need to be allocated to the swift, transparent and fair distribution of adequate food supplies to communities affected by extreme hunger to prevent further deaths by malnutrition, including in remote rural areas.
- Cases of child malnutrition need to be dealt with effectively; especially the inadequate health facilities in the Tharparkar district of Sindh province, including the lack of sufficient number of doctors (particularly female), staff and medicine supplies, need to be addressed.
- Long-term measures need to be adopted to enable families in Tharparkar district to access water and grow food crops and fodder, and thereby feed themselves sustainably and with dignity, including the development of irrigation systems and other drought coping mechanisms.

¹ Such policies should be based on the existing international standards on the right to adequate food, including the General Comment No. 12 of this Committee, the Voluntary Guidelines on the Right to Food in the Context of National Food Security, the Voluntary Guidelines on Responsible Tenure of Land, Forest and Fisheries and the Directive Principles on Extreme Poverty and Human Rights, among all other relevant standards on the field.

1) General points concerning reporting to the CRC

In 2016, the CRC Committee will review Pakistan's 5th periodic report.

At the last review in 2009 (session 52), the CRC Committee mentioned infant and young child health and nutrition in its Concluding Observations², urging Pakistan to *“take immediate action to reduce infant, child and maternal mortality rates, including by accelerating the recruitment, training and deployment of ‘lady health workers’ and ‘community midwives’, as noted in the report, and by improving access to basic emergency obstetric and newborn care”*. (§ 61, emphasis added) Additionally, the Committee specifically expressed its concern over the **decline of exclusive breastfeeding under 6 months**. Therefore, it recommended the State party to *“make expeditiously and effectively operational the Child Nutrition and Breast Milk Ordinance 2002.”* (§ 62-63)

2) General situation concerning malnutrition and breastfeeding in Pakistan

Maternal and child health as well as child survival remain major challenges in Pakistan. The country is a signatory of the Millennium declaration and publicly declared its intention to reduce maternal and child mortality.

In addition to the smoldering decade-old conflict in neighboring Afghanistan, a debilitating insurgency in the North and the growing militancy in Southern Punjab and Baluchistan, Pakistan had faced a spate of recent disasters. The earthquake in 2005 left over 75,000 dead with massive infrastructure damages and the recent unprecedented floods in 2010 also affected close to 20 million people, displacing almost 8 million in its wake. The unprecedented torrential rains in Sindh broke the last 60 years record: they left 3 million people homeless and 2 million with food starvation. Thus, the country faces the triple challenge of political fragility, complex security issues and natural disasters. Policy environment and distribution of key primary care programs are negatively affected by the fragile security situation in large parts of the country. The relatively recent economic downturn has also affected overall purchasing power and households' food security.

Little systematic information is available on trends of maternal and childhood nutrition status over the last decade apart from the limited population based surveys undertaken following the recent floods in 2010. Given the critically important contribution of social determinants,

² See

http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fPAK%2fCO%2f3-4&Lang=en

especially nutrition, to health and development outcomes, this is a key policy relevant information gap.

General data

	2012	2013	2014
Annual number of birth, crude (thousands)	30	30	-
Neonatal mortality rate (per 1,000 live births)	48	47	47
Infant mortality rate (per 1,000 live births)	71	69	67
Infant – under 5 – mortality rate (per 1,000 live)	88	86	83
Maternal mortality ratio (per 100,000 live births)	197	190	184
<i>Delivery care coverage (%):</i>	-	-	-
Skilled attendant at birth	-	30.3%	-
Institutional delivery	-	85.2%	-
C-section	-	37.2%	-
Stunting (under 5 years)	-	45%	-

Reference from the World Bank³ and PDHS 2012-2013⁴

Malnutrition, child mortality and lack of breastfeeding

In Pakistan, 72 infants die out of 1,000 live births every year. Out of these 72 deaths, 53 die before reaching the age of one month due to diarrhea, pneumonia, respiratory infections and malnutrition. The major reasons of these diseases are the lack of exclusive breastfeeding, the use of unhygienic bottles, formula milk and teats.

Most infants could be saved if they would benefit from the natural protection of mother’s milk without the use of any prelacteal feeds, such as water, honey, green tea etc. Indeed, many women⁵ traditionally believe that colostrum, the first thick milk produced by the body, which provides all the nutrients and fluid that newborn needs in the early days, as well as many substances to protect neonates against infections, should be discarded. According to their

³ Accessible at data.worldbank.org

⁴ Accessible at: <https://dhsprogram.com/pubs/pdf/FR290/FR290.pdf>

⁵ Up to 71% in Hyderabad.

erroneous belief, the colostrum would be too thick to be digested by the baby, or would be stale.⁶

A 2013 study reveals that 35% of child deaths in Pakistan are caused by malnutrition and that the risks of death are nine times higher for malnourished children. A quarter of Pakistani infants are born with low birth weight and half the children suffer from chronic malnutrition. Even though breastfeeding could help solve this issue, breastfeeding practice among mothers in Pakistan is still alarmingly low as reported at the end of the year 2009. Exclusive breastfeeding, as well as the duration for which a child is breastfed, is lowest in Pakistan, compared to our neighboring South Asian countries including India, Bangladesh, Nepal and Sri Lanka. Experts pointed out the lack of protection, promotion and support to breastfeeding causing this dire situation.

They also highlighted the negative impact of early marriages, women's illiteracy, poor access to health facilities as well as the lack of women's empowerment and the lack of birth spacing that are the main causes of poor food choices underlying the widespread use of weaning diets of poor micronutrient content and bioavailability, and they called for increased efforts to educate girls.^{7 8} Violations of women's human rights across the life cycle have significant intergenerational implications. For example, child, early and forced marriage results in the deprivation of the human rights (e.g. their right to education, reproductive rights, etc.) of the girls and young women who are victims to these violations, and is linked to early and adolescent pregnancy, possibly associated with nutritional deprivation and stunting, risk of death, distancing from family, workload, and imposed obligations of child care and breastfeeding. Early or adolescent pregnancy places a severe burden on the nutritional well-being, growth, and development of the still growing girl, even if provided with an adequate diet because these have to compete with the nutritional demands of bearing a child. This scenario

⁶ Ali et al. 2011, Perception and practices of breastfeeding of infants 0-6 months in an urban and a semi-urban community in Pakistan: a cross-sectional study, Journal of Pakistani Medical Association, accessible at: http://www.jpma.org.pk/full_article_text.php?article_id=2553; Asim et al., 2015, Infant Health Care: Practices in Pakistan: A systematic review, The Professional Medical Journal, accessible at: http://applications.emro.who.int/imemrf/Professional_Med_J_Q/Professional_Med_J_Q_2015_22_8_978_988.pdf; Patil et al., 2013, Early interruption of exclusive breastfeeding: results from the eight-country MAL-ED study, Journal of Health, Population and Nutrition, accessible at: <http://jhpn.biomedcentral.com/articles/10.1186/s41043-015-0004-2>

⁷ Dawn, 22 Aug 2013, 'Malnutrition causes 35pc of child deaths in Pakistan', accessible at: <http://www.dawn.com/news/1037448>

⁸ World Bank, PAKISTAN - Overview of Childhood Under-nutrition, accessible at : <http://siteresources.worldbank.org/SOUTHASIAEXT/Resources/223546-1171488994713/3455847-1232124140958/5748939-1234285802791/PakistanNutrition.pdf>

results in young women and girls who become pregnant at an early age, many of them already stunted, to become chronically undernourished, further stunted and anemic.⁹ Furthermore, the risk of maternal malnutrition and mortality in these young women is increased by three to four times in comparison to the risk for an adult woman.¹⁰ In fact, complications from pregnancy and childbirth are among the most important causes of death for girls aged 15-19 in low- and middle-income countries.¹¹ Furthermore, pregnant adolescents are more likely than adults to have unsafe abortions, which contribute not only to lasting health problems, but also maternal deaths.¹²

For the child who is born as a result of a child, early and forced marriage and thus, many times, as a result of an early pregnancy, the realization of his or her right to adequate food and nutrition, and thus of other human rights, is severely impaired for his or her lifetime.¹³ The infant mortality and malnutrition rates associated with adolescent pregnancies are higher than those of adult pregnancies.¹⁴ Furthermore, adolescent mothers have a higher risk of having low birth weight babies.¹⁵ Low birth weight babies have a much higher risk of dying before reaching age 5, of developing more severe malnutrition, specially stunting¹⁶, and of developing chronic degenerative diseases in adult age¹⁷. Low birth weight, wasting, stunting, and child

⁹ See United Nations Children's Fund (UNICEF), *Child under nutrition in India: a Gender issue*, 2009, accessed February 3, 2013, http://www.unicef.org/india/nutrition_5901.htm.

¹⁰ See United Nations Children's Fund (UNICEF), *State of the World Children – 2011*, accessed February 3, 2013, http://www.unicef.org/media/files/SOWC_2011_Main_Report_EN_02092011.pdf, 22.

¹¹ See World Health Organization (WHO). *Women's health fact sheet*, accessed January 13, 2013, <http://www.who.int/mediacentre/factsheets/fs334/en/>.

¹² See World Health Organization (WHO). *Women's health fact sheet*, accessed January 13, 2013, <http://www.who.int/mediacentre/factsheets/fs334/en/>.

¹³ For a specific country example of the impact of child, early and forced marriage on women's human rights throughout the life span, including the right to health and education, see Plan Nepal, Save the Children, and World Vision International, *Child Marriage in Nepal – Research Report*, 2012, accessed December 15, 2013, <https://217.86.242.33/exchange/cordova/Posteingang/WG:%20HCHR%20Call%20for%20Submission%20on%20child,%20early%20and%20forced%20marriage%20-%20Deadline%2015%20Dec%202013.EML/Child%20Marriage%20in%20Nepal-%20Report.pdf/C58EA28C-18C0-4a97-9AF2-036E93DDAFB3/Child%20Marriage%20in%20Nepal-%20Report.pdf?attach=1>.

¹⁴ See United Nations Children's Fund (UNICEF), *State of the World Children – 2011*, accessed February 3, 2013, http://www.unicef.org/media/files/SOWC_2011_Main_Report_EN_02092011.pdf, 22.

¹⁵ See World Health Organization (WHO). *Adolescent pregnancy fact sheet*, accessed January 13, 2013, <http://www.who.int/mediacentre/factsheets/fs364/en/>.

¹⁶ Stunting, or low height for age, is usually caused by continued insufficient nutrient intake and frequent infections, higher prevalence below age 2. Wasting, or low weight for height, is a strong predictor of infant or child mortality, and is usually associated with acute lack of adequate nutrient intake and disease. For more information, see United Nations Children's Fund (UNICEF), *Progress for Children: A World Fit for Children Statistical Review*, accessed February 5, 2013, http://www.unicef.org/progressforchildren/2007n6/index_41505.htm.

¹⁷ See United Nations Children's Fund (UNICEF), *State of the World Children – 2011*, accessed December 12, 2013, http://www.unicef.org/progressforchildren/2006n4/index_lowbirthweight.html.

malnutrition, has the further consequence of impaired cognitive development and malnutrition, including under-nutrition and obesity, in adulthood.¹⁸

Optimal breastfeeding practices protect the baby from various diseases, develops bond between mother and child, protects mother from breast cancer and is a source of natural birth spacing.

The desperate situation of babies in the Tharparkar district

Hundreds of infants and young children have died of severe acute malnutrition in the last years in the Tharparkar district, one of the country's poorest, located in the province of Sindh. Only within the 48 first days of 2016, some 167 children died in the hospitals of the district.¹⁹ During the National Nutrition Survey conducted in 2011, the GAM rate in the province of Sindh is 17.5 per cent and the Severely Acute Malnutrition (SAM) is 6.6 per cent. Chronic Malnutrition, which could cause stunting, is 49.8 per cent. According to the World Health Organisation (WHO) guidelines, if the Global Acute Malnutrition (GAM) rate among children and women is above 15 percent, it is to be considered an emergency situation.²⁰

This crisis is a consequence of the severe drought that is affecting the region, and the absence of an irrigation system, have prevented thousands of families from growing food crops and with no resources to feed their cattle leaving them in a state of extreme vulnerability, hunger and undernourishment. Children and women have been particularly affected; many families have been forced to leave their homes and migrate to other areas in search of water, food and fodder. The situation has been aggravated by poor arrangements in hospitals and lack of basic facilities such as clean water supply.

In 2014, a fact finding committee on Thar, formed on the direction of Sindh Chief Minister, has said that the Sindh government and bureaucracy were responsible for the present situation in Tharparkar. The report revealed that 67 percent vacancies of doctors, including 27 specialists and 163 general doctors, were lying vacant in the hospitals of the district.²¹ It also pointed out

¹⁸ See United Nations Standing Committee on Nutrition (UNSCN), *Sixth report on the world nutrition situation*, accessed December 12, 2013, <http://www.unscn.org/files/Publications/RWNS6/html/>.

¹⁹ Dunya News, Two more children die of malnutrition in Tharparkar, toll reaches 167, accessible at: <http://dunyaews.tv/en/Pakistan/323252-Two-more-children-die-of-malnutrition-in-Tharparka>

²⁰ UNICEF, UNICEF Reaching Children and Women in Thar Desert to Counter Malnutrition, May 2015, accessible at: http://www.unicef.org/pakistan/reallives_9501.htm

²¹ Dunya News, Sindh govt, bureaucracy responsible for Thar situation: fact finding body, accessible at: <http://dunyaews.tv/en/Pakistan/217736-Sindh-govt-bureaucracy-responsible-for-Thar-situa>

the dilapidated state of the building of District Headquarter (DHQ) Hospital Mithi.²² Subsequently, the Supreme Court has accused the provincial government of failing to truthfully report the facts and the chief minister of the province has admitted major administrative flaws, in particular the failure to distribute 60,000 bags of wheat flour allocated for the region. The Sindh High Court has also noted that the failure to fill 271 posts for doctors at government hospitals in Umerkot, one of the towns serving Thar, contributed to inadequate health care for sick people, especially children.²³

Breastfeeding data

Feeding practices play a critical role in child development. Poor feeding practices can adversely impact the health and nutritional status of children, which in turn has direct consequences on their physical development. Duration and intensity of breastfeeding also affect a mother’s period postpartum infertility and, hence, the length of the birth interval and fertility levels.

Breastfeeding Data	2012-2013	2014
Early initiation of breastfeeding (within one hour from birth)	36.1%	-
Exclusive breastfeeding under 6 months	38%	-
Introduction of solid, semi-solid or soft foods (6-8 months)	66%	-
Bottle-feeding	42%	-
Continued breastfeeding at 2 years	56%	-
Median duration of breastfeeding (in months)	19.0	

Reference from the PDHS 2012-2013²⁴

²² Jaag TV, Malnutrition kills 431 children so far in drought-hit Tharparkar, accessible at: <http://www.jaagtv.com/Malnutrition-kills-431-children-so-far-in-drought-hit-Tharparkar-news-22934.html>

²³ IRIN News, Malnutrition stalks Pakistan’s desert regions, accessible at: <http://www.irinnews.org/report/99867/malnutrition-stalks-pakistan%E2%80%99s-desert-regions>

²⁴ Accessible at: <https://dhsprogram.com/pubs/pdf/FR290/FR290.pdf>

3) Government efforts to encourage breastfeeding

National policies

A national infant and child health/breastfeeding policy has been officially adopted and approved by the government through an ordinance in 2002. The policy includes promotion of exclusive breastfeeding for the first 6 months, complementary feeding to be started after 6 months and continued breastfeeding up to 2 years and beyond.²⁵

A national IYCF strategy has been prepared in consultation with the federal and provincial health department, the Pakistan Pediatric associations and other medical organizations, the Pakistani Counsels and other partners in Development. It was submitted to the federal ministry health for final approval on 15 April 2009. However, the shortage of funds does not allow for proper implementation of the IYCF strategy.

There are some improvements in the breastfeeding indicators in the Pakistan like the increase in the rates of early initiation of breastfeeding, exclusive breastfeeding, and children ever breastfed. In the last two decades, a number of maternal and child health interventions including the National Maternal New born and Child Health (NMNCH) were adopted in Pakistan, with infant and child health nutrition being an important component of all. Although no impact evaluation of these projects with reference to their role in breastfeeding indicators improvement has been done, they may have contributed directly or indirectly in improving certain indicators of breastfeeding.

The devastating floods, earthquakes and difficult security situations resulted in poor governance and implementation of social services for citizens especially to the most vulnerable such as women and children. The limited capacity of state for development and services provision to millions of citizens has made the life more difficult for families. There is a dire need of improvement in existing policies and expansion of implementation intervention at micro level.

²⁵ Pakistan Health Policy Forum, Protection and Promotion of Breastfeeding, accessible at: <http://www.heartfile.org/blog/1837>

Indicators and monitoring of the IYCF programme

The Government of Pakistan developed Health Management Information System (HMIS) and District Health Information System (DHIS) which is being implemented all over the country through provincial health ministries. This includes monthly monitoring sheets and annual budget assessment reports. The country has the monitoring mechanism in all five year planning at each province level.

The national nutrition programme has integrated these indicators and the reports are used by the managers to plan the different programme and activities. The authenticity of these reports and actions taken on the basis of these monitoring reports are again a question mark due to the insurgency and low level of implementation of services as mentioned earlier. As far as donor funded projects are concerned, only a few focused on IYCF; they collect a baseline information and have inbuilt mechanisms for monitoring of their projects.

The National Breastfeeding Committee was created in 2002 and is headed by the national breastfeeding coordinator. It does not hold regular meetings and have only a few links with other departments. Within the Ministry of Health, there should be a nutrition department which is responsible for organizing the meeting of National Breastfeeding Committee.

The International Code of Marketing of Breastmilk Substitutes

Pakistan was among 118 countries who had voted in favour of adopting International Code of Marketing of Breastmilk substitutes during the World Health Assembly in May 1981. However the legislation came very late in Pakistan when “Protection of Breastfeeding and Child Nutrition Ordinance,2002” (XCIII of 2002) was passed on 26 October 2002, and Pakistan become one of the 42 countries with legislation but implementation of law in Pakistan remained a dream in the absence of rules and detail procedures for its implementation. These rules came very late through the Protection of Breastfeeding Rule 2009, notified through the Ministry of Health S.R.O on 2 November 2009.

Although the Protection of Breastfeeding and Child Nutrition Ordinance 2002 also stressed on formation of a National Infant Feeding Board (NIFB), to monitor implementation of the said ordinance. This NIFB came into existence very late on 5th July 2010.

On 30th June 2011, the 18th Constitutional Amendment abolished many Federal Ministries including health and health becomes completely a provincial subject in Pakistan. After this

devolution, provinces were authorized to make legislation pertaining to all matters in health including provincial level health policies and strategies.

The Breastfeeding Code Law (Ordinance) was approved for the province of Punjab in 2002 Called “Protection of Breast-feeding and Child Nutrition Ordinance, 2002”.²⁶ This law covers all the provisions of the international Code. The rules and regulations corresponding to the law have been finalized and submitted to the competent authority for approval, which has recently taken place.

Under this ordinance the Punjab government constituted the Punjab Infant Feeding Board.

Powers and functions of the Board. *The following shall be the powers and functions of the Board are:*

- (a) To receive reports of violations of the provisions of this Ordinance or the rules;*
- (b) To recommend investigation of cases against manufacturers, distributors or health workers found to be violating the provisions of this Ordinance or the rules;*
- (c) To plan for and co-ordinate the dissemination of informational and educational material on topics of infant feeding and recommend continuing educational courses for health workers for purposes of this Ordinance;*
- (d) To advise the Government on policies for the promotion and protection of breast-feeding, and matters relating to designated products especially infant and young child nutrition, particularly through national or provincial education campaigns, and to organize health education on the same for health workers and general public; and*
- (e) To propose guidelines to the Government in respect of matters specified in clause*

Revocation or suspension of license, etc.

- (1) Where any person, except a medical practitioner, has been found to have contravened any of the provisions of this Ordinance or the rules, the concerned authority upon written recommendation of the Board and after giving such person an opportunity of being heard, may recommend to the [Government] to suspend or cancel, his license for the practice of his profession or occupation, or for the pursuit of his business.*

²⁶ Accessible at: <http://punjablaws.gov.pk/laws/2246a.html>

(2) In the case of a contravention involving a medical practitioner registered under the Medical and Dental Council Ordinance, 1962 (XXXII of 1962), the matter shall be referred to the Pakistan Medical and Dental Council for further action.

Penalties.

(1) Any manufacturer or distributor who contravenes the provisions of subsections (1) to (7) of section 7, sub-section (1) of section 8, sub-sections (1), (3), (4) or (5) of section 11, shall be punishable with imprisonment for a term which may extend to two years, or with fine which shall not be less than fifty thousand rupees or more than five hundred thousand rupees, or both.

(2) Any person, who contravenes any other provision of this Ordinance, or the rules, shall be punishable with a fine, which may extend to five hundred thousand rupees.

Responsibility of an individual for the act of a company, corporation, partnership or an institution. *Where the offence is found to have been committed by a company, corporation, partnership or an institution, as a result of an institutional or operational instructions issued by it or implemented by it, the company, corporation, partnership or the institution may be found guilty in addition to the individuals directly responsible for the commission of such offence.*

The law also provides for a National Infant Feeding Board as one of its key monitoring components. Meetings are supposed to be held on a regular basis but unfortunately this is not taking place.

It is now necessary to focus to enforcing the same laws and regulation throughout Pakistan.

Recently in 2012, Sindh Assembly also unanimously passed the Sindh Protection of Breastfeeding and Child Nutrition Act 2013 on 13th February 2013 which is also similar to the Federal Law and has same implementation modalities.²⁷

On January 9, a provincial assembly unanimously passed “Khyber Pakhtunkhwa Protection of Breastfeeding and Child Nutrition Act 2015” thus rendering propagation or assertion of any material in any manner what so ever by a manufacturer or a distributor that encouraged bottle-feeding or discouraged breastfeeding; a punishable deed. Under the said law, headed by the

²⁷ See

http://www.af.org.pk/Acts_Fed_Provincial/Sindh_Acts_since_2002/Sindh%20%202013/The%20Sindh%20Protection%20and%20Promotion%20of%20Breast-Feeding%20and%20Child%20Nutrition%20Act,%202013.pdf

provincial health minister an 11-member Khyber Pakhtunkhwa Infant Feeding Board would be constituted. The board would report violations, recommend investigation against manufacturers, distributors or health workers and would advise the government on policies or guidelines for the promotion and protection of breastfeeding. Spearheaded by a district council nazim, in every district an eight-member district infant feeding committee will also be formulated. Violators of the law can face imprisonment for a term that may extend up to two years, or a fine not less than Rs 50,000 or more than Rs 500,000 or both.

Monitoring and enforcement of the Code

As far as monitoring and sanctioning system for the violators is concerned, there is not system available yet. Neither the formats for reporting this issue is available. However it is important to develop a mechanism for monitoring of implementation of the Code and laws for improvement of breastfeeding status in the country. The data of these cases sanctioned by the monitoring authorities should also be shared with masses for general awareness about the law.

Government of Pakistan knowing the importance of the issue initiated a National Alliance which includes Nutrition Wing, Ministry of Health, Govt. of Pakistan, UNICEF, WHO, WFP, MI, The Network for Consumer Protection, SPARC, NRSP, Plan-Pakistan, FPAP, SUNGI Development Foundation, BINA, PAIMAN, PIEDAR, Save the Children UK, Save the Children US, Islamabad Medical and Dental College, APNA SEHAT, BEHBUD Association of Pakistan, Rasti Pakistan, Batool Welfare Foundation, Sultana Foundation, DADO and other NGOs. The Alliance demanded of the Ministry of Health to ensure early implementation of 'Protection of Breastfeeding and Child Nutrition Ordinance 2002' as the rules and regulations of protection of Breastfeeding and Young Child Nutrition Ordinance 2002 were notified in 2009 but had yet to be disseminated at a larger level

Training on IYCF in the Health Care System

There is only little information on the pre- or in-service training of health workers on breastfeeding-related issues, including the Code. Present curricula of undergraduate doctors, other health professionals and community workers lack reference to these issues, as do the policy documents of the Ministry of Health and of the provincial health departments on in-service training.

Nonetheless, some IYCF training modules have been adopted by the government and are implemented in a few selected health facilities of the public sector only. Due to scarcity of

funds, at present, only community health workers effectively receive pre-service training on breastfeeding on a regular basis though the authorities have decided to provide training to all health care providers (including in the private sector).

Some development partners including PAIMAN, USAID, and UNICEF are implementing in-services trainings in a few districts in Pakistan. Such training should be added to the pre-service training of other health professional.

Mother support and community outreach

In Pakistan, there is a National Programme for Family Planning and Primary Health Care that is commonly known as the Lady Health Workers Programme. It is the largest programme in Pakistan with more than 90,000 lady health workers enrolled but even so, the programme covers only 65% of the population. A larger portion of the population is therefore not covered and is deprived of any community outreach programme.

In the area where it is implemented, lady health workers provide complete information on IYCF to pregnant women and to mothers after birth. In the other areas, there is no proper system of volunteers and community workers to provide services to mothers and children on breastfeeding.

Information, Education and Communication

There is no definite Information, Education and Communication (IEC) strategy for infant and young child feeding but breastfeeding is addressed in some way in three programmes of the Ministry of Health, respectively the National Nutrition Programme, the Lady Health Workers Programme, and National Maternal Neonatal and Child Health Programme. The messages are based on scientific and technical facts but are not systematically disseminated. The World Breastfeeding Week promotes breastfeeding every year from August 1 to 7, focusing on specific theme is actively implemented at local level.

Promotion campaigns

On 30th June 2011, the 18th Constitutional Amendment abolished many federal Ministries including health. Thus, health became a provincial subject in Pakistan. After this devolution, provinces were authorized to make legislation pertaining to all matters in health including provincial level health policies and strategies. In 2012, in collaboration with UNICEF, the Department of Health of Khyber Pakhtunkhwa celebrated the World Breastfeeding Week and

highlighted the critical role of breastfeeding in child survival, growth and development.²⁸ The other provinces should also observe WBW.

Monitoring of national policies and legislation

Is there a coordinating body/program specifically in charge of monitoring the national policies and programmes focused on breastfeeding and infant and child nutrition?

The national as well as the district health information system in Pakistan have not integrated all of the indicators on IYCF. There is no monitoring and regulatory mechanism on implementation of existing laws regarding breastfeeding in Pakistan. No monitoring reports and data of sanctioned cases available.

4) Baby-Friendly Hospital Initiative (BFHI)

The internationally defined term 'Baby Friendly' is used only by maternity services that have passed external assessment according to the Global Criteria for the BFHI. Since infant mortality in Pakistan is very high, the BFHI was started in 1992. The BFHI in Sindh provided training to 10,500 health care providers over 10 years.

The BFHI in Sindh has been a role model program. In Pakistan, out of 75 baby-friendly hospitals, 53 are in Sindh. Since 1992, the BFHI was implemented through assessments of hospitals by WHO/UNICEF questionnaire on 'Ten Steps to Successful Breastfeeding.' The baby-friendly hospitals were given the status based on training of staff on curriculum of breastfeeding practices and policies. The assessments of hospitals were held in Sindh based on tools of assessment and re-assessment of WHO and UNICEF. It was recommended that baby-friendly facilities shall enforce maintenance of adherence to the criteria of the 10 BFHI steps. Baby-friendly hospitals were re-assessed after 3 years for the adherence to the 10 steps in 10 years repeatedly.

According to UNICEF Pakistan office the functionality of the initiative was observed till 2002-2003. There is no official notification of BFHI closure, the functionality of BFHI declined with the passage of time.

²⁸ See <http://nation.com.pk/national/25-Aug-2012/breastfeeding-rate-in-pakistan-up-unicef>

The training was provided at three levels: Level I for faculty/gynecologists/Obstetricians/consultant; Level II for residents/house officers and physicians; and level III for paramedical staff, including maid-servants, cleaners etc. Pakistan has been ranked worldwide as developing, poor resource country where maternal and infant mortality and morbidity have not been reduced at the required rate to achieve millennium development goals (MDGs) 4 and 5 till 2015. Since Pakistan has been the signatory to MDGs, the BFHI, which was implemented two decades back, should be re-visited in terms of their assessment of currently using practices and their impact analysis regarding the adherence of the 10 steps and other guidelines.²⁹

5) Maternity protection for working women

Maternity leave

Pakistan has four different laws relating that cover the issue of maternity and its related benefits. These laws are the Mines Maternity Benefits Act, 1941, the West Pakistan Maternity Benefit Ordinance, 1958, the Provincial Employees Social Security Ordinance, 1965 and the Civil Servants Act, 1973 (Revised Leave Rules, 1980).

However, apart from these laws, the Constitution, under its article 37, also requires the state to ensure the maternity benefits for women in employment. While public and the private sector are included whereas there are no laws for home-based workers in Pakistan and the country has also not ratified the ILO Convention C177 and C183.

Condition for eligibility

Law	Qualifying Condition	Leave Time/benefit	Pay rates during maternity leave
The Mines Maternity Benefits Act, 1941	Must have been working in the mine for at least 6 months	12 weeks (84 days)	Full Pay
The West Pakistan Maternity Benefit	Must have been working in the	12 weeks (84 days)	Full Pay

²⁹ Khan M. and Akram DS, Effects of baby-friendly hospital initiative on breast-feeding practices in Sindh, J Pak Med Assoc. 2013 Jun;63(6):756-9, accessible at: <http://www.ncbi.nlm.nih.gov/pubmed/23901680>

Ordinance, 1958	organization for at least 4 months		
The Provincial Employees Social Security Ordinance, 1965	Contribution paid in your respect for at least 90 days in preceding 6 months	Pre-natal confinement and post natal care	none
Revised Leave Rules, 1980	Permanent worker	13 weeks (90 days)	Full Pay

Paternity leave

In Pakistan, paid paternity leave for new father is not usually provided under the labour legislation for the private sector. However, the Government of Punjab has amended the Revised Leave Rules, 1981 on 30 October 2012 to grant male civil servants can with paternity leave for a maximum of 7 days. However, this paternity leave on full pay is admissible only two times during the entire service.

Breastfeeding breaks

In Pakistan, there is no clear provision on breastfeeding breaks. However, Factories Rules (section 93, under section 33-Q) require employer to facilitate nursing for mothers at the workplace. Every factory wherein more than 50 women are employed has to provide a room or rooms for the use of children, under the age of 6 years, belonging to these women workers. It also requires employers to hire a trained nurse and a female servant to attend to these children during working hours. Women workers can also use these rooms for breastfeeding during their rest/meal breaks. These rooms are restricted only to children, their attendants and children's mothers.³⁰

³⁰ Reference from the website www.paycheck.pk

6) HIV and infant feeding

Prevalence of HIV/AIDS

The prevalence of HIV / AIDS in Pakistan is less than 0.1% among the general population. Pakistan was classified as a ‘low prevalence high risk’ country but now Pakistan is in a ‘concentrated phase’ of the epidemic with HIV prevalence of more than 5% among injecting drug users (IDUs) in at least eight major cities. However, the country still has a window of opportunity as the current estimates, using the various latest prevalence estimation models; indicate that the HIV prevalence among general adult population is still below 1%. According to the latest national HIV estimates there are approximately 97,400 cases of HIV/AIDS in Pakistan.

Policies or Guidelines on infant feeding and HIV/AIDS

In Pakistan, there is a national policy on HIV/ AIDS that includes specific guidelines on infant feeding and HIV. However, it was developed in 2007 and since then, the country underwent the devolution process in 2011 and health now falls under the authority of provinces. As the provinces started working independently under provincial health ministries the guidelines were not being disseminated at and observed and policies under provincial health departments were not finalized at province level. Therefore the final versions of the policies are not available.

Specialized Courses/targeted information campaigns regarding HIV/Infant Feeding

As Pakistan is a low prevalence high risk country, the issue is not considered at a priority and therefore there aren't specialized courses/targeted information campaigns in this regard.

7) Infant feeding in emergencies (IFE)

Pakistan has suffered a lot of emergencies in the past few decades and as a result, the government of Pakistan has established a National Disaster Management Authority (NDMA) as well as Provincial Disaster Management Authorities (PDMA) which are actively working on general health issues in emergencies but no specific data nor specific program for protection and support of breastfeeding is available.