

THE COMMITTEE ON THE RIGHTS OF THE CHILD

Session 75 / May-June 2017

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



April 2017

Data sourced from:

Social Indicator Sample Survey 2013 UNICEF

Analysis of the Situation of Children in Mongolia UNICEF 2014

Mongolia WBTi assessment 2017

Health Indicator 2016, Ministry of Health

Assessment of the implementation of BMS law 2015, Mongolia

Mongolian Statistical Information Service: www.1212.mn/en

Mongolian National Strategic Plan on HIV, AIDS and STIs 2010 - 2015

Mongolia's Labor Code, Chapter Seven: Employment of Women

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SUMMARY

The following obstacles/problems have been identified:

- The rate of exclusive breastfeeding under 6 months has declined vertiginously in the last years, while the imports of infant formula have dramatically increased; breastfeeding rates are lower in rural areas because of the low population density and big distance between these small settlements;
- There is no comprehensive national nutritional programme including IYCF and no National Breastfeeding Committee; the budget allocations are not sufficient for the development and implementation of any breastfeeding policy;
- There is no national Information, Education and Communication (IEC) strategy on IYCF and no national breastfeeding promotion initiative besides the celebration of the World Breastfeeding Week;
- The Law on the Marketing of Breastmilk Substitutes of 2015 is not strong enough and does not cover all the provisions of the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions; there is no monitoring and sanctioning mechanism;
- The Baby-Friendly Hospitals Initiative has not been revitalized since 2008;
- Women working in the private sector are entitled to a maternity leave of only eight weeks;
- Training of health professionals on IYCF is not adequate and does not cover HIV and infant feeding;
- Infant Feeding in Emergencies (IFE) is not mentioned in the national disaster preparedness plan.

Our recommendations include:

- **Increase the rate of exclusive breastfeeding under 6 months** and ensure that **the relevant measures are implemented in rural areas.**
- **Design and enact a national breastfeeding policy and action plan; appoint a National Breastfeeding Committee** with well-defined coordination and monitoring functions; **allocate sufficient resources for the implementation of such policies;**
- **Set up an effective IEC strategy on infant and young child feeding,** including promotion campaigns for the general public;
- **Strengthen the 2015 Law on Marketing of BMS through the inclusion of all the provision of the International Code and subsequent WHA resolutions;** establish a monitoring and sanctioning mechanism. Include the Code in the health workers curricula.
- **Revitalize the BFHI** and monitor the progress of its implementation in the certified facilities.
- **Improve the quality of training of health professional, including on HIV and infant feeding.**
- **Add IFE to the disaster preparedness plan and include a system to monitor baby food donations during emergencies.**

1) General points concerning reporting to the CRC

In 2017, the CRC Committee will review Mongolia’s 5th periodic report.

At the last review in 2010 (session 53), the CRC Committee referred to infant feeding in its [Concluding Observations](#), expressing concerns about the “*the persistence of stunting and rickets, reflecting micronutrient deficiencies and chronic malnutrition, especially among boys under five*”, as well as the “*decreasing trend in the health budget.*” (§ 50) For these reasons, the Committee urged Mongolia to “***continue to develop a healthcare system that ensures the provision of the highest standard of health for all children, paying special attention to primary care services, addressing the needs of the most vulnerable families and applying modern public health approaches to adequately address social determinants of health among children; consider the establishment of a governmental body in charge of maternal and child health care and development at the national and local levels; [...] ratify the Convention concerning Maternity Protection, 2000 (No. 183) of the International Labour Organization.***” (§ 51)

Furthermore, the CRC Committee addressed specifically breastfeeding when urging the State party to: “***address, as a matter of urgency, the high rates of malnutrition and develop community-based programmes, awareness and micronutrient campaigns to inform parents and caretakers about basic child health and nutrition, the advantages of breastfeeding and fortification or supplementation with vitamin A and zinc, hygiene and environmental sanitation and reproductive health.***” (§ 52, emphasis added)

2) General situation concerning breastfeeding in Mongolia

General data¹

	2013	2014	2015	2016
Annual number of birth, crude (thousands)	79	81	80	78
Neonatal mortality rate (per 1,000 live births)	9.7	10.0	10.2	9.2
Infant mortality rate (per 1,000 live births)	14.6	15.3	15.3	16.8
Under-5 mortality rate (per 1,000 live births)	18.0	18.4	18.3	20.8
Maternal mortality ratio (per 100,000 live births)	42.6	30.6	26.0	48.6
<i>Delivery care coverage (%)</i> :				

¹ Source: National Statistical Committee

Skilled attendant at birth	100	100	100	100
Institutional delivery	98	98	98	98
C-section	23.7	24.7	24.8	25.4
Stunting (under 5)	10.8	-	-	-

Breastfeeding data (%)

	2008	2013	2016
Early initiation of breastfeeding (within one hour from birth)	78	85.5	71.1
Exclusive breastfeeding under 6 months	57	71.3	47.7
Introduction of solid, semi-solid or soft foods (6-8 months)	52	78.5	94.4
Bottle-feeding (0-12 months)	26	25.6	33.7
Continued breastfeeding at 2 years	-	52	52.9

Early initiation of breastfeeding: Interestingly, the percentage of children that are breastfed for the first time within one hour from birth is 60.5% among households with Kazakh heads while it is 71.1% among households with Khalkh heads. It is 73.7% in households with other ethnicity heads².

The rate of exclusive breastfeeding under 6 months has declined from 71% to 47%, with a more important decline in rural areas (60%) than in urban areas (55%). The highest rate of exclusive breastfeeding under 6 months is reported in the Western region (59.9%), while the lowest rate is reported in the Central region (33.6%). Boys are more likely to be continuously breastfed at 1 year and 2 years (85% and 53.6%, respectively) than girls (80.2% and 52%, respectively). **Exclusive breastfeeding rate has fallen due the strong increase in the imports of breastmilk substitutes (BMS).** For instance, in 2014 Mongolia imported 758.20 tons of infant formula compared to 543.7 tons in 2005.

The infant mortality rate remains high in rural areas. The lowest infant and under-five mortality rates are reported in Ulaanbaatar while the figures for Western Region are about 29% higher. **The fact that rural areas are sparsely populated and the consequent long distance to access health services are a significant problem for health care in Mongolia.**

The main causes of under-five mortality of children are perinatal causes (37%), pneumonia (20%), injuries (14%), diarrhea (3%) and other conditions (26%).

² Social Indicator Sampling Survey, page 118.

4) Government efforts to encourage breastfeeding

National policies

In Mongolia, the Ministry of Food and Agriculture is fully responsible for population's food and nutrition. In the Law on Food Safety, developed by the Ministry of Food and Agriculture, there is no mention about IYCF. The Ministry of Health is working alone on child nutrition and there is only one person responsible for the whole nutrition area, including child nutrition. The National Public Health Institute has a special section for nutrition in which priority is given to research. **There is no comprehensive nutritional programme concerning IYCF and no National Breastfeeding Committee.** In 2015, the MoH approved a new National strategy for Mother, Infant and Young Child Feeding (MIYCF) but a few months later the Central Government rejected the Strategy. Because of the frequent alternation of governments in Mongolia, there is a lack of institutional support and coordination on this matter.

Promotion campaigns

There are no national promotion campaigns related to child nutrition. However, the Government of Mongolia, in collaboration with UNICEF, WHO, IBFAN and other partners, celebrates every year officially the **World Breastfeeding Week**. The WBW sees the participation every year of many politicians, particularly women from the Parliament. Most of the health facilities, including family clinics, organize community outreach activities such as household visits or small group meetings for the community. In addition, **August is declared national "Month of Breastfeeding Promotion"**.

The International Code of Marketing of Breastmilk Substitutes

Following the CRC Committee recommendation of 2005, the Government of Mongolia enforced the International Code and **approved the National Law on Marketing of BMS, reflecting almost all the provisions of the Code.**

In 2015, the Ministry of Health, with financial support from the WHO, has organized an assessment on the implementation of the BMS law, which revealed a high number of gaps and Code violations. The findings of this assessment demonstrated that **there is urgent need to strengthen the Law on Marketing of BMS and improve the exiting monitoring mechanism.**

Monitoring of national policies and legislation

Apart from IBFAN, which supported the Code monitoring and the development of the WBTi reports in 2008, 2013 and 2016, there is no national body in charge of monitoring of the policies and programmes on IYCF.

Courses / Training of Health Professionals

The institutional and health workers capacity for promotion and counseling on appropriate nutrition and IYCF practices is limited. **Training of health professionals is not adequate**, due to the lack of budget for this purpose. Only 42.5 % of the health facilities have organized health workers training on IYCF³.

5) Baby-Friendly Hospital Initiative (BFHI)

Since the introduction of the BFHI in Mongolia (1994), 185 health facilities have obtained the Baby-Friendly hospital designation (75% of the hospitals with maternity services). **However, the assessments for new certifications stopped in 2008⁴**. There are no budget allocations to carry out re-assessments on the accredited facilities and other obstacles are represented by the distances in the rural areas. **Re-assessment processes depend today on international organizations funding. The BFHI should be revitalized and adequately implemented.**

According to the Assessment of the implementation of BMS Law, in some certified health facilities no more training has been conducted since 2011. Only 42% of the Baby-Friendly Hospitals (BFHs) trained more than 80% of their health staff on IYCF.

Other findings of this assessment include: only 46.3% of BFHs only have policy for breastfeeding promotion; only 46.3% of BFHs organized training on breastfeeding for pregnant women and 36.6 % of BFHs for lactating mothers, 19.5% of BFHs for volunteers; about 30% of BFHs have IEC materials to distribute to target population.

6) Maternity protection for working women

Mongolia ratified the ILO Convention 183 (2000) on Maternity Protection. According to the Mongolia's Labour Law, a female employee is entitled to a **fully paid maternity leave of 120 days (4 months)**. A nursing break of two hours is provided to a woman with a child under six months of age or to a woman with twins under one year of age; a break of one hour is provided for women with a child aged six months to one year or to a woman with a child who has

³ Assessment of the implementation of BMS law 2015, Mongolia

⁴ Assessment of the implementation of BMS law 2015, Mongolia

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reached one year of age, but needs special care under medical certificate⁵. Since 2012, every pregnant or nursing mother receives about 25USD/month from the 5th month of her pregnancy until her baby is 7 months.

In both the public and private sectors, the law provides for a 7-day paternity leave.

7) HIV and infant feeding

Currently there are no pediatric HIV cases registered in Mongolia. The Global Fund is dealing with most of HIV policy and strategy in country⁶. The government of Mongolia adopted the Law on Prevention of HIV/AIDS Transmission in 2004 and amended this law in 2012. **A major challenge in this area is represented by the still limited knowledge on HIV and infant feeding by the health workers.** Despite the country has a low HIV prevalence, there is a risk of inadequate counseling to HIV-positive women regarding infant feeding options. More training of the health workers as well as information campaigns for the general public on this topic are therefore necessary.

8) Infant feeding in emergencies (IFE)

In Mongolia, natural disasters can occur mainly in winter, with extreme cold and snowstorms. **Infant Feeding is not included in the national disaster preparedness plan.** This remains a neglected area and needs to be corrected urgently, especially considering the unsolicited donations of infant formula reported during winter disasters.

⁵ Mongolia's Labor Code, Chapter Seven: Employment of Women

⁶ Global Fund annual report, National RH survey report 2013.