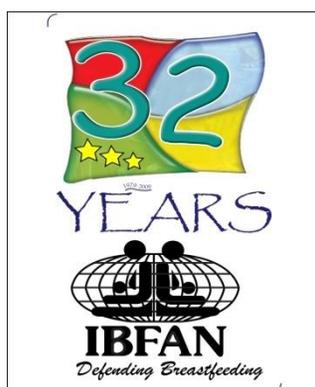


THE CONVENTION ON THE RIGHTS OF THE CHILD

Session May-June 2014

REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN SAINT-LUCIA



April 2014

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SUMMARY

The following obstacles/problems have been identified:

- No data collected on breastfeeding practices.
- Lack of infant and young child feeding policies at national level.
- Lack of information provided to mothers concerning optimal breastfeeding practices.
- No implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions (the Code).
- Lack of adequate training of health professionals.
- No record of the total amount of maternity yards in the country.
- No recent data on the amount of baby-friendly hospitals.
- No emergency preparedness plan to ensure integrated response to protect and support breastfeeding/ infant and young child feeding in case of emergencies.

Our recommendations include:

- **Track key breastfeeding indicators**, such as early initiation of breastfeeding within one hour following delivery, exclusive breastfeeding until the age of 6 months and continued breastfeeding until the age of 2 years or more.
- **Adopt a national policy on infant and young child feeding** and assign **sufficient resources** to the implementation of these policies and programmes.
- **Raise awareness about optimal breastfeeding practices** among the population, especially **mothers and caregivers**, through information campaigns.
- **Implement all provisions of the Code**. Ensure effective implementation through **independent monitoring** and **sanction mechanism** in cases of violations.
- Strengthen **training of health professionals** about optimal breastfeeding practices and ensure that adequate training on infant and young child feeding is integrated in their curricula.
- **Implement the Baby-Friendly Hospital Initiative** throughout the country in order to ensure that health professionals have the **capacity to support optimal breastfeeding practices**.
- Ensure integrated response to protect and support breastfeeding **in case of emergencies**.

1) General points concerning reporting to the CRC

In 2014, the CRC Committee will review Saint-Lucia's combined 2nd to 4th periodic reports.

At the last review in 2005 (session 39), the CRC Committee did not refer to breastfeeding in particular but referred to health care in general in its [Concluding Observations](#). In para 56, the Committee recommended Saint-Lucia to: "*undertake health-care reform with a view to **guaranteeing universal access and integrated health-care services** according to article 24 of the Convention. (...)*"

2) General situation concerning breastfeeding in Saint-Lucia

General data

	2006 ¹	2008 ²	2010 ³	2011 ⁴	2007-2012 ⁵
Annual number of birth	-	3,000	-	-	-
Neonatal mortality rate (per 1,000 live births)	-	11	-	9	-
Infant mortality rate (per 1,000 live births)	-	13	-	4	-
Infant – under 5 – mortality rate (per 1,000 live births)	-	13	-	16	-
Maternal mortality ratio (per 100,000 live births) (adjusted)	-		35	-	-
<i>Delivery care coverage (%)</i> :					
Skilled attendant at birth	98	-	-	-	100
Institutional delivery	-	-	-	-	-

Breastfeeding data

	2009 ⁶
Early initiation of breastfeeding (within one hour from birth)	-
Children exclusively breastfed (0-5 months)	-
Breastfeeding at age 2	-
Mean duration of breastfeeding	11 months

The Amsterdam Institute for International Development (AIID)⁷ wrote a report on the situation of malnutrition in Saint-Lucia. It noted rate differences between children who come from poor background and those from richer backgrounds regarding underweight. The AIID stated that 6.5% of the children from poor background are underweight, whereas none of the children from richer background are qualified as undernourished.

This report shows that diarrhoea is one of the main causes of infant and child mortality. As breastfeeding is an important way to prevent diarrhoea, infectious diseases and to boost a child's immune system, it is concerning that about **20% of caregivers do not know how to prevent diarrhoea**. This rate is again higher among people from poor background. About 7% of the children are not breastfed at all. Mothers who have not completed primary education are more likely to indicate that they did not breastfeed their child (10%) compared to mothers with a secondary education or higher (4%).

¹ Devinfo.org. Saint-Lucia Nutrition Profile, available at :

http://www.devinfo.org/libraries/asp/diorg/profiles/nutrition_profiles/TACRO/DI%20Profile%20-%20Saint%20Lucia%20-%2020100210.pdf

² Childinfo, St Lucia, Nutrition Profile, available at: <http://www.childinfo.org/files/nutrition/DI%20Profile%20-%20Saint%20Lucia.pdf>

³ UNICEF, St Lucia, Statistics, available at: http://www.unicef.org/infobycountry/stlucia_statistics.html

⁴ Ibid.

⁵ Ibid.

⁶ AIID, Child Health and Nutrition in St. Lucia, 2010, available at:

http://www.aiid.org/uploads/File/publications/28_ChildHealthAndNutrition.pdf?PHPSESSID=843e721de6b3e0880444023a29242f1b

⁷ Ibid.

It is noticeable that in Saint-Lucia, there is **no tracking of key breastfeeding indicators**, such as early initiation of breastfeeding within one hour following delivery, exclusive breastfeeding until the age of 6 months and continued breastfeeding until the age of 2 years or more.

3) Government efforts to encourage breastfeeding

National measures:

In 2005, Saint-Lucia took part in the Caribbean Workshop on the WHO/UNICEF Global Strategy for Infant Young Child Feeding and the New WHO Child Growth Standards. The objectives of this workshop were to identify priority objectives to be implemented in the next 3 years for the promotion/adoption of the Global Strategy and the introduction of the new WHO child growth standards, and to identify indicators to monitor progress.⁸ However, there is **no record of any policy or programme focusing on infant and young child feeding in the country**.

Specific information concerning the International Code of Marketing of Breastmilk Substitutes:

According to a WHO report issued in 2011, Saint-Lucia has taken no action to implement the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions.⁹ However, according to a recent report issued by IBFAN's International Code Documentation Centre, some provisions of the Code have been implemented on a voluntary basis.

4) Baby-friendly Hospital Initiative (BFHI)

In 2002, UNICEF recorded **no baby-friendly hospitals in the country**.¹⁰ This information was confirmed in a publication issued in 2012: none of the 4 national hospitals and maternities was ever certified as “baby-friendly”.¹¹

⁸ UNICEF, Caribbean Workshop on the WHO/UNICEF Global Strategy for Infant Young Child Feeding and the New WHO Child Growth Standards, 2005, available at:

http://www.unicef.org/lac/spbarbados/Planning/Regional/ECD/WHO_UNICEF_2005.doc

⁹ WHO, Country implementation of the International Code of Marketing of Breastmilk Substitutes: Status report 2011, available at: http://apps.who.int/iris/bitstream/10665/85621/1/9789241505987_eng.pdf

¹⁰ UNICEF, Current Status of Baby-Friendly Hospitals Initiative, 2002, available at:

<http://www.unicef.org/programme/breastfeeding/assets/statusbfhi.pdf>

¹¹ Labbok M.H, Global Baby-Friendly Hospital Initiative Monitoring Data:Update and Discussion, Breastfeeding Medicine, Volume 7, Number 4, 2012, available at: http://breastfeeding.unc.edu/files/2013/11/Labbok_BFHI_BF-MED_2012.pdf

5) Maternity protection for working women

The national labour Code¹² states that all workers shall benefit from maternity leave and maternity protection. The worker shall be granted minimum thirteen weeks of maternity leave and such leave shall, except in the case of premature delivery, be comprised of at least six weeks before confinement and at least six weeks after confinement (unless the employee chooses to return to work before the end of this period). The amount of the cash benefits represents 65% of the wage and it is paid by the Social security.

6) HIV and infant feeding

According to the 2012 Global AIDS report¹³, the prevalence of HIV/AIDS in the country is less than 1%. However, the report underlines that there is a lack in data collection regarding this issue. It states that 80% of the women received antiretroviral treatments. The HIV/AIDS infection can be due to drug, multiple sexual partners and women forced to prostitution due to poverty.

In 2010, the National AIDS Programme Secretariat launched information campaigns to raise awareness about HIV/AIDS. In the framework of this national programme, training sessions have been delivered to health professionals. The government has also funded a programme to provide assistance to parents and children with HIV/AIDS.¹⁴ However, there is no data about the national policy adopted to prevent mother-to-child transmission, or about the strategy chosen to feed infants of HIV-positive mothers.

7) Breastfeeding and young child feeding in emergency situations

Over the last decade, the IFE Core Group (constituted by WHO, UNICEF, UNHCR, WFP, IBFAN-GIFA, CARE USA, Foundation Terre des hommes and the Emergency Nutrition Network (ENN)) issued two training modules¹⁵ as well as an Operational Guidance¹⁶ that aim to provide concise, practical guidance on how to ensure appropriate infant and young child feeding in emergencies. In 2010, WHA urged all Members States

¹²ILO, Saint Lucia – Maternity Protection, 2011, available at:

http://www.ilo.org/dyn/travail/travmain.sectionReport1?p_lang=en&p_countries=LC&p_sc_id=2000&p_year=2011&p_structure=3

¹³UNAIDS, Global AIDS Response Progress Reporting 2012, Country Progress Report S. Lucia, available at:

[http://www.unaids.org/en/dataanalysis/knownyourresponse/countryprogressreports/2012countries/ce_LC_Narrative_Report\[1\].pdf](http://www.unaids.org/en/dataanalysis/knownyourresponse/countryprogressreports/2012countries/ce_LC_Narrative_Report[1].pdf)

¹⁴Ministry of Health, Wellness et al., Saint Lucia's, Report to the 11th Session of the Regional Conference on Women in Latin America and the Caribbean, 2010, available at:

<http://www.eclac.cl/mujer/noticias/paginas/6/38906/SaintLucia.pdf>

¹⁵ Infant Feeding in Emergencies Module 1 - For emergency relief staff. Available at:

http://www.who.int/nutrition/publications/emergencies/ife_module1/en/

Infant Feeding in Emergencies Module 2 Version 1.1 - For health and nutrition workers in emergency situations for training, practice and reference. Available at:

http://www.who.int/nutrition/publications/emergencies/ife_module2/en/

¹⁶ Infant and Young Child Feeding in Emergencies - Operational Guidance for Emergency Relief Staff and Programme.

Available at: <http://www.enonline.net/pool/files/ife/ops-guidance-2-1-english-010307-with-addendum.pdf>

to “ensure that national and international preparedness plans and emergency responses follow the evidence-based Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies, which includes the protection, promotion and support for optimal breastfeeding, and the need to minimize the risks of artificial feeding, by ensuring that any required breast-milk substitutes are purchased, distributed and used according to strict criteria”. Currently, there is **no information available on an emergency preparedness plan** to ensure integrated response to protect and support breastfeeding in case of emergencies in Saint-Lucia.

Data sourced from:

<http://www.unicef.org/programme/breastfeeding/assets/statusbfhi.pdf>

<http://www.who.int/countries/lca/en/>

http://www.unicef.org/infobycountry/stlucia_statistics.html

http://www.childinfo.org/country_profiles.php?input=123

<http://www.childinfo.org/files/nutrition/DI%20Profile%20-%20Saint%20Lucia.pdf>

<http://www.childinfo.org/files/maternal/DI%20Profile%20-%20Saint%20Lucia.pdf>

http://apps.who.int/iris/bitstream/10665/85621/1/9789241505987_eng.pdf

http://www.aiid.org/uploads/File/publications/28_ChildHealthAndNutrition.pdf?PHPSESSID=843e721de6b3e0880444023a29242f1b

http://www.unicef.org/lac/spbarbados/Planning/Regional/ECD/WHO_UNICEF_2005.doc

http://www.ilo.org/dyn/travail/travmain.sectionReport1?p_lang=en&p_countries=LC&p_sc_id=2000&p_year=2011&p_structure=3

[http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_LC_Narrative_Report\[1\].pdf](http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_LC_Narrative_Report[1].pdf)

<http://www.eclac.cl/mujer/noticias/paginas/6/38906/SaintLucia.pdf>