

## **The Guide Book**

# World Breastfeeding Trends Initiative (WBTi)

*Galvanising action on breastfeeding and infant and young child feeding (IYCF)*

## About IBFAN

The International Baby Food Action Network (IBFAN) was founded in 1979. It is a network of more than 273 public interest groups in 168 countries, working around the world to save lives of infants and young children by working together to bring lasting changes in infant feeding policies and practices at all levels. IBFAN aims to promote the health and well being of infants and young children and their mothers through protection, promotion and support of optimal breastfeeding & infant and young child feeding practices. IBFAN works towards universal and full implementation of '*International Code of Marketing of Breastmilk Substitutes*', subsequent relevant World Health Assembly (WHA) resolutions and the '*Global Strategy for Infant and Young Child Feeding*'

*IBFAN is the 1998 Right Livelihood Award Laureate.*

The guidebook is available in English (revised version April 2018), French, Spanish, Arabic, and Swedish languages  
<http://worldbreastfeedingtrends.org/guide-book-wbti/>

## Merits of WBT*i*

**The WBT*i* is Participatory:** It seeks to involve all concerned partners, while avoiding conflicts of interest, working on infant and young child feeding, including governments, international agencies, academia and CSOs/NGOs. It is highly participatory and engaging. The local people collect information, analyse the findings, locate gaps, and take action based on the results. In the process, the participants develop networking skills, investigative techniques, planning skills, analysis, monitoring and reporting methods.

**The WBT*i* is Action-oriented:** It aims to stimulate action. Having more information is not helpful unless there are strategies in place for translating the information into tools for change and for taking action to improve the situation. Other than bringing people together and building consensus, it leads to a call to action for change. Linking national or regional advocacy with WBT*i* findings is cornerstone of child health and development. It also stimulates developing budgeted plans.

**The WBT*i* is Simple Research:** It aims to stimulate research, investigation, ask questions, and find out why optimal breastfeeding does or does not occur. Local people do the investigation, not by external researchers. Simple research targets secondary data in a country. When people identify their own gaps and solutions to bridge them, it stimulates action for change.

**The WBT*i* is a Unique Web resource:** It is a key and dynamic web resource for information on policies and programmes at country level. Other than this the software allows creating understandable graphics and mapping to prepare reports.



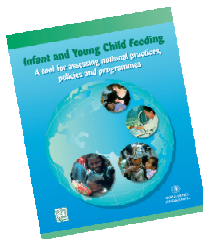
## Introduction

The guidebook provides information about the World Breastfeeding Trends Initiative (WBTi) and its various components with a background, objectives and details of action at country level. The WBTi has been developed by the Breastfeeding Promotion Network of India (BPNI)/IBFAN Asia essentially to document the status and benchmark the progress of implementation of the *Global Strategy for Infant and Young Child Feeding*, document the gaps, and generate action in the country to bridge the gaps.

## Background

The World Health Assembly (WHA) and the UNICEF Executive Board adopted the *Global Strategy for Infant and Young Child Feeding* in the year 2002. The *Global Strategy* has a framework of action on 10 indicators of policy and programmes to improve optimal breastfeeding and infant & young child feeding practices. It calls for urgent action by all Member States to develop, implement, monitor and evaluate a comprehensive policy and a plan of action on to achieve a reduction in child malnutrition and mortality.

The World Health Organisation in 2003 launched the *“Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes”*, and in 2007 a *Planning Guide for implementation of Global Strategy*. In May 2005, the World Health Assembly adopted resolution WHA 58.32 that called upon Member States to assure resources for plans of action for improving infant and young child feeding practices whilst avoiding any conflicts of interest in the child health programmes.



The WBTi used the questionnaire and other materials from the WHO tool for assessment purposes and adapted it based on feedback from countries in all regions of the world including Latin America, Arab World, Afrique, Oceania, Asia and Africa. BPNI team led the adaptation process guided by the global group. The Breastfeeding Promotion Network of India (BPNI), based in New Delhi, India, (International Baby Food Action Network (IBFAN)' Asian coordinating office), launched the World Breastfeeding Trends Initiative (WBTi) in 2004. BPNI acts as the global secretariat for spearheading and coordinating implementation of the WBTi.

The BPNI developed a training programme to build the capacity of country groups/individuals to led the WBTi process, understand various indicators, how to identify gaps and develop recommendations, and how to develop a plan of action as well as budget it. The BPNI also conceptualised and developed the WBTi web-based software that provides objective scoring and colour coding. The web software thus developed also has the capacity to generate easily understandable graphics. A framework assists countries to develop and or print of a national report & a report card. Further, BPNI developed yet another software tool the 'World Breastfeeding Costing Initiative (WBCi)' that helps to generate local, real time annual/multi-year budgetary plans.

What BPNI has done is to put in practice the use of tools at country level, and in addition a process to kick start action.

More recent development is that the World Health Assembly in 2012 set targets for nutrition by 2025 that include increased exclusive breastfeeding rates to at least 50%. To achieve this target the 'Global Breastfeeding Collective' (GBC) that was launched in August 2017, led by UNICEF and WHO. The International Baby Food Action Network (IBFAN) is a member of GBC. The Collective's

mission is to rally political, legal, financial and public support for breastfeeding, which will benefit mothers, children and society. It highlights the importance of breastfeeding for children and nations and shared a framework for monitoring.

**The GBC has launched a call to action, which has 7 indicators. One of the seven indicators is to track progress on policies, programmes and funding using the WBTi. The target has been set that at least three-quarters of the countries of the world should be able to conduct a WBTi assessment every five years by 2030. WBTi Global Secretariat having 77 countries report in past five years upto 2017 is working on plans to increase its reach to almost all countries during the next 5 years.**

## Purpose

To provide critical information to governments, needed to bridge gaps in policy and programmes in order to increase rates of breastfeeding and infant and young child feeding practices and to use various WBTi tools to galvanise action at country level.

## The Components

*WBTi has 4 components*

1. A system of national assessment of policy and programmes.
2. A process for generating country reports on the gaps.
3. A web-based tool for colour coding and objective scoring of indicators, as well as a data bank on policy & programmes.
4. A system to use the findings and launch a 'Call to Action'.

### **1. A system of national assessment of policy and programmes**

Key objective of a national assessment is to document the gaps in policy and programmes that are required to support women in breastfeeding and caring their young babies. It involves initiating a national assessment through coordinating a



*Core group meeting in progress in Bolivia, 2017*

*core group* and local partners to work together. They identify gaps in existing policies and programmes and build consensus around the gaps and recommendations for action to bridge the gaps. WBTi encourages re-assessment every 3-5 years. Re-assessments help to track trends on the various indicators, assess the progress and study the impact of any particular intervention.

### *Sources of Information*

The possible sources of information will include the existing national policies, programme information available on websites, official documents or interviews to be held with key officials, or national survey data in case of practice indicators.

### *The 15 indicators of assessment*

The WBTi assessment focuses on a wide range of indicators, which provide an impartial global view of key factors. It has 15 indicators with each indicator having specific significance. These are 10 parameters related to policy/programmes which include how women are supported by the national policy, by the health care system both during delivery and in the community, by labour policies for maternity protection, by legal protection from commercial sector, by encouraging babies

to breastfeed under disaster management policies, by policies of HIV department and monitoring of all of these. And 5 indicators are on infant and young child feeding practices, which is the result of all the policy and programmes. Each indicator has a subset of questions to be answered. Questionnaires are available at <http://worldbreastfeedingtrends.org/wbti-tool/> and the guidebook provides a list only.

## **2. A process for generating country reports on the gaps**

Once the information is gathered, the gaps can be identified and discussions within the core group lead to the list of recommendations for action to bridge the identified gaps. The *core group* helps facilitate debates and discussions around the findings to a larger audience locally. They use the findings and develop a draft report to be shared with WBTi global secretariat for verification. After having it finalised, the core group assists in formulating recommendations of action that are effective in





improving infant and young child policies and allocation of resources. The WBTi assessment thus helps in establishment of practical baseline information that is used for bench marking and comparisons after reassessment. Every country documents WBTi report and develops a report card using the templates available at <http://worldbreastfeedingtrends.org/reporting-template/> and adapting locally.

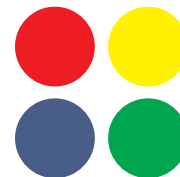
*Who can use the report and report cards and how?*

Governments to consider action, donors to prioritise funding, advocacy groups to showcase how well the country is doing in order to pinpoint improvements, researchers for setting up their research agendas and media for communication and help in advocacy.

### **3. A web- based tool for colour coding and objective scoring of indicators, as well as a data bank on policy & programmes.**

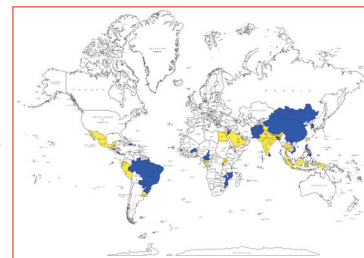
The WBTi has a web-based software that runs on the portal [www.worldbreastfeedingtrends.org](http://www.worldbreastfeedingtrends.org). Once assessment of gaps is carried out, it is subjected to a verification process for quality and having finalised the data on 15 indicators is fed into the web-based software toolkit, which provides colour coding and scoring, based

on WBTi guidelines for WBTi. Scoring and colour coding is done for each individual indicator or all indicators together. The toolkit objectively quantifies the data to provide a colour coding i.e. 'Red', Yellow, Blue and Green based on ascending order of performance. The web software has the capacity to generate visual maps or graphic charts in easily understandable formats to assist in developing reports for advocacy at all levels e.g. national, regional and international. It stores all the country information on policy and programmes that makes it accessible to everyone and serve as a unique global data bank of policies and programmes on breastfeeding and infant and young child feeding. It helps in tracking trends over the years. The software is capable of generating and sharing graphics of the findings.



#### *Mapping and graphics*

The web-based software helps in data entry and transforms this data into scoring, colour coding as per WBTi Guidelines. Further, it has the

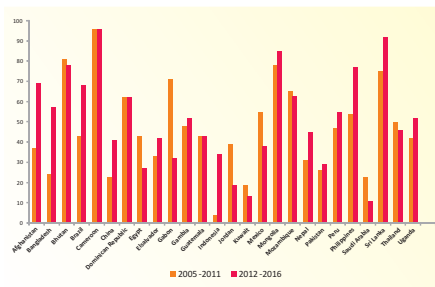




capacity to generate graphics, pie charts, bar graphs and maps. One can rely on the web itself to print reports or copy and use in MS Word format. These graphics lead to quick analysis of status and progress, which can be helpful in demonstrating to programme planners and policy makers where improvements are needed.

### *Tracking trends*

The web-based tool can be used to track trends in countries that have done re-assessments and tool allows comparison of two or more assessments.



### **4. A system to use the findings and launch a Call to Action**

Once the process of WBTi is complete the core group prepares for the launch of final report of assessment findings along with 'Call to action' to the respective governments. The core group also develops an action

plans to bridge the identified gaps in the policy and programmes. It is recommended to utilise World Breastfeeding Costing (WBCi) tool to create a budgeted plan of action which can be used to advocate with policy makers and programme managers.

## **How WBTi processes work at country level**

Here we provide in a simple chronological terms the various processes that take place within the country. These steps are essential to achieve good outcomes.

### **1. First Step**

- Identify a key person as 'national WBTi coordinator' from each country, which joins in to adopt WBTi.
- Orientation meeting of key persons to discuss the whole process.
- Meeting to plan the process for assessment.
- Identifying a core group of 4-5 persons, if possible including representatives from the government, UNICEF, WHO, NGOs and other professional organizations, but avoiding conflicts of interest.

## 2. Second Step

- Facilitation of assessment according to WBTi guidelines.
- Fixing responsibilities, who will do what on all 1-15 indicators.
- Preparing a work plan, followed by collection of information.
- Finalizing of data among core group and preparing a report.
- Presenting it to a wider audience for review and comments and consensus.
- Gap identification and brainstorming to frame recommendations and action plans.
- Incorporating comments or suggestions into the final outcome of the report.
- Sharing the report with WBTi Global Secretariat for review and finalisation by the country. Data entry is done into the web-based tool to generate colour coding and scoring.

## 3. Third Step

- a. A report and report card is developed based on the scores and colour codes. The templates are available <http://worldbreastfeedingtrends.org/reporting-template/>

- b. A call to action is organised to share with the governments who are potential users and other partners like researchers, academia, CSOs working on women and children's issues and MCH advocacy groups.
- c. Reports and report cards are made public through media.
- d. Reports can be used to generate journal articles.
- e. Reports are shared with donors for information where support might be best targeted.

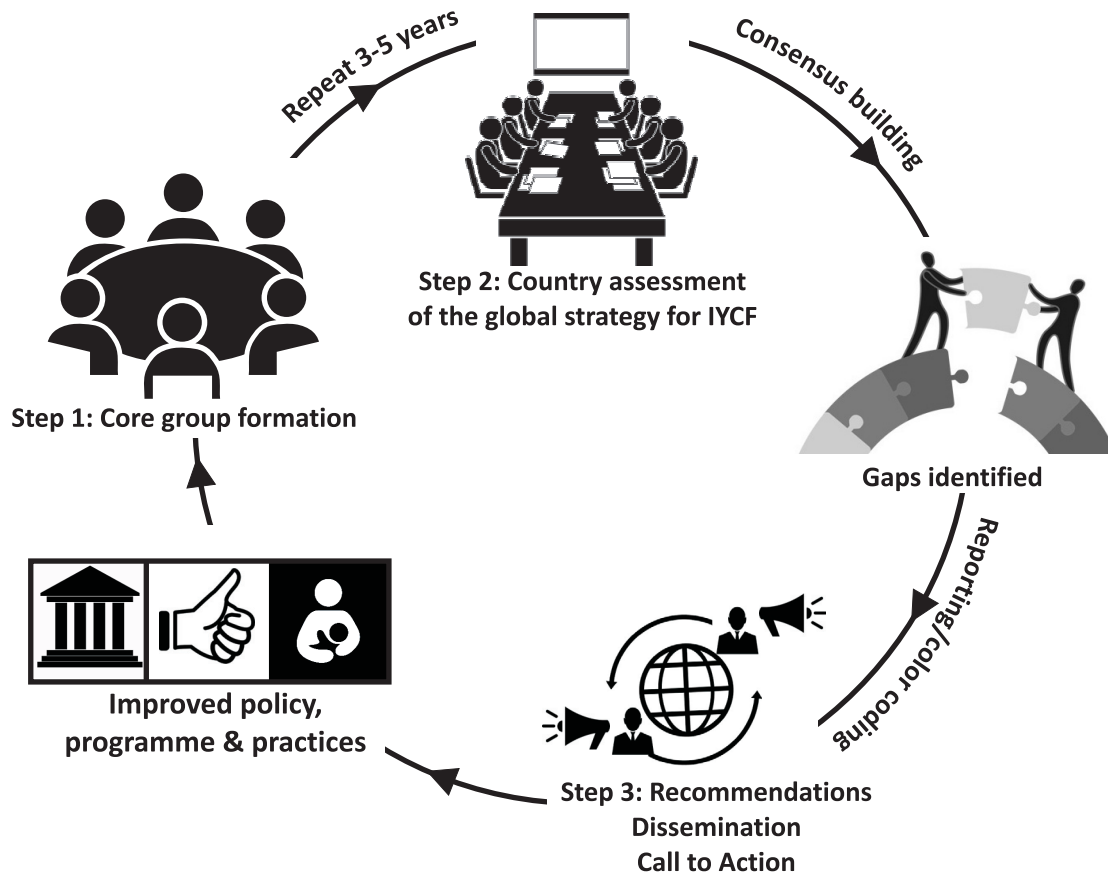
## INDICATORS

### *Part-I*

1. National Policy, Programme and Coordination
2. Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)
3. Implementation of the International Code of Marketing of Breastmilk Substitutes
4. Maternity Protection
5. Health and Nutrition Care System (in support of breastfeeding & IYCF)
6. Mother Support and Community Outreach- Community-based support for the pregnant and breastfeeding mother
7. Information Support
8. Infant Feeding and HIV
9. Infant Feeding during Emergencies
10. Mechanism of Monitoring and Evaluation Systems

### *Part-II*

11. Timely Initiation of Breastfeeding within one hour of birth
12. Exclusive Breastfeeding for the first six months
13. Median duration of Breastfeeding
14. Bottle- Feeding
15. Complementary Feeding-Introduction of solid, semi-solid or soft foods





## WBTi Global Secretariat

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