THE COMMITTEE ON THE RIGHTS OF THE CHILD

Session 69 / May-June 2015

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

April 2015

Data sourced from:
District Health Information Management System (DHIMS) GHS
Ghana Demographic and Health Survey (GDHS) 2008
Ghana Living Standards Survey 6 (GLSS 6) 2014
Multi Indicator Cluster Survey (MICS) 2011
National Aids Control Program (NACP) Annual Report 2013
Report on Monitoring of BPR L.L. 1667 in 2013 (Greater-Accra, Ashanti and Western regions by GINAN, GHS and FDA)
Reproductive and Child Health Annual Reports 2012 and 2013

Prepared by:
Ghana Infant Nutrition Action Network (GINAN)
SUMMARY

The following obstacles/problems have been identified:

- High neonatal, infant and under-5 mortality rates combined with a decline of breastfeeding rates between 2008 and 2011;
- Inadequate funding to implement the policies and actions plans on Child Health and Nutrition;
- Insufficient monitoring on the implementation of the Breastfeeding Promotion Regulation 2000 (BPR 2000) resulting in violations of the International Code occurring on a regular basis;
- Need for more trained breastfeeding counsellors in health facilities;
- Inadequate training for new staff in “baby-friendly” certified facilities;
- Self-monitoring in BFHI facilities is too weak;
- Duration of maternity leave is too short and women working in the informal sector are not covered;
- There is no emergency preparedness plan with specific guidelines on infant feeding in emergencies that would ensure protection and support of breastfeeding in emergencies.

Our recommendations include:

- Implement the OHCHR Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce and eliminate preventable mortality and morbidity of children under 5 years of age;
- Ensure sufficient and adequate budgetary allocations for the execution of the policies and action plans on Child Health and Nutrition;
- Strengthen monitoring of implementation of the BPR 2000 and implement a deterrent sanctioning system; ensure the Food and Drugs Authority is committed to enforce the BPR 2000;
- Raise awareness on the International Code and on Ghana’s BPR 2000 among the population and among government officials, for an increased commitment on their side;
- Increase the number of trained breastfeeding counsellors in health facilities;
- Further implement the BFHI throughout the country and set a monitoring mechanism to control compliance with the standards after “baby-friendly” status is obtained;
- Strengthen maternity protection by extending the duration of the maternity leave and by ensuring that women working in the informal sector are covered;
- In line with the Operational Guidance on Infant and Young Child Feeding in Emergencies, develop an emergency preparedness plan with specific guidelines related to IYCF in order to ensure protection and support of breastfeeding in emergencies, and designate a national coordinator.
1) General points concerning reporting to the CRC

In 2014, the CRC Committee will review Ghana’s combined 3rd to 5th periodic report.

At the last review in 2006 (session 41), in its Concluding Observations, the CRC Committee referred specifically to breastfeeding and recommended to Ghana in paragraph 50 to “(a) Undertake all necessary measures to reduce mortality rates by improving prenatal care and preventing communicable diseases; (b) Allocate more financial resources to child health, nutrition and access to safe drinking water and sanitation facilities; (c) Continue to combat malaria and address environmental causes and strengthen availability of nets and insecticides, especially in areas where malaria is most prevalent and ensure that all children, regardless of economic status, have access to impregnated nets; (e) Continue to encourage exclusive breastfeeding for six months with appropriate introduction of an infant diet thereafter.”

2) General situation concerning breastfeeding in Ghana

General data¹

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
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<tbody>
<tr>
<td>Annual number of birth, crude (thousands)²</td>
<td>-</td>
<td>794.3</td>
<td>-</td>
</tr>
<tr>
<td>Neonatal mortality rate (per 1,000 live births)</td>
<td>32</td>
<td>29.7</td>
<td>29.3</td>
</tr>
<tr>
<td>Infant mortality rate (per 1,000 live births)</td>
<td>53</td>
<td>53</td>
<td>52</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1,000 live births)</td>
<td>82</td>
<td>80</td>
<td>78</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births) (adjusted)</td>
<td>-</td>
<td>-</td>
<td>380</td>
</tr>
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Delivery care coverage (%):

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<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
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<tbody>
<tr>
<td>Skilled attendant at birth</td>
<td>68.4</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Institutional delivery</td>
<td>67.4</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>C-section</td>
<td>11.4</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Stunting (under 5 years)</td>
<td>22.7%</td>
<td>-</td>
<td>-</td>
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Breastfeeding data

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2011</th>
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<tbody>
<tr>
<td>Early initiation of breastfeeding (within one hour from birth)</td>
<td>52%</td>
<td>45.9%</td>
</tr>
<tr>
<td>Children exclusively breastfed (0-5 months)</td>
<td>63%</td>
<td>45.7%</td>
</tr>
<tr>
<td>Children ever breastfed</td>
<td>98%</td>
<td>98.9%</td>
</tr>
<tr>
<td>Introduction of solid, semi-solid or soft foods (6-8 months)</td>
<td>-</td>
<td>74.8%</td>
</tr>
<tr>
<td>Breastfeeding at age 2</td>
<td>-</td>
<td>37.4%</td>
</tr>
<tr>
<td>Median duration of any breastfeeding (in months)</td>
<td>20</td>
<td>20.5</td>
</tr>
</tbody>
</table>

Observations on breastfeeding practices in the country

There is a declining trend in breastfeeding rates: the exclusive breastfeeding rate under 6 months declined between 2008 (63%) and 2011 (45.7%), and the early initiation of breastfeeding rate went from 52% in 2008 to 45.9% in 2011. This trend is to be taken in serious consideration especially since the main causes of death among infants and children in Ghana are malaria, diarrhea and pneumonia, and infections, birth asphyxia, prematurity for newborns in particular. It is of crucial importance to remember that breastfeeding is a key factor in the care practices aimed at reducing neonatal as well as under-5 mortality.5

Concerning regional differences in the breastfeeding rates, it is noted that breastfeeding rates are lower in the Greater-Accra region, compared to the other regions of the country. As for disparities between urban and rural areas, it has been observed that breastfeeding is more widespread in rural areas than in urban areas.

3) Government efforts to encourage breastfeeding

National policies

The Guidelines on Infant and Young Child Feeding (IYCF) were developed in 2006 and based on the Global Strategy for IYCF. Child Health Policy and Strategy documents were produced and launched in 2009. The Ghana National Newborn Strategy and Action Plan was launched in 2014 to address specifically neonatal health. Such documents recognize early initiation of breastfeeding within one hour from birth as a key factor for neonatal survival.

Moreover, there is a Breastfeeding Policy which states that exclusive breastfeeding should be up to six months and that breastfeeding should be continued for two years and beyond. Maternity services

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4 Ghana MICS 2011, see above
(antenatal care, delivery and postnatal care) are now covered under the National Health Insurance Scheme at all government health facilities, and bed nets are freely distributed to pregnant women and infants. Additionally, a draft National Nutrition Policy was developed and it is under evaluation and towards adoption.

**Campaigning**

Every year Ghana celebrates the World Breastfeeding Week and a Child Health Promotion Week campaign which includes breastfeeding. During the 2014 WBW, the Deputy Director of the Ghana Health Service (GHS) called for improved breastfeeding practices in the country, explaining that recently the rate of exclusive breastfeeding has declined for a number of “unconfirmed reasons”

6, including mother’s early return to work, the increasing advertisement of baby foods and mothers not knowing how to express breastmilk for their children. The WBW is also an occasion to draw the attention of the public on the importance of breastfeeding as a key factor to reduce infant mortality, in the framework of the MDGs and post-2015 era.

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**The International Code of Marketing of Breastmilk Substitutes**

The Breastfeeding Promotion Regulation 2000 (otherwise known as Legislative Instrument 1667) is aimed at preventing aggressive marketing of breastmilk substitutes and implements the International Code. However, the relevant Monitoring Committee is inactive due to lack of commitment from the Food and Drugs Authority (FDA) who should act as its secretariat and there is no sanctioning system for violations. Therefore, there are regular violations of the Code in Ghana.

8

**Monitoring**

There exists a national BFHI Authority and a National Nutrition Partners Coordinating Committee (NaNuPaCC) whose activities include IYCF coordination. The National Child Health Coordinating Committee was set up in the Ministry of Health with membership from health and relevant Ministries, Departments and Agencies. The Cross-Sectoral Planning Group (CSPG) on Nutrition exists in the National Planning Commission (NDPC) to coordinate Scaling Up Nutrition (SUN) activities. Some NGOs are actively involved in IYCF activities in selected regions and districts. GINAN is the IBFAN body in Ghana.

**Courses / Training of Health Professionals**

Training programs organised for health workers (pre and in-service) nationwide include the Integrated Course on IYCF, Community-IYCF Training, Integrated Management of Neonatal and Childhood Illnesses (IMNCI), Essential Care for Every Newborn, Prevention of Mother-to-Child Transmission (PMTCT) of HIV, Nutrition Care and Support for People Living with HIV and Tuberculosis. The courses

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7 Idem

8 See Annex
are provided by the Ghana Health Service (GHS) with support from UNICEF, WHO, WFP, WVI, PATH, CARE, USAID/FANTA/FOCUS and other partners.

Mother-to-Mother Support groups are part of the BFHI to give breastfeeding support at the community level. There are breastfeeding counsellors in some health facilities. However, there is a need for more trained counsellors.

4) Baby-Friendly Hospital Initiative (BFHI)

The BFHI is being implemented in the country. Totally, there are 1527 facilities providing maternity services in Ghana, of which 538 were designated as “baby-friendly” (35.2% of the total number of health facilities). These are mostly public facilities. There are challenges with monitoring to ensure that facilities maintain their standards after being designated. Funding for these activities comes from partners.

5) Maternity protection for working women


Maternity leave

Scope: The Labour Act applies to all workers and to all employers except the Armed Forces, the Police Service, the Prison Service and the Security and Intelligence Agencies specified under the Security and Intelligence Agencies Act of 1996. Women working in the informal sector are not included.

Duration: 12 weeks (6 weeks before and 6 weeks after giving birth).

Benefits: 100% of the salary; paid by the employer.

Breastfeeding breaks

A nursing mother (who is breastfeeding her child for a period of not more than 1 year), is entitled every day to interrupt her work for an hour during her working hours to nurse her baby. Interruptions of work by a nursing mother for the purpose of nursing her baby shall be treated as working hours and paid accordingly.

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6) HIV and infant feeding

The prevalence of HIV/AIDS in the adult population (aged 15-49) in Ghana is 1.3%.\textsuperscript{10} A policy on HIV and Infant Feeding is available as part of the National Breastfeeding policy and PMTCT guidelines. It is discussed as part of BFHI, PMTCT and IYCF training programs for health professionals. Additionally, knowledge on MTCT is quite widespread among men and women: “85% percent of women and 78% of men age 15–49 know that HIV can be transmitted by breastfeeding.”\textsuperscript{11}

7) Infant feeding in emergencies (IFE)

Currently, there is no emergency preparedness plan with specific guidelines on infant feeding in emergencies that would ensure protection and support of breastfeeding in emergencies.

\textsuperscript{10} Source : UNICEF data, 2013.
\textsuperscript{11} GDHS, 2008, see above, p. 14
ANNEX: Evidence of Code violations in Ghana

Promotion in health facilities and to health workers: Article 6.2 bans the promotion of products within the health care system. Article 6.3 prohibits the display of products, placards and posters or the distribution of company materials unless requested or approved by the government. Article 7.3 provides that there should be no financial or material inducement to health workers to promote products. WHA resolution 58.32 [2005] calls on countries to ensure that financial support and other incentives for programmes and health workers do not create conflicts of interest.

NESTLÉ: an invitation to a talk on “Lower Protein & Growth Outcome” starts with the SMA Biofactors system logo and the slogan “Integrated Nutrition for their First Golden Years”.

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