THE COMMITTEE ON THE RIGHTS OF THE CHILD

Session 79 / September-October 2018

REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN NIGER

IBFAN

defending breastfeeding

September 2018

Data sourced from:

WBTi assessment of 2016

UNICEF data

Public Health Ministry

WHO, Guidelines on optimal feeding of low birth-weight infants in low- and middle- income countries

ILO, Profil Pays du Travail Décent : Niger, 2013

Prepared by:

Geneva Infant Feeding Association (GIFA), IBFAN International Liaison Office, in cooperation with IBFAN Niger, Groupe d'Action Pour l'Alimentation Infantile au Niger (GAPAIN)

SUMMARY

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

- Lack of recent national data on Infant and Young Child Feeding practices, in line with WHO definitions and recommendations; the last available data on breastfeeding indicators are from 2012;
- Implementation of existing national policies on IYCF remains limited due to a lack of resources;
- The last law on the International Code of Marketing and Breastmilk Substitutes was adopted in 1998 and does not cover all its provisions and relevant subsequent WHA Resolutions;
- Training documents on IYCF are not sufficiently used in healthcare curricula and they are sometimes outdated;
- Only 36.1% of hospitals in the country are labelled "Baby-Friendly Hospital." The initiative is underfunded and there is no regular reassessment of the accredited facilities;
- Breastfeeding rooms are not always available in the workplace, preventing mothers who return to work from breastfeeding exclusively their babies until 6 months;
- The Mother-to-Child Transmission rate of HIV remains high in the country (25% in 2015) and only 40% of pregnant women living with HIV receive ARVs treatment;
- IYCF support in emergency situations remain low and healthcare professionals are not well informed on IFE

Our recommendations include:

- **Systematically collect data on breastfeeding and IYCF practices; these should be in line with WHO definitions and indicators;**
- **Allocate adequate resources to ensure policy implementation on IYCF; ensure that the National Multisectoral committee has a clear mandate and acts accordingly;**
- **Ensure that the Code and WHA resolutions are translated into national legislation; establish an independent monitoring mechanism and set sanctions in cases of Code violations;**
- **Ensure that health curricula across the country include updated training documents on IYCF;**
- **Strengthen the BFHI and guarantee regular evaluations of the accredited facilities;**
- **Allow for longer breastfeeding breaks and raise employers' awareness on the importance of defending their employees' rights related to maternity, including through the creation of dedicated rooms to breastfeed or express milk;**
- **Ensure that all pregnant women living with HIV receive treatment to prevent MTCT and encourage additional counselling to ensure that all mothers living with HIV are well-informed on how to best feed their children;**
- **Revise and strengthen the policy on IYCF in emergencies, in line with theOperational Guidance on Infant Feeding in Emergencies, to ensure an adequate protection of breastfeeding and proper management of artificial feeding.**

1) General points concerning reporting to the CRC

In 2018, the CRC Committee will review Niger's combined 3rd and 5th periodic report.

At the last review in 2009 (session 51), the CRC Committee referred specifically to breastfeeding in its Concluding Observations: "Health and access to health services." The Committee expressed concerns over chronic malnutrition and the high maternal mortality rate, which remained critical issues within the country (§55). The Committee therefore recommended Niger to ensure *"that all segments of society are informed, and have access to education and support on the use of basic knowledge of child health and nutrition,* ***including the advantages of exclusive breastfeeding for children up to 6 months"*** (§56 – emphasis added).

2) General situation concerning breastfeeding in Niger

General data

	2014	2015	2016
Annual number of birth, crude (thousands)[1]	-	-	967
Neonatal mortality rate (per 1,000 live births)[2]	26.9	26.3	25.7
Infant mortality rate (per 1,000 live births)[3]	53.8	52.3	50.9
under 5 – mortality rate (per 1,000 live births)[4]	99.2	95	91.3
Maternal mortality ratio (per 100,000 live births)[5]	-	553	-
Delivery care coverage (%): Skilled attendant at birth Institutional delivery C-section	 - - -	 39.7 59 1	 - - -
Stunting (under 5 years)	-	-	42.2
Wasting (under 5 years)	-	-	10.3

[1] Data retrieved from UNICEF: http://data.unicef.org/
[2] See above
[3] See above
[4] See above
[5] See above

Breastfeeding data

After the Multiple Indicator Cluster Survey of 2012 (MICS 2012) there have been no additional surveys on Infant and Young Child Feeding (IYCF) practices in Niger.

	2012	2016	2017
Early initiation of breastfeeding (within one hour from birth)	53%	-	-
Exclusive breastfeeding under 6 months	23%	-	-
Introduction of solid, semi-solid or soft foods (6-8 months)	16.7%	-	-
Bottle-feeding	3%	-	-
Continued breastfeeding at 2 years	89%	-	-
Median duration of breastfeeding	20.5	-	-

Analysis of the situation:

It is to be noted that the amount of newborns breastfed immediately after birth remains low, with only 53% of them being breastfed within the hour following the birth. This in turn impacts the **number of babies exclusively breastfed between 0 and 6 months, as not even 3/10 babies are breastfed until their sixth month of life**. This can be due to a delay in breastfeeding right after birth, coupled with the weak number of births assisted by a skilled attendant, also linked to the low healthcare coverage in the country. These numbers can also be explained by socio-cultural pressures, and the lack of community involvement in advocacy campaigns. Lastly, poverty and the high rate of women's illiteracy are also factors contributing to these low numbers.[6]

These factors also explain the median duration of breastfeeding, which remains slightly below the threshold of 24 months, recommended not only by WHO and UNICEF, but also by the Quran. Among the reasons given above, the level of continued breastfeeding at 2 years is definitely influenced by poverty. In fact, **only 16.7% of children between 6 and 23 months are fed optimally**.[7]

Main causes of death among infants and children

In 2016, 49'616 infant deaths were reported. The main causes of death reported were: 1) Preterm birth 30.9% ; 2) Intrapartum death 26.3%; 3) Sepsis 23.1%.[8] Most pre-term babies are

[6] WBTi report, 2016
[7] Data retrieved from UNICEF: http://data.unicef.org/
[8] See above

born with a low birth weight. It has been proven that interventions to improve the feeding of low-birth-weight infants are likely to improve the immediate and long-term health of the infant, which in turns can have a significant impact on infant deaths rates.[9] Thus, the low number of infants breastfed within one hour of birth could also influence the number of infant deaths.

4) Government efforts to encourage breastfeeding

National policies

In 2016, Niger adopted the National Policy on Food Security (2016-2025) which includes strategic engagements for infant and young child feeding (IYCF).[10] It is clearly underlined in the policy that child malnutrition often begins soon after birth, due to poor breastfeeding rates. In addition, the policy also acknowledges the lack of complementary foods for children over 6 months old, which should be treated as a national priority. Sadly, implementation of national policies remains limited due to a lack of resources.[11] It would be beneficial for Niger to draft an adequate action plan for the National Strategy and that sufficient resources be allocated for its effective implementation.

There exists a Multisectoral National Committee which also deals with IYCF, headed by a coordinator with clear terms of reference. It is regrettable that such committee does not meet regularly. It is also unclear where violations of the International Code of Marketing of Breastmilk Substitutes have to be reported.

Promotion campaigns

Niger celebrates the World Breastfeeding Week every year. Information, Education and Communication (IEC) activities have been in place since 1973. Nevertheless, these are not homogeneously pursued, mainly due to a lack of specialized personnel specifically hired to conduct IEC activities.

The International Code of Marketing of Breastmilk Substitutes

The Code is in the process of being translated into national law, although the last law on the matter was adopted in 1998.[12] So far, Niger has adopted legislation which covers only few of the provisions of the Code and subsequent WHA resolutions.[13] In terms of products, the

[9] WHO, Guidelines on optimal feeding of low birth-weight infants in low- and middle- income countries, 2011
[10] PNSN, Politique Nationale de Securité Nutritionelle au Niger (2016-2022)
[11] Source WBTi: Nutrition Department (Public Health Ministry).
[12] UNICEF, Marketing of Breast-Milk substitutes: National Implementation of the International Code: Status Report 2018
[13] State of the Code by Country, IBFAN

national legislation covers infant formula, follow-up for formula, feeding bottles, teats, pacifiers but does not cover complementary foods, milk for mothers and other designated products.[14]

Additionally, more should be done to measure compliance of regulations concerning breast-milk substitutes (BMS). It is unclear whether sanctions exist for Code violators.

Unfortunately, there remains a lack of awareness on the rules at all levels as well as a lack of financial means to effectively implement a monitoring system of the national laws implementing the Code. As a consequence, Code violations occur (see Annex). It is recommended to organize awareness-raising campaigns on the Code as well as trainings on the Code for healthcare professionals.

Courses / ***Training of Health Professionals***

There exists training documentation on IYCF in Niger. However, these are not implemented in health curricula and professional trainings, mainly due to financial concerns. Some schools are also using outdated training documents.[15] To that regard, it is important that all health professionals receive training and that IYCF is included in curricula.

Since 1993, with UNICEF's support, over 3000 healthcare professionals were trained in lactation management based on the 10 steps for successful breastfeeding. Civil society also contributes to training. GAPAIN[16], for instance, trained 50 healthcare professionals and approximately 100 women for breastfeeding community support groups.[17] To that regard however, there remains an insufficient amount of breastfeeding support groups throughout the country as well as lack of funding for community relays.

5) Baby-Friendly Hospital Initiative

36.1% of hospitals in Niger received the "Baby-Friendly" label. The BFHI has been implemented in Niger since 1992. The latest assessment of the Baby-Friendly facilities was performed in 2017, but the data is not yet available and the previous evaluation occurred in 2007. There is therefore a lack of regular reassessment of the Baby-Friendly facilities and outdated evaluation tools. The program is now underfunded. There is a dire need to revitalize the BFHI in the country through allocating appropriate financial resources. Additionally, healthcare professionals should be encouraged to participate in international workshops on the BFHI.

[14] UNICEF, Marketing of Breast-Milk substitutes: National Implementation of the International Code: Status Report 2018
[15] Sources WBTi: Nutrition Department; Management of Mother and Child Health Department; Abdoumoumouni Dioffo de Niamey University; Public Health Institute (ISP); Management of the Training Section (Public Health Ministry)
[16] Groupe d'Action pour la Promotion de l'Alimentation Infantile au Niger
[17] Sources WBTi: Sanitary districts, Public Health Ministry, UNFPA, UNICEF, GAPAIN, ANPDDF

6) Maternity protection for working women

The gender differences in employment in Niger are very large. In 2013, only 17% of waged workers were women, and 30% of public employees.[18] Only 38% of all women in Niger are currently employed, compared to 85% of men.[19]

Despite not having ratified ILO Convention 183 (2000), Niger's Labour Code provides that every women employed in Niger's formal sector is entitled to 14 weeks of maternity leave, eight of which are post-natal. This leave can be extended for a maximum of three weeks should there be any complications with the pregnancy or at birth, as indicated by a doctor (Art.111 Code du travail). A longer maternity leave would help to support optimal infant and child feeding practice.

Maternity leave is entirely paid, half of which from the employer and the other half from the "Caisse de sécurité sociale." However, if she has worked with the same employer for at least 2 years consecutively, she should receive the integrity of her salary from her employer (Art. 112 Code du Travail). Nevertheless, women in the informal sector remain less protected compared to women in the formal sector. All women should be entitled to maternity protection.[20]

Paternity Leave

The law does not provide any form of paternity leave.

Breastfeeding breaks

After the leave and up to twelve months after the birth, mothers are entitled to take lactation breaks, up to one hour per day (Article 113, Code du travail). Not only is this insufficient, but more efforts are needed to ensure that lactation rooms are created both in private and public infrastructures.

7) HIV and infant feeding

In 2015 UNAIDS estimated that there were 3500 pregnant women living with HIV in Niger. Only 28% of them were receiving ARVs to prevent mother-to-child transmission (MTCT). The estimated rate of MTCT was 25%. Health professionals are trained to diagnose pregnant women as well as providing counseling and ARV treatment should the result be positive. The

[18] ILO, Profil Pays du Travail Décent : Niger, 2013
[19] Danish Trade Union Council for International Development Cooperation, Niger : Labour Market Profile, 2014
[20] Sources WBTi: DOS /MSP, Direction de la protection de la femme et de l'enfant / Ministère de la Population Ministère de la fonction Publique (Code de travail)

IYCF strategy foresees that women living with HIV are informed on how to breastfeed while protecting the newborn from HIV. When it comes to implementation, however, the time allocated for counseling is often insufficient, leaving a number of women living with HIV ill-informed. Information sessions should be strengthened to ensure that pregnant women are undergoing ARV therapy to prevent MTCT and new mothers living with HIV are aware of how to best feed their child while protecting them from HIV.[21]

8) Infant feeding in emergencies (IFE)

Hunger and chronic malnutrition are an emergency *per se* in Niger. Nevertheless, these conditions are exacerbated by the increasingly frequent natural catastrophes (i.e. droughts and floods) in the region. The Public Health Ministry included IYCF in emergency contexts within the national strategy on IYCF. Nevertheless, support to optimal IYCF in emergency situations remains too low, partly because health professionals remain ill-informed on national policies regarding IFE. It is therefore very likely that the International Code of Marketing of Breastmilk Substitutes and relevant WHA Resolutions are not respected in situations of emergency.[22]

The current strategy and material should be revised and protection of breastfeeding in emergencies should be strengthened. The **Operational Guidance on Infant Feeding in Emergencies**[23] should be used as a basis for developing emergency response plans that ensure an adequate protection of breastfeeding and proper management of artificial feeding.

[21] WBTI sources : DN/MSP, DSME, DRSP
[22] WBTI sources : DN/MSP, CCA, SAP
[23] The last updated version of the IFE Operational Guidance was published in 2017 and is available online at: www.ennonline.net/operationalguidance-v3-2017

ANNEX:
Examples of violations of the International Code of Breastmilk Substitutes and subsequent WHA resolutions reported in Niger between 2014 and 2017[24]

Health care systems: Article 6.2 of the Code bans the promotion of products within the health care system.

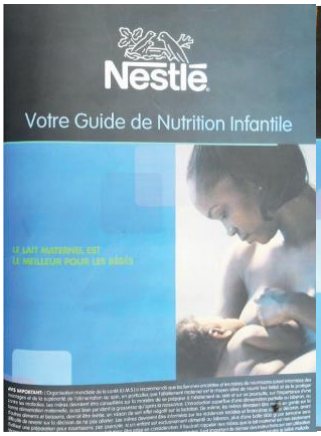
DANONE

Brochures of Blédine cereal products are distributed throughout health care facilities. These products are marketed for infants 4-6 months and are recommended for use with a feeding bottle.

Information and education: Article 4.2 requires all information material to advocate for breastfeeding and not contain pictures or text which idealise the use of breastmilk substitutes. For health professionals, **Article 7.2** of the Code allows only product information that is factual and scientific. **WHA resolution 58.32 [2005]** prohibits nutrition and health claims, unless specifically provided for in national legislation.

NESTLE

Nestlé distributes educational brochures that inform mothers about the latest guidelines on infant nutrition and feeding practices. While the cover of the brochure suggests the focus is on breastfeeding, the brochure is actually promoting Nestlé's range of formula products.



[24] These examples were retrieved from Breaking the Rules, Stretching the Rules 2017 global monitoring report, IBFAN-ICDC, 2017