NATIONAL STRATEGY FOR MATERNAL, INFANT AND YOUNG CHILD NUTRITION (MIYCN) IN BRUNEI DARUSSALAM

His Majesty Sultan Haji Hassanal Bolkiah Mu'izzaddin Waddaulah ibni Al-Marhum Sultan Haji Omar 'Ali Saifuddien Sa'adul Khairi Waddien, the Sultan and Yang Di-Pertuan Brunei Darussalam

Contents

Message from the Minister of Health

بسم الله الرحمن الرحيم

السلام عليكم ورحمة الله وبركاتة

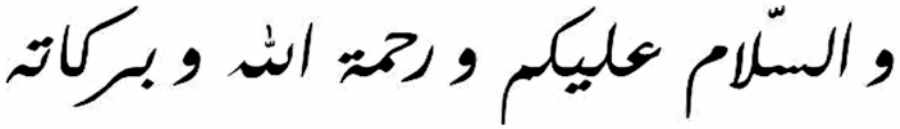
Alhamdulillah, Brunei Darussalam has achieved significant milestones in terms of developing policies and organising programmes to strengthen maternal, infant and young child nutrition (MIYCN). The Ministry of Health, Brunei Darussalam is always striving to improve Brunei's healthcare system and improving the population health status. This is part of Brunei Darussalam strong commitment in working towards United Nations Millennium Development Goals (MDGs) 4 and 5 which are to reduce child mortality and improve maternal health, and to achieve sustainable food and nutrition security.

Brunei Darussalam has endorsed WHO global targets for identifying priority areas in maternal, infant and young child nutrition. In this regards, the Ministry of Health is committed to monitoring the progress of achieving targets in 1) reducing stunting among children under-5, 2) reducing anaemia in women of reproductive age, 3) reduction in low birth weight, 4) controlling childhood overweight, 5) increasing the rate of exclusive breastfeeding in the first 6 months, and 6) reducing childhood wasting.

The nutrition and health status of mothers are strongly linked to the health and immune status of the children. Optimal infant and young child feeding is particularly crucial from birth to two years of age in order to ensure and support healthy growth and cognitive development. In addition to prevent common childhood diseases such as gastroenteritis, breastfeeding and safe complementary feeding provide a strong foundation in health for the prevention non-communicable diseases (NCDs) in the subsequent years of childhood and adulthood. Sound MIYCN initiatives support and complement the implementation of Brunei Darussalam National Multisectoral Action Plan for the Prevention and Control of NCDs 2013-2018.

Over the past decades, the Ministry of Health has initiated several actions in promoting and supporting breastfeeding and optimal infant and young child feeding. Since then, several health surveys have been conducted which revealed that national strategies involving non-health sectors are needed to further improve breastfeeding rates, and reduce childhood stunting and overweight rates. This National Strategy for MIYCN 2014-2020 provides a framework for Brunei Darussalam as a whole of society approach, to promote, protect, support and monitor optimal MIYCN at the population level. It is important that the society as a whole encourage and empower all mothers to exclusively breastfeed up to six months and continue up to two years. Complementary feeding from the age of six months should be optimised to ensure healthy growth of children to adulthood. This National Strategy for MIYCN 2014-2020 provides impetus for close collaborations between the government and non-government sectors, industries, workplace, communities, and families.

I would like to take this opportunity to congratulate the MIYCN taskforce members and partners in successfully producing this National Strategy for MIYCN 2014-2020 which will serve as a national strategic guideline for protection and supporting breastfeeding and optimal complementary feeding. I would also like to take this opportunity to thank the National Committee for the Prevention and Control of Non-Communicable Diseases for their contribution and support in developing the National Strategy for MIYCN 2014-2020. It is my sincere hope that, with the active support from all the key agencies and partners, the MIYCN taskforce will ensure complete implementation of this National Strategy for MIYCN 2014-2020.



Honourable Pehin Orang Kaya Johan Pahlawan Dato Seri Setia Awang Haji Adanan bin
Begawan Pehin Siraja Khatib Dato Seri Setia Awang Haji Mohd. Yusof,
Minister of Health
3 Muharram 1436H / 27 October 2014M

Message

from the Permanent Secretary, Ministry of Health

بسم الله الرحمن الرحيم

السلام عليكم ورحمة الله وبركاتة

As Brunei Darussalam takes pride in its achievement of the United Nations Millennium Development Goals 4 (to reduce child mortality) and 5 (to improve maternal health), maternal, infant and young child nutrition (MIYCN) remains a top priority for the Ministry of Health.

The results of the 2nd National Health and Nutritional Status Survey (NHANSS, 2009) have shown that much more needs to be done to improve our national breastfeeding rates. Unfortunately, findings from this survey also stated that young children in Brunei Darussalam were introduced to sweetened beverages at an early age with inadequate intake of fruits and vegetables. This further demonstrates that there is an urgency to review and further strengthen existing programmes to protect and support appropriate infant and young child feeding practices. This includes raising awareness and educating mothers as well as carers on the nutritional requirements of children, and also the importance of a supportive work environment and enabling policies to be in place to allow and facilitate mothers to sustain exclusive breastfeeding up to six months and continue up to two years or beyond.

This 'National Strategy for MIYCN in Brunei Darussalam 2014-2020' book contains the first national framework for MIYCN in Brunei Darussalam. This book underscores the principles from the existing World Health Organisation and United Nation Children's Fund (UNICEF) frameworks, including the World Health Assembly Resolutions on comprehensive implementation plan on MIYCN. Successful implementation of the National Strategy for MIYCN 2014-2020 calls for participation and cooperation of all relevant stakeholders from both government and non-government sectors as well as larger communities.

On that note, I would like to express my sincere appreciation to all, from the health and non-health sectors who have contributed tremendously in reviewing and consolidating the key strategies in protecting and improving the health of mothers, infants and young children – healthy mothers and children ensure a healthy start in life. I therefore urge all members and partners of the MIYCN Taskforce to relentlessly pursue this vision together, in building a strong foundation for a healthy Brunei population in the long term.

و السّلام عليكم و رحمة الله و بركاته

Datin Paduka Doktor Hajah Norlila binti Dato Paduka Haji Abdul Jalil
Permanent Secretary,
Ministry of Health
3 Muharram 1436H / 27 October 2014M

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BFHI	Baby-Friendly Hospital Initiative
BMI	Body Mass Index
BMS	Breastmilk Substitutes
BruMAP-NCD	Brunei Darussalam National Multisectoral Action Plan for the Prevention and Control of Non-Communicable Diseases
CND	Community Nutrition Division
HIV	Human Immunodeficiency Virus
IBCLC	International Board Certified Lactation Consultant
IBLC	International Breastfeeding Lactation Counselling
ILO	International Labour Organization
MDGs	Millennium Development Goals
MTMSG	Mother-To-Mother Support Group
MIYCN	Maternal, Infant and Young Child Nutrition
MMR	Maternal Mortality Rate
NCD	Non-Communicable Disease
NGO	Non-Government Organization
NHANSS	National Health and Nutritional Status Survey
PMTCT	Prevention of Mother-To-Child Transmission
RIPAS Hospital	Raja Isteri Pengiran Anak Saleha Hospital
STEPS	WHO STEPwise approach to Surveillance
TWG	Technical Working Group
UBD	Universiti Brunei Darussalam
UNICEF	United Nation International Children's Emergency Fund
WBTi	World Breastfeeding Trend Initiative
WHA	World Health Assembly
WHO	World Health Organization

Purpose of this National Strategy

The purpose of this national strategy includes:

- To contribute towards improving the health, nutrition and wellbeing of infants and young children (0 to 5 years), as well as mothers and mothers-to-be in Brunei Darussalam by protecting, promoting, supporting and monitoring Maternal, Infant and Young Child Nutrition (MIYCN).

- To set out the scope, vision, goals, principles and strategic directions on which MIYCN Taskforce will base its actions.

- To provide a framework for priorities and actions for the Government of Brunei Darussalam, led by the Ministry of Health to address the protection, promotion, support and monitoring of optimal MIYCN at the population level.

- To demonstrate Brunei Darussalam's commitment and support for global frameworks towards improving maternal and child health namely:

  ✓ WHO International Code of Marketing of Breast-milk Substitutes (WHO, 1981)[1] and Subsequent World Health Assembly (WHA) Resolutions[2]
  ✓ United Nations Convention on the Rights of the Child (1989)[3]
  ✓ United Nations Millennium Development Goals (MDGs)(2000)[4]
  ✓ WHO/UNICEF Global Strategy for Infant and Young Child Feeding (2003)[5]
  ✓ Expanded Baby-Friendly Hospital Initiative (UNICEF/WHO 2009)[6]
  ✓ WHO Maternal, Infant and Young Child Nutrition: Draft Comprehensive Implementation Plan (May, 2012)[2]
  ✓ World Breastfeeding Conference Declaration and Call to Action, 6th to 9th December 2012, New Delhi, India (Appendix 1)

The National Strategy for MIYCN draws upon key principles from the global frameworks as well as strategies and practices from other countries.

The National Strategy for MIYCN was put together by the participants of two MIYCN consultative meetings held in early 2013 and August, 2014 (Appendix 2). In preparing the National Strategy for MIYCN, recommendations and outcome of the following local documents were taken into account which includes:

  ✓ MIYCN Strategic Workshop Report (May, 2012)[7]
  ✓ MIYCN Consultant's Mission Report (2012)[8]
  ✓ Phase I, 2nd NHANSS Report (MoH, 2012)[9]

Executive Summary

Optimal nutrition provided at the early stages of life is crucial to ensure good physical and mental development and long-term health. The aim of this National Strategy for Maternal, Infant and Young Child Nutrition (MIYCN) in Brunei Darussalam 2014-2020 is to embark on actions that will bring significant improvements to the maternal, infant and young child nutritional status in Brunei Darussalam. This document set out key strategic directions and goals which address gaps in the current MIYCN landscape in Brunei Darussalam. It also reflects on the global targets outlined in the Comprehensive Implementation Plan on MIYCN by the WHO, which are to increase the rate of exclusive breastfeeding, reduce childhood stunting and wasting, reduce anaemia in women, and reduce rates of low birth weight infants and childhood overweight.

In Brunei Darussalam, the 2nd National Health and Nutritional Status Survey (NHANSS, 2009) showed that more than half of infants were no longer exclusively breastfed by 2 months of age and that there was an early introduction and over-reliance of infant formula. Another important finding was that there was a mix of underweight children at 10.9% and overweight children at 8.3% in children less than 5 years old.

The nutritional status of mothers, infants and young children can be affected by many factors from the individuals to the environment. Mother's and family's understanding of what is healthy can be improved and supported by an enabling environment which promotes breastfeeding and optimal complementary feeding.

The four key strategies outlined in the document are:

- **Key Strategy 1: Education, Training, Monitoring, Research and Evaluation**

  Priority actions are identified to increase awareness, knowledge and skills on MIYCN among healthcare workers and voluntary peer support members; to develop MIYCN literacy in the general public, schools, workplaces and communities; and to implement, evaluate and monitor MIYCN programs.

- **Key Strategy 2: International Code of Marketing of Breastmilk Substitutes**

  Priority actions are identified to adopt the International Code of Marketing of Breastmilk Substitutes and subsequent related Health Assembly resolutions to regulate marketing of breastmilk substitutes.

- **Key Strategy 3: Supportive Environment**

  Priority actions are identified to create supportive and breastfeeding-friendly environments in communities and workplaces.

- **Key Strategy 4: Mother- and Child-Friendly Initiative**

  Priority actions are identified to make all health facilities mother-and-child-friendly and to undertake formal accreditation for all health facilities to be recognized as mother-and-child-friendly.

The implementation of this National Strategy for Maternal, Infant and Young Child Nutrition (MIYCN) in Brunei Darussalam will take place over 2014 to 2020. Technical working groups have been established and to be further strengthened to ensure implementation of the four key strategies are on track. Active engagement and participation of all relevant stakeholders from the government, non-government organisations and the larger communities are important to ensure successful implementation of the National Strategy for MIYCN in Brunei Darussalam 2014-2020.

Chapter 1 : Introduction

1 Introduction

1.1 Scope of Maternal, Infant and Young Child Nutrition (MIYCN)

Appropriate feeding practices are essential for the nutrition, growth, development and survival of infants and young children from beginning of life and long-term health into adulthood. These feeding practices are collectively known as Infant and Young Child Feeding practices; which include breastfeeding and complementary feeding.

The World Health Organisation (WHO) recommends that mothers initiate breastfeeding within one hour of birth, infants be exclusively breastfed for the first six months of life, and thereafter to receive nutritionally adequate and safe home-made complementary foods while continuing to be breastfed up to two years and beyond.[10]

Poor availability or access to food of adequate nutritional content has led to large sections of the world's population being undernourished.

Optimal maternal health prior to conception and throughout the antenatal period will help ensure good physical and mental development of the foetus and new born baby. This will provide the infant and young child with the best start in life towards long-term health.

In 2012, World Health Assembly (WHA) endorsed the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition, which aims to "address the double-burden of malnutrition in children starting from the earliest stages of development."[2]

In line with Brunei Darussalam's commitment to the endorsement, the Ministry of Health has established the MIYCN Taskforce in February 2013 with a mission to improve the health and nutritional status of mothers and mothers-to-be, infants and young children.

The Comprehensive Implementation Plan on MIYCN identifies six global targets:[11]

1. 40% reduction of childhood stunting by 2025
2. 50% reduction of anaemia in women of reproductive age by 2025
3. 30% reduction of low birth weight by 2025
4. No increase in childhood overweight by 2025
5. Increase exclusive breastfeeding rates in the first six months up to at least 50% by 2025
6. Reduce and maintain childhood wasting to less than 5% by 2025

1.2 Global Situation

1.2.1 The Importance of Breastfeeding in Reducing Child Mortality

Breastfeeding can potentially prevent 1.3 million under-five deaths annually.[12] Over 30 studies from around the world, in the developing and developed countries alike, have shown that breastfeeding dramatically reduces the risk of dying in children.[13] The WHO pooled analysis indicated that breastfeeding could prevent over three-fourths of deaths in early infancy.[14] It could also prevent 37% of deaths during the second year of life.

A cohort study in Brazil revealed that non-breastfed children, compared to those exclusively breastfed, have 14 times the risk of dying from diarrhoea; 3.6 times the risk of dying from pneumonia; and 2.5 times the risk of dying from other infections.[15]

A pooled analysis of studies from India, Ghana and Peru showed that non-breastfed infants were ten times more susceptible of dying, compared to predominantly or exclusively breastfed infants; risk of death was 2.5 times higher among partially breastfed infants, when compared to those predominantly or exclusively breastfed.[16]

A study in Ghana revealed that infants who were exclusively breastfed during the first hour of life were 9 times less likely to die than those who were initiated with mixed formula and breastmilk within 72 hours of birth.[17]

1.2.2 Review of Interventions to Reduce Child Mortality

The Lancet Child Survival series of 2003 extensively reviewed key child health interventions to reduce child mortality and estimated that more than 60% of under-five mortality could be prevented by high coverage of a selected subset of evidence-based interventions.[12] Based on these findings, the WHO and United Nation International Children's Emergency Fund (UNICEF) developed the Regional Child Survival Strategy that was endorsed by the WHO Regional Committee in 2005 to place child health higher on political, economic and health agendas. The regional strategy focuses on the implementation of an essential package for child survival that includes breastfeeding which has been singled out as the most effective preventive intervention of death among infants and young children.

1.2.3 Trends in Breastfeeding Practices

Unfortunately, statistics have shown a decline in exclusive breastfeeding rate in most developing countries in the Region where less than 50% of mothers continue to breastfeed their babies up to six months.[18] According to the World Breastfeeding Trends Initiative (WBTi) 2010, infant and young child feeding practice indicators such as early initiation of breastfeeding within one hour of birth was 51.2%, exclusive breastfeeding for the first six months was 46%, median duration of breastfeeding was 18.6 months, bottle feeding (<6 months) was 31% and complementary feeding (6-9 months) was 67.7%.[19]

According to UNICEF, the low breastfeeding rates are the result of both economic development enabling women to enter the workforce, as well as aggressive marketing of infant formula in the region.[20]

"Mothers across the region face increasing demands on their time, often have to return to work early after childbirth, and may have limited opportunities to breastfeed or express their milk in the workplace".[20]

At the same time, baby food companies are targeting the fast growing economies in East Asia with aggressive marketing campaigns, persuading mothers to give up breastfeeding and purchase their products despite the drawbacks for their children. In countries where all advertising for breastmilk substitutes is prohibited such as India, sales of infant formula remain low and breastfeeding rates are not declining.[20]

1.2.4 Efforts towards Improving Breastfeeding Rates

Since the inception of the International Code of Marketing of Breastmilk Substitutes and Baby-Friendly Hospital Initiative (BFHI) as well as the launching of Global Strategy for Infant and Young Child Feeding in 1981, 1991 and 2002 respectively, member states are facing tremendous challenges in promoting a "breastfeeding culture" in

their countries.[1,6,17] Hospitals that have been certified as "baby-friendly" are challenged in strictly following the Ten Steps (WHO 1991, 2009) and may need to be reassessed.[6,21]

Overwhelming data shows that virtually all mothers can breastfeed.[22,23,24,25] Lactation failure is virtually unknown in societies where breastfeeding is highly valued, regarded as a natural physiological function and as the only way to nourish an infant. In these societies, women are less exposed to environments likely to undermine lactation, and are strongly encouraged and supported to breastfeed. Studies had showed that when mothers are given proper information and support, they can successfully breastfeed.[26,27,28]

1.2.5 Benefits of Breastfeeding

Exclusive breastfeeding contributes both directly and indirectly to sustainable development of children. Evidence has clearly shown that exclusive breastfeeding for the first six months of a baby's life not only improves their future growth and educational achievement, but also significantly reduces national health costs and helps prevent chronic malnutrition.[29]

Studies showed that women who breastfeed their babies were less likely to be absent from work because of baby-related illnesses and less likely to have long absences when they do miss work compared with women who fed their babies with infant formula. It was estimated that 75% of maternal absences are among mothers with formula fed babies.[30]

Breastmilk is the ideal food for newborns and infants. It is safe and contains antibodies that help protect infants from common childhood illnesses such as diarrhoea and pneumonia, the two primary causes of child mortality worldwide. Breastmilk is readily available and affordable, which helps to ensure that infants get adequate nutrition.[31]

Beyond the immediate benefits for children, breastfeeding contributes to a lifetime of good health. Adolescents and adults who were breastfed as babies are less likely to be overweight or obese. They are less likely to have type-2 diabetes and perform better in intelligence tests.[31]

Exclusive breastfeeding is also associated with a natural method of birth control. It reduces risks of breast and ovarian cancer later in life, helps women return to their pre-pregnancy weight faster, and lowers rates of obesity.[31]

1.2.6 The Importance of Optimal Maternal Nutrition

Optimal maternal nutrition is interdependent with the health and well-being of infants and young children. It plays a very important role in foetal growth and development. Women's nutrient needs increase during pregnancy to facilitate good maternal health and birth outcome. If the requirements are not met, the consequences can be serious for both women and their infants.[32]

The period from the start of a mother's pregnancy through her child's second birthday is a critical window to develop a child's cognitive capacity and physical growth and good nutrition is essential to lay the foundation for a healthy and productive future. Every child deserves a healthy start in life. Much of a child's future health is determined by the quality of nutrition in these first 1000 days.[33]

1.2.7 Women with Low Body Mass Index (BMI) and Short Stature

In women, both low BMI and short stature can lead to poor foetal development, increased risk of complications in pregnancy and the need for assisted delivery.[34]

1.2.8 Maternal Obesity

There is an increased proportion of women who are entering pregnancy with a BMI>30 kg/m2. This will lead to an increased risk of complications during pregnancy and of delivery.[32,33]

1.2.9 Consequence of Not Breastfeeding

Women who do not breastfeed retain their pregnancy weight longer and are at risk to keep weight gain between pregnancies. Infants born to these mothers tend to be larger. When these children are not breastfed but formula fed, they are also at risk of developing childhood and adolescent obesity and higher BMI in adults. Moreover, these children are also at risk of developing type-1 and type-2 diabetes irrespective of parents' diabetic status. Additionally, these risks are increased when their mothers have gestational diabetes.[18,35]

1.2.10 Risk of Obesity in Women

Globally, 35% of adult women are overweight (BMI ≥ 25 kg/m2), a third of whom are obese (BMI ≥ 30 kg/m2). In the WHO European Region, the Eastern Mediterranean Region and the Region of the Americas this figure exceeds 50%. The mean BMI has increased over the last twenty years, leading to adverse metabolic effects on blood pressure, cholesterol, triglycerides and insulin resistance. These ultimately increase the risks of women developing coronary heart disease, ischemic stroke, type 2 diabetes mellitus and polycystic ovarian syndrome, which may impair their reproductive capability. Globally, 44% of diabetes burden, 23% of ischaemic heart disease burden and 7-41% of certain cancer burdens, particularly breast cancer, are attributable to overweight and obesity.[35]

1.2.11 Adolescent Pregnancies

Adolescent pregnancies represent up to 40% of first pregnancies in most countries with high rates of maternal and child under nutrition. In these pregnancies, mother's growth competes with that of the foetus, and infants' birth weights are on average 200g lower than those of older mothers.[18]

1.2.12 Iron Deficiency Anaemia in Women

Iron-deficiency anaemia affects 30% of women of reproductive age and 42% of pregnant women globally. Anaemia rates have not improved appreciably over the last two decades. Maternal anaemia is associated with reduced birth weight and increased risk of maternal mortality.[2,36] Every year, 13 million of infants are born with intra-uterine growth restriction and about 20 million with low birth weight.[2,37,38] A child born with low birth weight has a greater risk of morbidity and mortality and is also more likely to develop non-communicable diseases such as diabetes and hypertension later in life.

1.2.13 Current Trends on Child Nutrition

Globally, about 115 million of children were underweight, 55 million had low weight for their height and 171 million under the age of 5 years have stunted growth in 2012.[2,39]

1.2.14 Millennium Development Goals (MDGs)

The United Nations Millennium Development Goals (MDGs) consists of the following:[4]

- MDG 1: Eradicate extreme poverty and hunger
- MDG 2: Achieve universal primary education
- MDG 3: Promote gender equality and empower women
- MDG 4: Reduce child mortality
- MDG 5: Improve maternal health
- MDG 6: Combat Human Immunodeficiency Virus Infection (HIV)/Acquired Immunodeficiency Syndrome (AIDS), malaria and other diseases
- MDG 7: Ensure environmental sustainability
- MDG 8: Develop a global partnership for development

Malnutrition is an impediment towards achieving these goals.

1.3 In Brunei Darussalam

The Ministry of Health has adopted the UNICEF/WHO recommendations of promoting exclusive breastfeeding for the first six months of life, thereafter introducing complementary feeding continuing breastfeeding up to two years and beyond. The country has in existence key maternal, child health and nutritional services which can be accessed universally (Appendix 3).

Under-five mortality rate in the country has steadily declined since 1976, from 30 per 1000 live births in 1976 to 7.3 per 1000 live births in 2010; the same trend has been recorded for infant mortality rate that declined from 50.8 per 1000 live births in 1962 to 6.1 per 1000 live births in 2010.[40]

Similarly, the maternal mortality rate has also shown a marked decline since the 1960's, from 95.7 per 100,000 in 1964 down to 15.6 per 100,000 in 2010 - a rate that is comparable to other developed countries.[40]

Since 2006, the number of live births in Brunei is around 6500 births every year.40 In Brunei Darussalam, 99.8% of deliveries occur in health facilities with the majority (83%) of births occurring in the Brunei-Muara district.[40,41]

1.3.1 Findings from the 2nd National Health And Nutritional Status Survey (NHANSS)

The 2nd National Health and Nutritional Status Survey (NHANSS 2009) targeted children from 0 to less than 5 years of age.[9] The findings were as follows:

(A) Breastfeeding status:

1. Almost all children (98.7%) were breastfed at some time in their lives.
2. Breastfeeding was initiated within one hour of birth in 92.2% of infants.
3. By two months of age, half of the infants were no longer exclusively breastfed.
4. At five months of age, only 26.7% of infants were exclusively breastfed.
5. A very high proportion (above 70%) of infants aged six months and above was given infant formula.

This suggests that while Bruneian mothers have good intentions to breastfeed, there is often too early introduction of formula. It is estimated that at least BND 2.8 million are spent on infant formula alone every year.[8]

The data clearly shows that new strategies and interventions need to be set in place in order to support mothers to continue breastfeeding up to two years and beyond, in addition to introducing appropriate complementary foods at six months of age.

(B) The Status of Food Intake in children 0-5 years:

(0-2 years)

1. 93.2% of infants were introduced solid foods at 6 months old.
2. 72.6% of infants between 0-12 months old regularly had infant formula and only 55.3% regularly had breastmilk.
3. 53% of infants were given home-made rice porridge while 51.3% consumed commercially prepared baby food as their first type of solid food.

(2-5 years)

4. Intakes of fizzy/sweetened drinks/cordials were high (9.5 servings/week).
5. Intakes of both vegetables (5.8 servings/week) and fruits (4.5 servings/week) were very low [Recommended intake by National Dietary Guideline for both vegetables and fruits is 14-21 servings/week (Appendix 4)].
6. Infant formula and toddler's milk contributed largely to most nutrients (energy, protein, fat, carbohydrate, calcium, iron and zinc) in the children's diet.
7. Dietary fibre intake was extremely low with 99% of the children not meeting the 70% of the Recommended Nutrient Intake.[42]

These findings showed that in children aged between 2 to 5 years, there was an over-reliance on the use of infant formula and toddler's milk as the main source of nutrients. This also suggests that there is inadequate intake of home-prepared family meals in their diet. In addition, this may indicate prolonged usage of feeding bottles which is undesirable for dental health.

(C) Nutritional Status by Anthropometrics

The survey revealed that almost 10.9% of children under-five are underweight and 8.3% are overweight. Further studies are needed to explore these findings.

1.3.2 Maternal Health Status

In a study aimed at assessing obesity in pregnancy in Raja Isteri Pengiran Anak Saleha Hospital, 40% of pregnant women at first antenatal visits had a BMI of 25 and above, of which 26% were overweight, 8.5% were obese and 5.4% were morbidly obese.[43]

The Nutritional Status of Children Under-five and Pregnant Women Survey conducted in 1995-1996 revealed that 32% of pregnant women had mild anaemia while 17% had moderate anaemia.[44] Analysis of available national data from maternal health clinics in 2012 revealed that 20.1% of pregnant mothers were anaemic at their first antenatal visits and 41.5% were anaemic at 28 weeks.[45]

1.4 The Rationale for MIYCN

MIYCN is critical in Brunei Darussalam for the following reasons:

- Non-communicable Diseases (NCDs) including cancer, cardiovascular diseases, cerebrovascular diseases and diabetes are the top four leading causes of adult deaths.[40]
- Prevalence of double burden of malnutrition in children i.e. underweight, stunting and overweight/obesity.[9]
- Low rate of exclusive breastfeeding at 0-6 months.[9] Breastfeeding is the key to a child's survival, cognitive and socioeconomic development. Improved breastfeeding rate can reduce national healthcare costs due to childhood illnesses and NCDs burden later in life.

Brunei Darussalam needs a national MIYCN strategy which is multifaceted involving government and non-government organizations, chambers of commerce, communities, family, caregivers, employers, workplaces and food industry. This is essential to foster an environment that supports and enables mothers to breastfeed and to provide nutritious home-prepared family food.

1.4.1 Existing Framework within the Ministry of Health

In 2009, the Ministry of Health launched the Vision 2035 which promotes five key pillars to which any new strategy or programme should be anchored and supported. One of the key pillars is "A Nation that Embraces and Practices Healthy Lifestyle'.

In line with the Ministry of Health Vision 2035, the National Health Promotion Blueprint 2011-2015 was launched in April 2011. This framework sets out a number of strategic objectives and measures to prevent and control NCDs and to strengthen the promotion of healthy lifestyles in the nation. One of the strategic objectives is to revise and review Infant and Young Child Nutrition Programme. This was later expanded to include maternal nutrition issues and concerns as recently recommended by the WHO.[2]

1.4.2 Maternity Leave Regulation 2011

The Department of Economic Planning and Development (DEPD) states that 59% of women in Brunei Darussalam are employed in the labour workforce and women make up 51% of the civil service workforce in Brunei Darussalam.[46]

On 1st January 2011, maternity leave for married female citizens, permanent residents and civil servants was extended from 56 days to 105 days.[47] This maternity leave can be availed from 38 weeks of pregnancy. This move shows the commitment and support of the Government of His Majesty the Sultan and Yang Di-Pertuan Negara Brunei Darussalam towards enabling the practice of exclusive breastfeeding among working women in the country.

1.4.3 MIYCN Milestones in Brunei Darussalam

Table 1: Milestones of Maternal, Infant and Young Child Nutrition Activities in Brunei Darussalam

Year	MIYCN-Related Activities
Pre-1980s	• Universal prophylaxis of iron and folic acid to pregnant women and therapeutic iron to anaemic pregnant women
1980	• Memorandum to exclude Breastmilk Substitutes (BMS) advertisement on Radio Television Brunei
1990s	• No BMS advertisements in government health facilities
1991	• First National Breastfeeding Seminar in conjunction with Baby Friendly Hospital Initiatives, WHO/UNICEF (1991)
1992	• Establishment of Community Nutrition Division (CND) to provide one-on-one dietary counselling for mothers and children aged 0-5 years in Maternal and Child Health Clinics
1999	• First breastfeeding course for Ministry of Health policymakers and administrators • First cohort of trainers received WHO-recognised 40-hour Lactation Management Course • Start of annual national World Breastfeeding Week celebrations
2000	• Baby-Friendly Hospital Initiative started in Government Hospitals
1999-2009	• Ongoing 18–hour Lactation Management Course for healthcare workers
2001	• National Breastfeeding Policy adopted: ✓ All mothers are recommended to exclusively breastfeed for the first six months and continue breastfeeding until two years of age ✓ Complementary feeding should start at six months
2009	• Second cohort of trainers received 40-hour Lactation Management Course for health care workers • First cohort of 20-hour Lactation Management Course for healthcare workers • National Health And Nutritional Status Survey includes collection of infant and young child feeding indicators for children aged 0-2 years
2011	• Introduction of Maternity Leave Regulation that extended maternity leave from 56 days to 105 days • National Health Promotion Blueprint 2011-2015 identified Infant and Young Child Feeding as one of the key initiatives
2012	• MIYCN Strategic Workshop involving health and non-health sectors • Breastfeeding Mother-to-Mother Support Groups (MTMSG) were piloted in three Maternal and Child Health Clinics and at Suri Seri Begawan Hospital, Kuala Belait ('HAWA')
2013	• Establishment of MIYCN Taskforce with a mandate to develop the National MIYCN Strategy • Road to BFHI Workshop and Preliminary BFHI Assessment in Raja Isteri Pengiran Anak Saleha Hospital and Suri Seri Begawan Hospital
2014	• Third cohort of trainers received 40-hour Lactation Management Course for health care workers • Regular sessions of 20-hour Lactation Management Course run by MIYCN Taskforce • First Lactation Educator for Beginner Course for Mother-to-Mother Support Groups • Public Forum on breastfeeding

Chapter 2 : Planning and Managing MIYCN National Strategy

2 Planning and Managing MIYCN National Strategy

2.1 Organizational Structure

2.1.1 MIYCN Taskforce

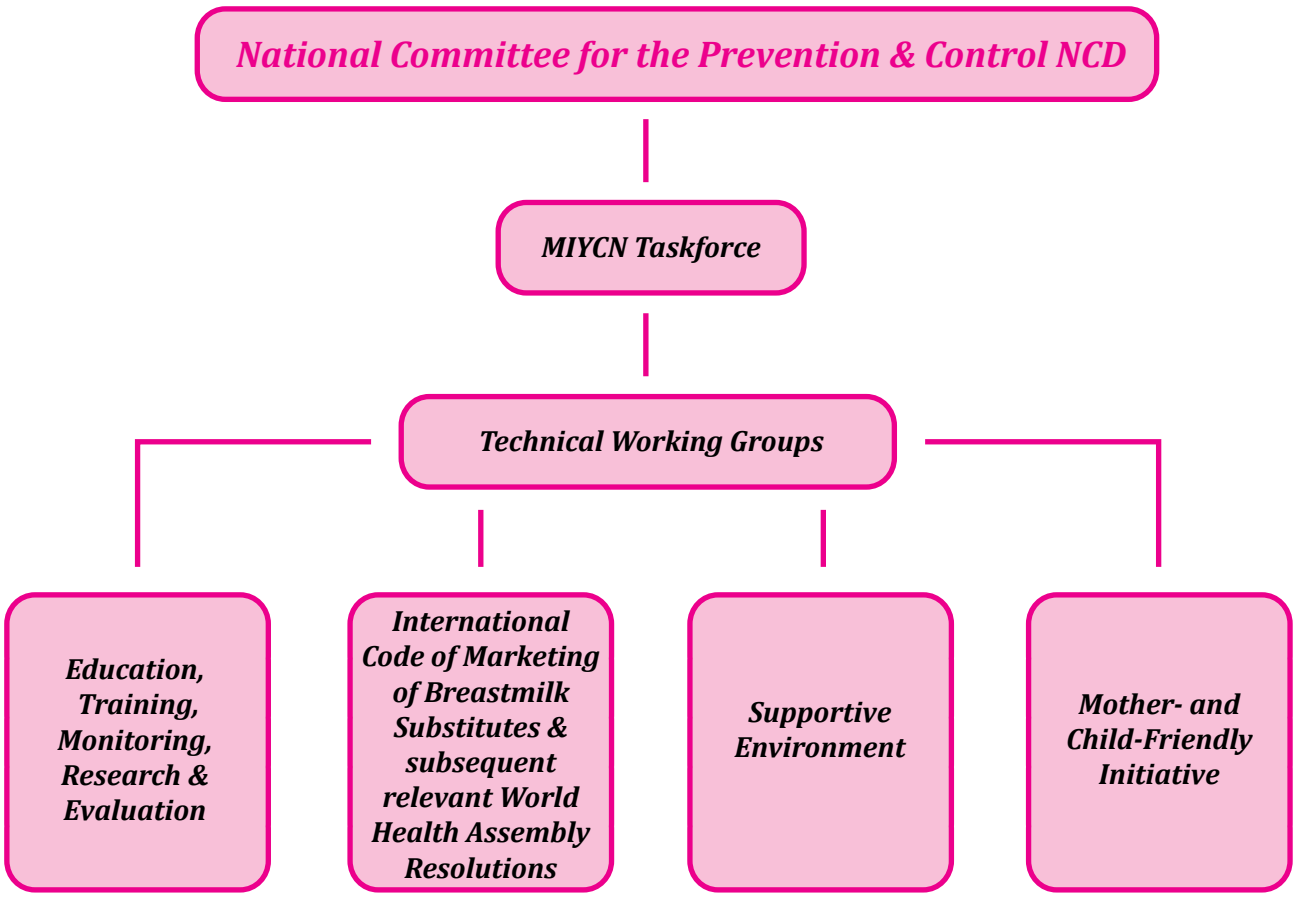
Implementation of the MIYCN Strategy 2014-2020 requires the engagement and active participation of all relevant stakeholders from within the Ministry of Health, other non-health sectors, non-governmental organisations (NGOs) and the larger communities.

In February 2013, the Minister of Health called for the establishment of the MIYCN Taskforce and appointed the Director of Health Services as the co-chair of the Taskforce. Members comprise of health professionals from relevant divisions of the Department of Nursing Services, Department of Paediatrics, Department of Obstetrics and Gynaecology, Health Promotion Centre, Department of Health Services and Department of Environmental Health Services.

This Taskforce will work under the guidance and support of the National Committee for the Prevention and Control of Non-Communicable Diseases (NCDs) as shown in Figure 1. This is to oversee, review and link progress of interventions related to MIYCN to the National Committee on NCDs.

Technical Working Group(s) were established to focus on specific intervention setting(s), and will lead the implementation of the agreed and approved plans related to the intervention setting(s). The General Terms of Reference for the Technical Working Groups are listed in Appendix 5.

Figure 1: The organizational chart of the MIYCN Taskforce



2.1.2 Vision

Together Towards a Healthy Nation

2.1.3 Mission

- To address the double burden of malnutrition (over and under nutrition) for children aged 0 to 5 years from the earliest stage and women of reproductive age in Brunei Darussalam.
- To enhance the health and well-being of infants, young children and mothers in Brunei Darussalam.

2.1.4 Goals

- To increase exclusive breastfeeding rate for the first 6 months up to 50% by 2020
- To achieve zero increase in childhood obesity and overweight by 2020
- To reduce prevalence of anaemia in pregnant women by 2020
- To achieve zero increase in the rate of low birth weight by 2020
- To halt childhood stunting by 2020

2.1.5 Our Guiding Principles

- To uphold the concept of Malay Islam Monarchy (MIB) as a way of life
- To enhance mother and child bonding and strong family support are central to the success of MIYCN programme
- To provide opportunities for all women of reproductive age and their families to learn and value the benefits of optimal maternal, infant and young child nutrition
- To work together between all healthcare workers/professionals in collaborative partnership to provide continuity of care
- To foster strong leadership by Ministry of Health and effective coordination with non-health sectors
- To enhance effective communication skills amongst healthcare workers/professionals
- To continuously update and train relevant healthcare workers/professionals
- To increase activities that will raise awareness and knowledge of the public and the community
- To foster breastfeeding-friendly communities and environments
- To protect, promote and support MIYCN activities based on the best available evidence
- To monitor and evaluate MIYCN-related indicators
- To establish good governance of MIYCN strategy and activities

2.1.6 Global Framework Endorsement

The MIYCN Taskforce endorses the following global frameworks:

- WHO International Code of Marketing of Breastmilk Substitutes (WHO, 1981) and Subsequent World Health Assembly (WHA) Resolutions[1,2]
- United Nations Convention on the Rights of the Child[3]
- United Nations Millennium Development Goals (MDGs)[4]
- WHO/UNICEF Global Strategy for Infant and Young Child Nutrition (2003)[5]
- Expanded Baby-Friendly Hospital Initiative (UNICEF/WHO 2009)[6]
- WHO Maternal, Infant and Young Child Nutrition: Draft Comprehensive Implementation Plan (May, 2012)[2]
- World Breastfeeding Conference Declaration and Call to Action, 6-9 December 2012, New Delhi, India (Appendix 1)
- World Breastfeeding Trends Initiative (WBTi)[19]

2.1.7 Terms of Reference of MIYCN Taskforce

- To work under the guidance and support of the National Committee for the Prevention and Control of Non-Communicable Diseases (NCDs)
- To identify short term (2014-2020), intermediate and long-term strategies, action plans and initiatives based on the findings of the 2nd National Health And Nutritional Status Survey (NHANSS) 2009-2011
- To strengthen current actions and/or initiatives towards increasing the rate of exclusive breastfeeding at 0-6 months and continued breastfeeding up to 2 years and beyond. Current initiatives include Baby-Friendly Hospital Initiative, Breastfeeding Mother-To-Mother Support Groups and Breastfeeding Wall of Fame project
- To prepare a working paper towards the development of a Policy pertaining to the provision of breastfeeding-friendly facilities encompassing government, private and public buildings/places
- To protect infant and young child feeding through phased implementation and adaptation of the International Code of Marketing of Breastmilk substitutes (WHO, 1981) and Subsequent World Health Assembly resolutions
- To study and assess the nutritional status of infants (0-12 months) and young children (1-5 years) and to plan, implement and monitor policies towards improving the quality of nutritional intake of children in these age groups
- To study and assess the nutritional status of women of reproductive age (15-49 years) and to plan, implement and monitor policies towards improving the quality of health of women in this age group
- To meet regularly every 4 months
- To set up Technical Working Groups with specific Terms of Reference and to appoint members to assist this
- Taskforce in carrying out its responsibilities efficiently and effectively
- To submit written reports on the progress of this MIYCN Taskforce to the National Committee on NCDs of the Ministry of Health bi-annually

Chapter 3 : MIYCN Framework 2014-2020

3 MIYCN Framework 2014-2020

3.1 Four Key MIYCN Strategies for Brunei Darussalam

The MIYCN-related consultancy as well as the MIYCN Strategic Workshop held in May 2012 provided a great opportunity to start gathering valuable and strategic inputs from the various stakeholders within and beyond the Ministry of Health.[7,8] The consultative MIYCN meetings held in early 2013 and August 2014 (Appendix 6) focused on consolidating the recommendations with additional information based on the findings of the Phase I of the 2nd NHANSS (2009).[9]

Four priority key strategies have been identified in the short term (2014-2020). This will focus on attention; allocate resources and actions in areas where investments can bring the greatest return in terms of maternal, infant and young children health outcomes in Brunei Darussalam.

Figure 2: Four key strategies for Brunei Darussalam

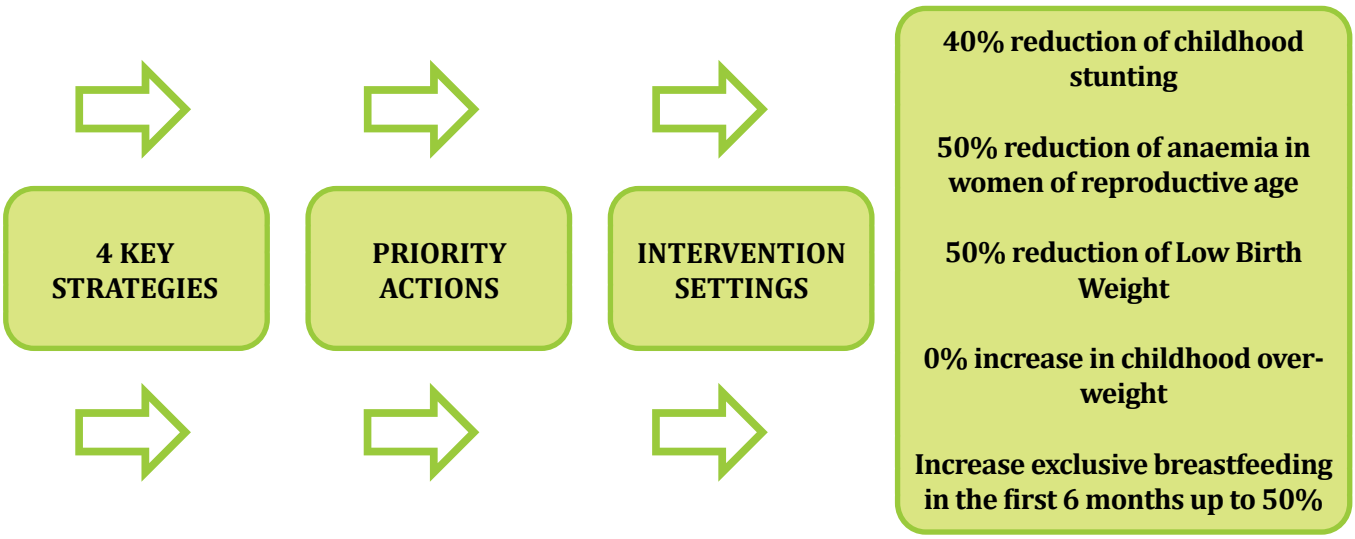
I. Education, Training, Monitoring, Research and Evaluation

II. Implementation of the International Code of Marketing of Breastmilk Substitutes and Subsequent WHA Resolutions

III. Supportive Environment

IV. Mother- and Child-Friendly Initiative

Figure 3: The general approach of MIYCN for Brunei Darussalam



3.1.1 Key Strategy 1: Education, Training, Monitoring, Research and Evaluation

To ensure necessary knowledge and skills of human resources in supporting the role of MIYCN Taskforce, regular education and training on breastfeeding and complementary feeding are provided to all relevant healthcare workers including doctors, nurses, dieticians and nutritionists as well as voluntary peer support group members. The training can be conducted at the pre-service and in-service level for health care workers.

In addition to training healthcare workers, it is important that education on MIYCN is rolled out to the broader community including family, work places and school settings. Imparting knowledge and skills on breastfeeding to mothers, family members and caregivers should be regularly conducted at the healthcare facilities as well as community settings.

Monitoring of the progress of MIYCN initiatives will ensure that the key objectives of the MIYCN Taskforce are achieved. Accurate surveillance provides the situational analysis of the MIYCN landscape in Brunei Darussalam. This will allow review and evaluation of the programmes and provide opportunities for research collaboration to improve MIYCN strategies in the future.

Table 2: Key Strategy 1 - Education, Training, Monitoring, Research and Evaluation

Objective 1:
To increase awareness, knowledge and skills on maternal, infant and young child nutrition (MIYCN) among healthcare workers and voluntary peer support members.

Objective 2:
To develop MIYCN literacy in the general public, school population, workplace and broader community with appropriate information and tools.

Objective 3:
To monitor and evaluate MIYCN programmes.

Intervention Settings	Priority Initiatives	Targets by Year
	Education and Training	
Health care	• To continue and sustain training of all related healthcare workers in the 20-hour Breastfeeding Course • To support training and retraining of trainers • To support other Technical Working Groups (TWGs) in conducting training on activities under the other TWGs • To integrate MIYCN module into all healthcare courses in UBD and other education institutions • To support training and exposure of MIYCN- related healthcare workers in attending international lactation training recognitions e.g. International Board Certified Lactation Consultation	• By 2017, exclusive breastfeeding module to be incorporated into health care related courses in UBD • Conduct 40hrs Breastfeeding Counselling: Train the Trainers Course (WHO/UNICEF) every three years • By 2020, at least 80% of health care workers involved in MIYCN be trained in 20hrs Breastfeeding Course • By 2020, other MIYCN module including safe complementary feeding to be incorporated in health care related courses in other higher education institutions • Annual participation in at least one internationally-accredited MIYCN training platform

Family	• To support and sustain healthcare education for expecting women, new mothers, family members and caregivers • To support or conduct MIYCN-related courses including breastfeeding for MTMSG	• By 2020, all Maternal and Child Health clinics and hospitals provide MIYCN-related healthcare education to expecting women, new mothers and caregivers • By 2020, at least 80% of MTMSG members are trained with MIYCN-related courses including breastfeeding for MTMSG including breastfeeding for MTMSG
School Population	• To collaborate with Department of Curriculum, Ministry of Education on the process incorporating MIYCN topics into the national curriculum • To increase MIYCN awareness in collaboration with Health Promoting School Unit, Ministry of Education	• By 2014, MIYCN module would be developed • By 2015, MIYCN topics to be implemented into the national curriculum • By 2017, MIYCN module would have been incorporated into the health education program, aiming eight (8) schools per year
Broader Community	• To integrate MIYCN activities into *Mukim Sihat* programmes • To conduct annual World Breastfeeding Week Awareness Program at national and district Levels • To collaborate with workplaces including government and private sectors to incorporate MIYCN topics into the training course	• By 2017, MIYCN guidelines to be developed in collaboration with government and private sector • By 2020, 100% *Mukim Sihat* to be integrated the MIYCN activities • By 2020, the Annual World Breastfeeding Week Awareness Program to be held at national and district levels through various media channels • By 2020, MIYCN module training course to be implemented or rolled out to work places

Monitoring, Research and Evaluation		
Healthcare	• To develop database for MIYCN training courses, trainers, attendees and facilitators • To develop research capacity in MIYCN in collaboration with Pengiran Anak Puteri Hajah Rashidah Sa`adatul Bolkiah Institute of Health Sciences, Universiti Brunei Darussalam and other agencies • To support MIYCN program surveillance through the National Health Surveys • To monitor MIYCN initiatives using the World Breastfeeding Trends Initiative (WBTi)19 in collaboration with other TWGs	• By 2017, database for MIYCN training courses, trainers, attendees and facilitators to be developed • By 2020, electronic database for MIYCN would be automated and linked to national healthcare database • By 2017, National Health and Nutrition Status Survey (NHANSS) or the WHO STEPwise approach to Surveillance (STEPS) would be conducted and findings would be published and evaluated for policy evaluation • By 2017, WBTi training course to be conducted locally and comprehensive WBTi monitoring to be updated annually
Lead and Partners		
MIYCN Taskforce and Technical Working Group on Education & Training (TWG 1); Universiti Brunei Darussalam; Ministry of Education; Ministry of Culture, Youth and Sports; Ministry of Religious Affairs; Department of Economic Planning and Development; Centre for Strategic and Policy Studies; NGOs		

3.1.2 Key Strategy 2: Implementation of the International Code of Marketing of Breastmilk Substitute (WHO, 1981) and Subsequent WHA Resolutions

The International Code of Marketing of Breastmilk Substitutes (WHO, 1981)[1] - referred to as the Code - is a non-binding public health recommendation prohibiting the unethical marketing of breastmilk substitutes (e.g. infant formula). This includes prohibiting the promotion of formula as superior to breastmilk, and the advertising and/or provision of free samples to pregnant women, new mothers and health facilities. The Code was adopted by the World Health Assembly in 1981. Subsequent WHA Resolutions[2] have strengthened and refined the Code. It has been endorsed by many countries but only few countries are fully compliant in its implementation.

Implementation of the Code1 is one of the crucial factors for successful breastfeeding promotion, policies and programmes.[48] The Code aims to contribute to the provision of safe and adequate nutrition for infants, by protecting and promoting breastfeeding, and by ensuring proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

The World Breastfeeding Conference Declaration and Call to Action in December 2012 (Appendix 1) stressed on the need for countries to protect breastfeeding and optimal complementary feeding from commercial sector. This will be achieved by strictly enforcing the Code and subsequent WHA Resolutions, and prohibit all kinds of promotion of breastmilk substitutes and commercial foods for children 0-2 years.

The implementation of the Code1 has been identified as one of the key strategies in the National Strategy for Maternal, Infant and Young Child Nutrition (MIYCN) in Brunei Darussalam 2014-2020.

Table 3: Key Strategy 2 - Implementation of the International Code of Marketing of Breastmilk Substitutes (WHO. 1981)1 and Subsequent WHA Resolutions2

Overall Objective:
Adoption of the International Code of Marketing of Breastmilk Substitutes (WHO, 1981) and Subsequent World Health Assembly Resolutions Relating to the Code

Priority Initiatives	Targets by Year
• To review current situation prior to adaptation of the Code in Brunei Darussalam • To educate and raise awareness regarding the Code among all stakeholders, including health care workers, policy makers, business community and the general public • To work towards the adoption of the Code through capacity building and training in collaboration with international agencies • To establish a national multisectoral committee to develop policy pertaining to the Code implementation • To incorporate the Code into existing regulations for example Public Health Act (Food Regulation R1 Chapter 182) and the proposed Health Facilities Act • To support the National NCD Prevention and Control Initiatives in regulating marketing of food and non-alcoholic beverages in children • To ensure that the nutrition of children aged 0-5 years is safe and of high quality in accordance to CODEX standards[49] • To establish monitoring mechanisms of Code violation and build capacity for monitoring • To establish a regular system of tracking, assessing and monitoring for any violations of the Code	• By 2016, develop, endorse and implement the Health Workers' Code for Brunei Darussalam • By 2018, awareness programme and consultancies held among stakeholders to adopt the code • By 2019, develop regulatory mechanisms and policies on the marketing of breastmilk substitutes • By 2020, develop, endorse and implement the code Marketing of Breastmilk Substitutes for Brunei Darussalam

Lead and Partners

MIYCN Taskforce and Technical Working Group on International Code of Marketing of Breastmilk Substitutes, Policy makers (Ministry of Health; Prime Minister's Office; Ministry of Foreign Affairs and Trade; Ministry of Industry and Primary Resources; Ministry of Finance; Attorney General Chambers), Health Workers/Health Professionals, Business Community, Radio Television Brunei, NGOs, Civil Service Institute; Community Leaders or *Mukim* Heads (to educate through the *Mukim*)

3.1.3 Key Strategy 3: Supportive Environment

A supportive environment is crucial to ensure that breastfeeding practices are supported and sustained for mothers regardless of time and place. Relevant policies and guidelines are therefore, necessary to help achieve supportive environments for breastfeeding.

Supportive environment within the context of the National Strategy for MIYCN focuses on three main areas:
Area 1: Maternity Protection in the Workplace
Area 2: Paternity Protection
Area 3: Promotion and Awareness

Maternal employment has frequently been cited as a barrier to breastfeeding. Research has found that the return to work is one of the reasons why some mothers never start breastfeeding, or only do so for short durations.[46] The incidence of exclusive breastfeeding tends to be higher and its duration longer in countries with long periods of parental leave, such as in the Scandinavian countries, Hungary and the Czech Republic.[47]

In Brunei Darussalam, a pilot study that involved 3479 mothers from five Maternal and Child Health Clinics, found a 6% increase in the exclusive breastfeeding rate among female civil servants one year after the introduction of the extended maternity leave.[48] The study also showed an increase in the mean duration of exclusive breastfeeding among female civil servants from 2.6 months in 2010 to 3.1 months in 2011. Despite this increase, the findings confirmed that majority of working mothers stop practising exclusive breastfeeding after returning to work from maternity leave.

The workplace environment has been reported to have an important environmental impact on breastfeeding rates[47]. Most employed mothers require a modification of the conditions under which they work if they are to succeed breastfeeding exclusively for six months and continue to breastfeed until two years and beyond.

Barriers in the workplace[49-50]
1. Lack of facilities for expression and storage of breastmilk
2. Lack of flexibility for breastmilk expression in the work schedule
3. Lack of support from employers and colleagues

Employment flexibility and jobs that are less time intensive make it easier for mothers to continue breastfeeding.[51]

Paternity leave may also influence breastfeeding rates. Research shows that fathers can be an important source of support for mothers in establishing and maintaining breastfeeding.[52-53]
Additionally, evidence shows that paternity leave also confers emotional benefits to fathers.[54]

Table 4: Key Strategy 3 - Supportive Environment

Overall Objective :
To create supportive breastfeeding-friendly environment in the communities and workplaces.

Area	Priority Initiatives	Targets by Year
Area 1: Maternity Protection In The Work Place	• To advocate for, facilitate and monitor the increase in appropriate, purpose-built breastfeeding-friendly facilities in all government and non-government buildings as well as public premises and commercial centres.	• By 2016, endorsement of Breastfeeding Breaks Policy by the Government of Brunei • By 2017, establishment of on-site mother and baby-friendly childcare facilities in at least two ministries

Area 1: Maternity Protection In The Work Place	• To advocate for the implementation and strengthening of at least one paid breastfeeding break of thirty (30) minutes duration per day, in all workplaces for the subsequent three months after returning from maternity leave. • To advocate for exemption of overnight shift duties among breastfeeding female workers for the first three months after returning from maternity leave. • To advocate for the introduction of on-site baby-friendly childcare facilities (crèches) in the workplaces. • To advocate for the introduction of flexible hours, part-time jobs and/or job-sharing for breastfeeding female workers. • To advocate for the enactment of legislation on maternity protection encompassing the rights of women in all work sectors as well as educational institutions ✓ To protect mothers from being penalised for availing maternity benefits ✓ To ensure job security upon returning from maternity leave ✓ To ensure improved maternity leave rights for female students in higher educational institutions such that they are given at least 56 days of maternity leave.	• By 2018, 50% Government Ministries have breastfeeding-friendly facilities • By 2018, endorsement of policy on maternity protection encompassing the rights of women in private sector and education institutions • By 2020, development of flexible working hours, part-time jobs and/or job sharing policy for breastfeeding mothers • By 2020, enactment of legislation on maternity protection encompassing the rights of women in all sectors and educational institutions
Area 2: Paternity Protection	• To introduce paid paternity leave of at least one week's duration, in addition to the eligible annual leave, for all fathers that can be availed voluntarily.	• By 2017, development of Paternity Leave Policy
Area 3: Promotion and Awareness	• To increase awareness on breastfeeding and its related issues in the workplace and the community.	• By 2016, dissemination of information on breastfeeding-friendly work policies in at least two ministries and two private corporations every year

Priority Actions

Development of policies through dialogue and/or consultation sessions with relevant non-health sectors.

Lead and Partners

MIYCN Taskforce, Technical Working Group on Supportive Environment (TWG3) and other relevant stakeholders: Prime Minister's Office; Ministry of Culture, Youth and Sports; Ministry of Religious Affairs; Public Service Department; Department of Labour; Attorney General Chambers, Ministry of Development and private sectors

3.1.4 Key Strategy 4: Mother-and-Child-Friendly Initiative [Known as Expanded Baby-Friendly Hospital Initiative (BFHI) by WHO and UNICEF]

The Baby-Friendly Hospital Initiative (BFHI) was launched in 1991 by UNICEF and WHO.21 The BFHI is a global effort to implement maternity practices that protect, promote and support breastfeeding. The basis for the BFHI is the Ten Steps to Successful Breastfeeding (Appendix 7) and the implementation of the International Code of Marketing of Breastmilk Substitutes (WHO, 1981).1 In 2009, UNICEF and WHO, with their partners developed a revised, updated and expanded BFHI package which was released in 2009.[6]

KEY COMPONENTS OF EXPANDED BFHI PACKAGE

1. Maternity facilities: Ten steps to successful breastfeeding, clearer global criteria for each step particularly step 4.
2. Mother-friendly care: Delivery practices should include a mother having a companion, being able to drink during labour, using non drug pain relief, adopting a position of her choice during labour and delivery and minimising invasive procedures.
3. Baby-friendly neonatal units: Care of premature or ill infants and their mothers should include the optimal management of breastmilk expression, breastmilk feeding (without the use of bottles and teats); and criteria for discharge and effective post discharge support for mother and baby.
4. Baby-friendly physician's office: Requires a written policy to promote and support exclusive and continued breastfeeding including the management of breastfeeding and its challenges.
5. Baby-friendly communities: To sustain breastfeeding after delivery, ongoing support of mothers is necessary, including outreach by maternity staff in the first day's postpartum, community-based primary health care workers with training in breastfeeding counselling, referral to peer counsellors and mother support groups. Criteria for appropriate regular contacts with mother need to be developed locally.
6. Baby-friendly complementary feeding: Breastfeeding should be exclusive for six months and continue up to two years or beyond with adequate and safe complementary feeding according to the Ten Guiding Principles of Complementary Feeding.6
7. BFHI and Prevention of Mother-to-Child Transmission (PMTCT) of HIV/AIDS: Anti-retroviral treatment and counselling on infant feeding options should be available according to international guidelines and national policy. The BFHI should be implemented regardless of HIV prevalence and modified as necessary for the minority of mothers who are not going to breastfeed.

The Government of Brunei Darussalam, specifically the four government hospitals, has implemented most of the Ten Steps to Successful Breastfeeding as recommended by WHO and UNICEF. However, the initiative needs to be strengthened and rejuvenated with a timeline.

Evidence from other countries has shown positive impacts on breastfeeding initiation and duration in hospitals that adhered to BFHI.[59] Evidence also suggests that BFHI is effective for mothers who have low rates of breastfeeding initiation, and that the Tenth Step to successful breastfeeding, which is the transition from hospital to community, is critically important.[60]

Table 5: Key Strategy 4 – Mother- and Child-Friendly Initiative

Objective 1:
To make all health facilities mother-and-child-friendly

Objective 2:
To obtain formal accreditation as mother-and-child-friendly in all health facilities

Settings	Priority Initiatives	Targets by Year
Hospital and Community Health Facilities	• To conduct a detailed review (assess, audit and update) the current status of Baby-Friendly Initiative i.e. the implementation of the "Ten Steps to Successful Breastfeeding" (WHO / UNICEF, 1991) in hospitals and community health facilities • To work together with TWG 1 for continuous monitoring and evaluation mechanism on the implementation of this policy annually • To strengthen and sustain mother-to-mother support group in hospitals and community health facilities • To build BFHI assessment capacity through WHO accredited BFHI assessor training course and set up an internal accreditation body • To introduce Lactation Management/ Breastfeeding Clinic in health centres	• By 2017, 50% Government Hospitals achieve Baby-Friendly Initiative Status • By 2017, establish at least 4 Lactation Management/ Breastfeeding Clinic in health facilities • By 2020, 50% Government Community Health Facilities recognized as mother-and-child-friendly

Lead and Partners

MIYCN Taskforce and Technical Working Group For Mother-and-Child-Friendly Initiative (TWG 4), Academics, Accredited BFHI assessors WHO-recognized consultant

Chapter 4: Policy and Regulatory Interventions


Hospital-Based
Interventions To
upport Breastfeeding
n Brunei Darussalam

4 Policy and Regulatory Interventions

Brunei Darussalam has in place several policies relevant to the protection, promotion and support of optimal MIYCN practices including:

- Memorandum to exclude Breastmilk Substitutes (BMS) advertisement on Radio Television Brunei (1980).
- The National Breastfeeding Policy (2001) - 6 months exclusive breastfeeding and continue breastfeeding up to two years or beyond while complementary feeding should start at six months of age.
- The Children and Young Persons Order 2008 as part of signatories to Convention of the Rights of the Child, United Nations.[3,61]
- Maternity Leave Regulations 2011 (Prime Minister's Office 1/2011) – Paid maternity leave entitlement extended from 8 weeks to 15 weeks from 38 weeks gestation.[47]
- The National Health Promotion Blueprint 2011-2015 (MOH, 2011).[62]
- Brunei Darussalam National Multisectoral Action Plan for the Prevention and Control of Non-Communicable Disease (BruMAP-NCD) 2013-2018.[63]

MIYCN Taskforce has embarked on the development of the new policy recommendations related to protecting, promoting and supporting MIYCN including:

- Adaptation and adoption of the International Code of Marketing of Breastmilk Substitutes (WHO, 1981)[1] and subsequent World Health Assembly Resolutions[2].
- Advocating for and strengthening maternity protection in the work place in line with International Labour Organization's (ILO) Recommendations on maternity protection (No.95, 1952; No.191, 2000).[64,65]
- Strengthen, update and expand integrated care under Baby-Friendly Hospital Initiative (BFHI).

In addition to developing the above MIYCN-specific policies, MIYCN Taskforce will also play a crucial role in supporting and facilitating the development of policies with relevant partners and agencies, pertaining to:

- Optimal breastfeeding and complementary feeding during emergency situation.
- Prevention, management and control of childhood diarrhoeal diseases.

Chapter 5 : Resource Planning


Strategic
Maternal, Infant & Young

5 Resource Planning

In order to move forward the MIYCN agenda and achieve our targets, MIYCN Taskforce would require optimal representation, involvement and commitment from all relevant stakeholders within and from outside the Ministry of Health.

Table 6: Recommended representations for TWG 1, TWG 2 and TWG 3 of the MIYCN Taskforce

Technical Working Group Members			No. of Members		
			Key Strategy 1	Key Strategy 2	Key Strategy 3
Ministry of Health	Nursing Training & Development Centre		2	1	1
	Department of Obstetrics & Gynaecology		4	2	3
	Department of Pediatrics		3	3	3
	Clinical (Hospital) Dietitians		1	1	-
	Health Promotion Centre		1	1	3
	Department of Policy and Planning		-	1	2
	Food Quality & Control Division		-	1	-
	Environmental Health Division		-	-	1
	Community Health Services	Maternal & Child Health	-	2	1
		Primary Health Care	1	1	1
		Community Nutrition Division	5	2	1
		Community Health Nursing	5	2	6
Prime Minister's Office	Public Service Department		2	-	1
	Attorney General Chambers		-	2	1
	Department of Economic Planning & Development		2	1	-
	Radio Television Brunei		-	1	-
	Media & Cabinet Section		-	1	-
	Curriculum Development Department		1	-	-
	Aesthetic & Early Childhood Unit		1	-	-
	Institute of Health Sciences, UBD		2	1	-
	Department of Tertiary Education		-	-	1
Ministry of Religious Affairs			2	-	1

Ministry of Home Affairs	Department of Labour	-	-	1
	National Disaster Management Centre	1	1	-
Authority of Building Control and Construction Industry (ABCi), Ministry of Development		-	-	1
Department of Community Development, Ministry of Culture, Youth & Sport		-	-	2
Department of Agriculture and Agro-foods, Ministry of Industry & Primary Resources		-	1	-
Department of Trade, Ministry of Foreign & Trade		-	2	-
ASEAN Commission on the Promotion and Protection of the Rights of Women and Children			2	
NGOs		1	1	1

Table 7: Recommended representation for TWG 4 of MIYCN Taskforce

Key Strategy 4						
Technical Working Group / No. of Members		Government Hospitals				Community Health Services
		RIPAS	SSB	PMMPMHAMB	PIHM	
Department of Paediatric	Doctors	4	1	1	-	-
	Nurses	5	1	2	-	-
Department of Obstetrics & Gynaecology	Doctors	3	1	1	1	-
	Nurses	16	2	2	-	-
Clinical Dietetics Unit		1	1	1	-	-
Hospital Administrators (Chief Executive Officers, Medical Superintendent, Principal Nursing Officer)		4	3	3	3	1
Maternal & Child Health		-	-	-	-	2
Primary Health Care		-	-	-	-	1
Community Health Nursing		-	-	-	-	12
Total		33	9	10	4	16

In order to operationalize the National Strategy for MIYCN in Brunei Darussalam 2014-2020, it is recommended that MIYCN programme and targets to be included under the annual Performance Based Budgeting of the Ministry of Health.

MIYCN Taskforce Committee

Co-Chairpersons

1. Dr. Hajah Maslina binti Haji Mohsin, Director of Health Services, Ministry of Health
2. Dr. Hajah Lailawati binti Haji Jumat, Director of Hospital Services, Ministry of Health
3. Dr Awang Haji Zainal Ariffin bin Awang Haji Yahya, General Director, Ministry of Health

Deputy Co-Chairpersons

1. Associate Professor Dr. Hajah Roselina binti Dato Paduka Haji Yaakub, Consultant Obstetrician and Gynaecologist and Head of Obstetrics and Gynaecology Speciality for Department of Medical Services
2. Dr. Hajah Rohayati binti Haji Mohd Taib, Consultant Paediatrician and Head of Paediatrics Speciality for Department of Medical Services

Secretariat

1. Hajah Roseyati binti Dato Paduka Haji Yaakub, Head of Community Nutrition Division
2. Chua Meah Lean, Community Nutritionist
3. Nurhaime binti Haji Suhaimi, Community Nutritionist
4. Nur Ainiedza binti Haji Idris, Community Nutritionist
5. Hajah Siti Halimah binti Md Tahir, Nursing Officer, Obstetrics and Gynaecology Department, Raja Isteri Pengiran Anak Saleha Hospital
6. Hajah Ramlah binti Kisut @ Kesut, Nursing Officer, Community Health Nursing Division, Department of Nursing Services
7. Dayangku Hajah Maskaton binti Pengiran Haji Shamsudin, Nursing Officer (Neonatal Unit), Department of Paediatric, Raja Isteri Pengiran Anak Saleha Hospital
8. Hajah Si-Rose binti Haji Musa, Staff Nurse, Obstetrics and Gynaecology Department, Raja Isteri Pengiran Anak Saleha Hospital
9. Siti Norhaya binti Yahya, Staff Nurse, Department of Health Services
10. Rusydiah binti Sudin, Health Education Officer, Health Promotion Centre

Members

1. Dr. Hajah Roslin binti Haji Sharbawi, Senior Medical Officer and Head of Maternal Health Division, Department of Health Services
2. Dr. Yung Chee Tee, Senior Medical Officer and Head of Child Health Division, Department of Health services
3. Dr. Hajah Norhayati binti Haji Mohd. Kassim, Senior Medical Officer and Head of Health Promotion Centre
4. Dr. Ong Sok King, Medical Specialist (Public Health), NCD Prevention and Control Unit, Ministry of Health
5. Dr. Hajah Siti Noor Azmah binti Abdullah, Acting Specialist Obstetrician and Gynaecologist and Head of Obstetrics and Gynaecology Department, Raja Isteri Pengiran Anak Saleha Hospital
6. Dr. On Fei Wen, Senior Medical Officer, Maternal Health Division, Department of Health Services
7. Dr. Hajah Emelia binti Haji Md. Kassim, Acting Senior Medical Officer, Paediatrics Department, Raja Isteri Pengiran Anak Saleha Hospital
8. Hajah Saniwati binti Haji Md. Noor, Special Grade Nursing Officer, Community Health Division, Department of Health Services

Editorial Board

13. **Nur Ainiedza binti Haji Idris**
    Community Nutritionist, Community Nutrition Division, Department of Health Services

14. **Rusydiah binti Sudin**
    Health Education Officer, Health Promotion Centre

15. **Hajah Ramlah binti Kisut @ Kesut**
    Nursing Officer, Community Health Nursing Services, Department of Health Services

16. **Hajah Zunaidah binti Haji Simran**
    Staff Nurse, Department of Obstetrics and Gynaecology, Raja Isteri Pengiran Anak Saleha Hospital

17. **Zarinah binti Haji Mohammad**
    Staff Nurse, Department of Obstetrics and Gynaecology, Raja Isteri Pengiran Anak Saleha Hospital

18. **Hajah Si-Rose binti Haji Musa**
    Staff Nurse, Department of Obstetrics and Gynaecology, Raja Isteri Pengiran Anak Saleha Hospital

19. **Salina binti Haji Besar**
    Staff Nurse, Community Health Nursing Services, Department of Health Services

20. **Muraini binti Haji Mohd. Ali**
    Staff Nurse, Obstetrics and Gynaecology Department, Raja Isteri Pengiran Anak Saleha Hospital

21. **Masnunah binti Hj Mahali**
    Staff Nurse, Obstetrics and Gynaecology Department, Raja Isteri Pengiran Anak Saleha Hospital

22. **Zaida binti Shamsudin**
    Staff Nurse, Obstetrics and Gynaecology Department, Raja Isteri Pengiran Anak Saleha Hospital

Checked by:

1. Dr. Sylviana binti Haji Moris
2. Dr. Hajah Rafidah binti Haji Gharif
3. Dr. Sia Ai Tee
4. Dr. Norafizah binti Haji Serbini
5. Dr. Hani Aryanty binti Haji Tengah
6. Dr. Fung En Po

Acknowledgements

The MIYCN Taskforce would like to thank Mr. Alessandro Iellamo, an independent consultant to the Ministry of Health, for advice and guidance during the Maternal, Infant and Young Child Nutrition workshop which took place from 6th to 14th May 2012. The MIYCN Taskforce was established as an outcome of this multisectoral workshop. Key strategic domains of the National Strategy for MIYCN in Brunei Darussalam 2014-2020 were identified during this workshop.

The Taskforce is also grateful and would like to express sincere gratitude to the Ministry of Health and all other agencies for their continuous support towards improving Maternal, Infant and Young Child Nutrition in the country.

Last but not the least; the Taskforce would like to congratulate all members of the Taskforce and participants of the MIYCN workshop in compiling the book and making it a dream come true. Also, the Taskforce wishes to thank the editorial committee in proof-reading the book.

References

1. *World Health Organization (WHO) 1981 International Code of Marketing of Breast-milk Substitutes, WHO Geneva. http://www.who.int/nutrition/publications/code_english.pdf (accessed on 11/08/14)*

2. *World Health Organization SIXTY-FIFTH WORLD HEALTH ASSEMBLY. Provisional agenda item 13.3. Nutrition. Maternal, infant and young child nutrition: draft comprehensive implementation plan*

3. *United Nations Convention on the Rights of the Child (1989). http://www.unicef.org/crc/ (accessed on 11/08/14)*

4. *United Nations Millennium Development Goals (MDGs, 2000). http://www.un.org/millenniumgoals/bkgd.shtml (accessed on 11/08/14)*

5. *World Health Organization (WHO) and UNICEF (2003), Global Strategy for Infant and Young Child Feeding, World Health Organization, Geneva, Switzerland. http://www.who.int/child_adolescent_health/documents/9241562218/en/index.html (accessed on 11/08/14)*

6. *World Health Organization (WHO) and UNICEF 2009. Baby-Friendly Hospital Initiative: Revised, updated and expanded for integrated care, WHO, Geneva. http://www.who.int/nutrition/publications/infantfeeding/9789241594950/en/index.html (accessed on 11/08/14)*

7. *Workshop on Maternal, Infant and Young Child Nutrition (MIYCN) Ministry of Health, Brunei Darussalam, 10-11 May, 2012: Strategic Workshop Report.*

8. *Technical Assistance to the Government of Brunei Darussalam: Towards the Development of a National Plan of Action for Maternal, Infant and Young Child Nutrition (MIYCN), 6-13 May, 2012 - Mission Report by Alessandro Iellamo, Independent Consultant.*

9. *Ministry of Health (2012) The Report 2nd National Health and Nutrition Status Survey (NHANSS) Phase 1: 0-5 years old, 2009-2011, Ministry of Health, Negara Brunei Darussalam*

10. *World Health Organization. E-Library of Evidence for Nutrition Actions (eLENA). www.who.int/elena/titles/early_breastfeeding/en/ (accessed on 11/08/14)*

11. *World Health Organization: Global Targets 2025 http://www.who.int/nutrition/topics/nutrition_globaltargets2025/en/ (access on 9/08/14)*

12. *Lancet Child Survival 2003:361:1*

13. *Leon-Cava N. quantifying the benefits of breastfeeding: A summary of the evidence. Pan American Health Organization: 2002.*

14. *WHO Collaborative Study Team on the role of breastfeeding on the prevention of infant mortality. Effect of breast-feeding on infant and child mortality due to infectious disease in less developed countries: a pooled analysis. Lancet, 2000, 355: 451–455.*

15. *Victoria CG et al. Evidence for protection by breast-feeding against infant deaths from infectious diseases in Brazil. Lancet 1987; 2: 319-22.*

16. *Bahl et al. Infant feeding patterns and risks of death and hospitalization in the first half of infancy: multicentre cohort study. Bulletin of the World Health Organization 2005; 83:418-426.*

17. *Edmond KM, Zandoh C, Quigley MA, et al. Pediatrics 2006;117:380-384.*

18. *UNSCN, 2010*

19. *World Breastfeeding Trends Initiative (WBTi). The State of Breastfeeding in 33 Countries 2010: Tracking Infant and Young Child Feeding Policies and Programmes Worldwide. BPNI/IBFAN-Asia*

20. *UNICEF Press release UNICEF Rings Alarm Bells as Breastfeeding Rates Plummet in East Asia, Bangkok, 1 May, 2012*

21. *WHO and UNICEF (1991) Baby Friendly Hospital Initiative, World Health Organization, Geneva and United Nations Childrens' Fund.*
http://www.bfhi.org.au(accessed on 11/08/14)

22. *Contemporary patterns of breast-feeding Geneva, World Health Organization, 1981.*

23. *Mata LJ. The children of Santa Maria Cauque. Cambridge, MA, MIT Press 1978: page 2.*

24. *WHO Bulletin 1989; 67 (supplement): 41-54.*

25. *Quantity and Quality of Breastmilk. Report on the WHO collaborative study on Breastfeeding Geneva, 1985.*

26. *Dulon M, Kersting M, Bender 4. Breastfeeding promotion in non-UNICEF certified hospitals and long-term breastfeeding success in Germany. Acta Paediatric 2004; 92: 653-8.*

27. *Stremler J, Lovera D. Insight from a breastfeeding peer support pilot program for husbands and fathers of Texas WIC participants. J Hum Lact. 2004 Nov;20(4):417-22.*

28. *Kistin N, Abramson R, Dublin P. Effect of peer counsellors on breastfeeding initiation, exclusivity, and duration among low-income urban women. J Hum Lact. 1994 Mar; 10(1):11-5.*

29. *UNICEF Press release UNICEF Rings Alarm Bells as Breastfeeding Rates Plummet in East Asia, Bangkok, 1 May, 2012*

30. *Rona Cohen, Marsha B. Mrtek, Robert G. Mrtek. Comparison of Maternal Absenteeism and Infant Illness Rates Among Breast-feeding and Formula-feeding Women in Two Corporations. American Journal of Health Promotion, July 1995.*

31. *World Health Organization: 10 Facts on Breastfeeding*
http://www.who.int/features/factfiles/breastfeeding/en/ (accessed on 9/08/14)

32. *Maternal Nutrition During Pregnancy and Lactation LINKAGES: Breastfeeding, LAM, Related Complementary Feeding, and Maternal Nutrition Program and the Child Survival Collaborations and Resources (CORE) Nutrition Working Group.*
http://www.coregroup.org/storage/documents/Workingpapers/MaternalNutritionDietaryGuide_AED.pdf (accessed on 9/08/14)

33. *Nutrition in the First 1000 days: State of the World's Mother 2012. Save the Children, May 2012.*
http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/STATE-OF-THE-WORLDS-MOTHERS-REPORT-2012-FINAL.PDF

34. *World Health Organization SIXTY-FIFTH WORLD HEALTH ASSEMBLY. Provisional agenda item 13.3. Nutrition. Maternal, infant and young child nutrition: draft comprehensive implementation plan.*

35. *WHO. Global status report on non-communicable diseases. 2010*

36. *United Nations System Standing Committee on Nutrition. Progress in nutrition: Sixth report on the world nutrition situation. Geneva, United Nations System Standing Committee on Nutrition Secretariat, 2010*

37. *de Onis M, Blössener M, Villar J. Levels and patterns of intrauterine growth retardation in developing countries. European Journal of Clinical Nutrition, 1998; 52 (Suppl.1):S5-S15.*

38. *United Nations Children's Fund and World Health Organization, Low Birth Weight: country, regional and global estimates. New York, United Nations Children's Fund, 2004.*

39. *Underweight and stunting, in: World Health Statistics 2010, Geneva, World Health Organization, 2010.*

40. *Health Information Booklet 2010, Brunei Darussalam*

41. *Dr Hjh Roselina Dato Paduka Haji Yaakub, Current situation of Maternal, Infant and Young Child Nutrition (MIYCN) in Brunei Darussalam, May 10,2012 Brunei Darussalam*

42. *Australian Government, Department of Health and Ageing, National Health and Medical Research Council. Nutrient Reference Values for Australia and New Zealand including Recommended Nutrient Intakes(2005) http://www.nrv.gov.au/nutrients/dietary%20fibre.htm*

43. *Ohn HTWE, Patrick Desmond COATES, Zaw WINT, Mary KRASU, Hnin Yu KHIN, Herni BIDIN. Inter-hospital emergency obstetric referrals to the labour ward of RIPAS Hospital. Brunei International Medicine Journal. 2011; 7 (1): 22-33*

44. *Ministry of Health (1996) Report Nutritional Status of Children Under-5 and Pregnant Women in Brunei Darussalam, 1995-1996. Ministry of Health, Negara Brunei Darussalam*

45. *Maternal & Child Health Services, Department of Health Services, Ministry of Health, 2012, unpublished data.*

46. *Brunei Darussalam Statistical Yearbook 2012, Department of Statistics, Department of Economic Planning and Development (DEPD), Prime Minister's Office, Brunei Darussalam.*

47. *PMO (2011), Peraturan Cuti Beranak 2011. Surat Keliling JPM Bil:1 /2011, Prime Minister Office, Negara Brunei Darussalam.*

48. *How to Enhance Breastfeeding Rates Globally - slide presentation by F. Branca, Director, Department of Nutrition for Health and Development WHO/HQ @ World Breastfeeding Conference, New Delhi, India, 7-9 December 2012*

49. *CODEX ALIMENTARIUS International Food Standards. World Health Organization and Food & Agriculture Organization of the United Nations. http://www.codexalimentarius.org/about-codex/en/ (accessed on: 07/08/2014)*

50. *OECD (2012), OECD Family Database, OECD, Paris: PF2.1 Key characteristics of parental leave systems, last updated 18 July 2012. www.oecd.org/social/family/database*

51. *Australian National Breastfeeding Strategy 2010-2015*

52. *Abdullah Sani AR et al. Impact of Maternity Leave Regulation 2011 on exclusive breastfeeding practice among working mothers in Brunei Darussalam; master dissertation, 2012.*

53. *Johnston ML, Esposito N. Barriers and facilitators for breastfeeding among working women in the United States. J Obstet Gynecol Neonatal Nurs. 2007;36:9–20.*

54. *Hawkins SS, Griffiths LJ, Dezateux C, Law C. Millennium Cohort Study Child Health Group. Maternal employment and breast-feeding initiation: findings from the Millennium Cohort Study. Paediatr Perinat Epidemiol. 2007;21:242–247.*

55. *(Reference: AIFS 2008) Australian Institute of Family Studies (AIFS) 2008, Growing Up In Australia: The Longitudinal Study of AustralianChildren, Annual Report 2006-07, http://www.aifs.gov.au/growingup/pubs/ar/ar200607/breastfeeding.html (accessed on 9/08/14)*

56. *Bar-Yam NB, Darby L. Fathers and Breastfeeding: a review of the literature. J Hum Lact. 1997 Mar; 13(1):45-50.*

57. *Pisacane A, Continisio GI, Aldinucci M, D'Amora S, Continisio P: A controlled trial of the father's role in breastfeeding promotion. Pediatrics 2005, 116:e494-498*

58. *Huttunen J., 1996, "Full Time Fathers and their Parental Leave Experiences", in BJÖRNBERG U., KOLLIND A. K. (eds.), Men's Family Relations, Stockholm, Almqvist & Wiksell International, pp.79-90*

59. *Fairbank L., O'Meara S, Renfrew MJ, Woolridge M, Snowden AJ, Lister-Sharp D. A systematic review to evaluate the effectiveness of interventions to promote the initiation of breastfeeding. Health Technology Assessment 2000; 4(25): 1-171.*

60. *Bechara Coutinho S, Cabrai de Lira PI, de Carvalho Lima M, and Ashworth A 2005, 'Comparison of the effect of two systems for the promotion of exclusive breastfeeding', in: Lancet 2005, Vol. 366, No. 9491, pp. 1094-1100*

61. *Children and Young Persons Act. Attorney General's Chamber, Brunei Darussalam http://www.agc.gov.bn/agc1/images/LAWS/ACT_PDF/cap219.pdf (accessed on 16/08/14)*

62. *Health Promotion Blueprint 2011-2015, Ministry of Health, Brunei Darussalam.*

63. *Brunei Darussalam National Multisectoral Action Plan for the Prevention and Control of Non-Communicable Disease (BruMAP-NCD) 2013-2018, Ministry of Health. Website: http://www.moh.gov.bn/download/download/BRUMAPBOOK.pdf*

64. *Maternity Protection Recommendation, 1952 (No.95): Recommendation Concerning Matrenity Protection Adoption: Geneva, 35th ILC session. http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:R095 (accessed on 9/08/14)*

65. *Maternity Protection Recommendation, 2000 (No.191): Recommendation concerning the revision of the Maternity Protection Recommendation, 1952Adoption: Geneva, 88th ILC session. http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:312529 (accessed on 9/08/14)*

APPENDIX 1

The 2012 World Breastfeeding Conference Declaration and Call to Action Babies Need Mom-Made Not Man-Made!

6th – 9th December 2012, New Delhi India

Almost 7 million children under five years of age die globally every year mostly in the poor countries, largely from preventable causes. Of these, two thirds die before they reach their first birthday, most from pneumonia, diarrhoea and newborn infections. One third of all under-five deaths are due to under nutrition. Breastfeeding is a public health imperative. There is no food more nutritious locally produced, affordable and sustainable than breastmilk. Artificial feeding increases the risk of not only childhood infections, but also of non-communicable diseases (NCDs) such as diabetes, obesity, cardiovascular disease and cancers, which are assuming epidemic proportions. But two out of three infants – or 92 million infants of 136 million born - are either artificially or mixed fed.

Initiating breastfeeding within the first hour of birth can reduce neonatal mortality by 20%, but shockingly, more than half the world's newborns are not breastfeed within an hour of birth. Globally less than 40% of infants under six months are exclusively breastfed. Infants need continued breastfeeding along with adequate amounts of complementary foods after they are six months old and continued breastfeeding for two years or beyond. Yet, only a minority of children continues breastfeeding until the age of two.

Breastfeeding has enormous benefits for maternal health, and is an important factor in child spacing for the millions of women who have no access to modern forms of contraception.

Optimal breastfeeding and infant and young child feeding rates are low because:

- Women lack support for breastfeeding and for appropriate complementary feeding.
- There is widespread ignorance and lack of awareness of their importance.
- Baby food and feeding products industries continue to mislead parents and market products aggressively.
- The commercial, for-profit sector and their front organizations are unduly influencing national and international decision-making processes, policies and programmes.
- Glaring gaps exist in national policy and programmes as documented by the World Breastfeeding Trends Initiative (WBTi) and others.
- Ready to use or processed foods are being pushed to replace appropriate family foods after six months.

Over the last four decades, the global community has failed to achieve its commitments to improve children's health. The Alma Ata Declaration of Health for All by the Year 2000 has not been realized. The Convention on the Rights of the Child, endorsed by all but two countries of the world, has not yet been fulfilled. Therefore the Millennium Development Goals to reduce poverty, maternal and child mortality significantly by 2015 will be largely unmet.

Today, at the first World Breastfeeding Conference 2012, we, the participants from 82 countries coming from diverse groups including governments, breastfeeding organisations, health providers, peoples organisations and movements, international NGOs and individuals - are all concerned at the continuing inequality in health and nutrition and the subjugation of these concerns to the business objectives of corporations.

We recognize that protection, promotion and support of breastfeeding and optimal infant and young child feeding is a human rights issue and should be entrenched in the public policy and programmes as a necessary condition needing resources.

We call upon all concerned to take the following actions:

1. Adopt a human right-based approach to the protection, promotion and support of breastfeeding and infant and young child feeding at international, national, sub-national and community levels.

2. Establish institutional mechanisms to avoid and manage conflicts of interest in health and nutrition decision-making and programme implementation.

3. Support all women with a comprehensive system of maternity protection at work, including the non-formal sector, with a provision of financing.

4. Ensure appropriate and adequate education and training of all health care professionals and allied health and community workers both in pre-service and in-service, and in all sectors, to counter widespread ignorance.

5. Establish clear budget lines for breastfeeding and infant and young child feeding policy and programme interventions to ensure adequate human and financial resources in order to enhance optimal practices.

6. Invest in the Baby-Friendly Hospital Initiative including mother-friendly practices and link it to community initiatives. Further this should be rooted in all maternal and neonatal health programmes, and with due attention to low birth weight babies.

7. Publicise widely the multiple risks of artificial feeding, bottles and teats as well as early complementary feeding through all kinds of media campaigns.

8. Ensure universal access to accurate information and counselling on breastfeeding and infant and young child feeding to all mothers, and to do that, provide skilled counsellors in the health facilities and in the community so that they are available for any situation.

9. Monitor and track the Global Strategy for Infant and Young Child Feeding in every country using World Breastfeeding Trends Initiative (WBTi) and advocate to bridge the gaps.

10. Protect breastfeeding from commercial sector, by strictly enforcing the International Code of Marketing of Breastmilk Substitutes and subsequent related World Health Assembly Resolutions and prohibit all kinds of promotion of commercial foods for children for two years or beyond.

11. Promote the use of affordable and diverse, locally grown, indigenous foods for timely and appropriate complementary feeding after six-months along with continued breastfeeding.

12. Enhance and support breastfeeding related research with public funding.

APPENDIX 2

MIYCN Workshop Participants

Associate Professor Dr. Hajah Roselina binti Dato Paduka Haji Yaakub
Consultant Obstetrician and Gynaecologist and Head of Obstetrics and Gynaecology Speciality for Department of Medical Services
Associate Professor Pengiran Anak Puteri Hajah Rashidah Sa`adatul Bolkiah Institute of Health Sciences, Universiti Brunei Darussalam

Dr Nik Afiqah binti Haji Md. Tuah
Lecturer, Pengiran Anak Puteri Hajah Rashidah Sa`adatul Bolkiah Institute of Health Sciences, Universiti Brunei Darussalam

Dr. Hajah Rohayati binti Haji Mohd. Taib
Consultant Paediatrician and Head of Paediatrics Speciality for Department of Medical Services

Dr. Hajah Roslin binti Haji Sharbawi
Senior Medical Officer and Head of Maternal Health Services, Department of Health Services

Dr. Ong Sok King
Medical Specialist (Public Health), NCD Prevention & Control Unit

Dr. Yung Chee Tee
Senior Health Officer and Head of Child Health Services, Department of Health Services

Dr. Hajah Mawarni binti Haji Abdul Hamid
Specialist Community Pediatrician, Department of Medical Services

Dr. Hajah Siti Noor Azmah binti Abdullah
Acting Specialist Obstetrician and Gynaecologist and Head of Obstetrics and Gynaecology Department, Raja Isteri Pengiran Anak Saleha Hospital

Dr. Soon Ing Shian
Consultant Paediatrician, Raja Isteri Pengiran Anak Saleha Hospital

Dr. Hajah Norol-Ehsan binti Haji Abdul Hamid
Medical Officer, Health Promotion Centre

Hajah Roseyati Binti Dato Paduka Haji Yaakub
Senior Dietitian, Community Nutrition Division, Department of Health Services

Hajah Meriah Binti Pengarah Haji Awg Buntar
Acting Assistant Director of Nursing Services, Department of Nursing Services

Noraliah binti Abdullah
Nursing Officer, Department of Nursing Services

Lim Poh Chuan
Principal Nursing Officer of Community Health Services, Department of Health Services

Hajah Saniwati binti Haji Md. Noor
Special Grade Nursing Officer, Community Health Division, Department of Health Services

Datin Hajah Seri Lailawati binti Pehin Orang Kaya Pekerma Jaya Haji Judin
Clinical Dietitian, Clinical Dietetics Unit, Raja Isteri Pengiran Anak Saleha Hospital

Hajah Siti Abibah binti Abd Fattah
Senior Nursing Officer, Obstetrics and Gynaecology Department, Raja Isteri Pengiran Anak Saleha Hospital

Nurasma Aini binti Haji Mat Yassin
Community Dietitian, Community Nutrition Division, Department of Health Services

Chua Meah Lean
Community Nutritionist, Community Nutrition Division, Department of Health Services

Nurhaime binti Haji Suhaimi
Community Nutritionist, Community Nutrition Division, Department of Health Services

Nur Ainiedza binti Haji Idris
Community Nutritionist, Community Nutrition Division, Department of Health Services

Rusydiah binti Sudin
Health Education Officer, Health Promotion Centre

Hajah Ramlah binti Kisut @ Kesut
Nursing Officer, Community Health Nursing Services, Department of Health Services

Dayangku Hajah Maskaton binti Pengiran Haji Samsudin
Nursing Officer (Neonatal Unit), Department of Paediatric, Raja Isteri Pengiran Anak Saleha Hospital

Hajah Siti Halimah binti Haji Tahir
Nursing Officer, Department of Obstetrics and Gynaecology, Raja Isteri Pengiran Anak Saleha Hospital

Kalinmo Yumni binti Abdul Aliy Yuin
Senior Staff Nurse (Community Health), Telisai Health Centre, Tutong

Roslina binti Kamis
Senior Staff Nurse (Community Health), Community Health Nursing Services, Department of Health Services

Siti Noor Dzuhardah bInti Damit
Acting Nursing Officer, Muara Health Centre

Hajah Zunaidah binti Haji Simran
Staff Nurse, Department of Obstetrics and Gynaecology, Raja Isteri Pengiran Anak Saleha Hospital

Zarinah binti Haji Mohammad
Staff Nurse, Department of Obstetrics and Gynaecology, Raja Isteri Pengiran Anak Saleha Hospital

Hajah Si-Rose binti Haji Musa
Staff Nurse, Department of Obstetrics and Gynaecology, Raja Isteri Pengiran Anak Saleha Hospital

Salina binti Haji Besar
Staff Nurse, Community Health Nursing Services, Department of Health Services

Noorilyana binti Haji Md. Yunus
Staff Nurse, Community Health Nursing Services, Department of Health Services

Muraini binti Haji Mohd. Ali
Staff Nurse, Obstetrics and Gynaecology Department, Raja Isteri Pengiran Anak Saleha Hospital

Masnunah binti Haji Mahali
Staff Nurse, Obstetrics & Gynaecology Department, Raja Isteri Pengiran Anak Saleha Hospital

Zaida binti Shamsudin
Staff Nurse, Obstetrics & Gynaecology Department, Raja Isteri Pengiran Anak Saleha Hospital

Nur Shawarni binti Shahrul Mazlan
Staff Nurse, Health Promotion Centre

APPENDIX 3

Current Actions towards Improving MIYCN within the Ministry of Health

A. Primary Health Care/Community Health Services and Health Promotion Centre

The following services or support are being provided for:

Mothers-To-Be population:

1. National Dietary Guidelines
2. Pre-Marital Health Talk
3. Pre-Marital Health screening
4. Health Line runs by Health Promotion Centre
5. Health Galleria at Health Promotion Centre
6. *'Forum Sinar'*: A continuous, national Health Promotion outreach programme for Year 7 students
7. Nutrition surveillance through the 2nd National Health And Nutritional Status Survey 2009-2011

Pregnant & Lactating Mothers:

1. Extensive, free-of-charge, easily available and accessible, comprehensive, antenatal and postnatal services in all MCH facilities nationwide including body mass index assessment and routine blood screening during first antenatal visit.

2. One-on-one nutrition counselling delivered by community health nurses.

3. Routine prophylaxis folic acid (5mg) supplementation given free-of-charge from first antenatal visit.

4. Routine prophylaxis ferrous fumarate supplementation (one tablet per day) from 20 weeks onwards as per WHO Guidelines.

5. If diagnosed Iron Deficiency Anaemia, therapeutic dose will be given as per WHO Guidelines.

6. Group talks in nutrition-related topics including Breastfeeding, Anaemia in Pregnancy and Healthy Eating.

7. Health Line - telephone line manned by Health Promotion Centre.

8. Health Galleria, an exhibition gallery at Health Promotion Centre – where nutrition and dietary guidelines during pregnancy are displayed.

9. Free-of-charge, easily-available and accessible, one-on-one and/or group counselling services delivered by qualified dieticians/nutritionists as per referral of doctors and nurses.

10. Pre-booked/walked-in, one-on-one consultation with a dietician/nutritionist if diagnosed Gestational Diabetes.

11. Pre-service Nutrition Education in topics such as *'Nutrition in Pregnancy'* for medical, allied health and nursing students at Pengiran Anak Puteri Hajah Rashidah Sa`adatul Bolkiah Institute of Health Sciences, Universiti Brunei Darussalam.

12. Development of Teaching Aids (in the form of flip-charts) specifically for the use of nurses nationwide when talking to mothers about *'Nutrition in Pregnancy'*.

13. Nutrition Information – in the form of booklets, leaflets, MCH Handbook which are readily and easily accessible by mothers and related health care givers.

14. Voluntary mother-to-mother support group which is an initiative proposed by the MCH services for 2012. This initiative has been piloted in three MCH clinics namely *Subok, Lambak* and *Telisai*.

15. Media promotion: Two breastfeeding TV promos are in the final stage of production to be aired on Radio Television Brunei.

0-5-year-old-children:

1. Established child health services in MCH facilities nationwide e.g. Child Health Clinics.

2. Expanded Programme of Immunization.

3. Nutrition Information in the form of booklets, leaflets, MCH Handbook, flip-charts which are easily and readily available for mothers and health care givers.

4. One-on-one counselling by community health nurses – which may include infant and young child nutrition.

5. Community Dietician's Clinics – available for referrals of children who require nutrition/dietary counselling with their parents e.g. underweight/overweight cases.

6. Health Galleria - breastfeeding and some nutrition information for children aged 0-5 years.

7. National Breastfeeding Policy.

8. Breastfeeding Program Leaders at the MCH Services where two program leaders have been appointed to lead breastfeeding activities for MCH facilities nationwide. In addition, two community health nurses per MCH facility have been identified to lead the activity in promoting and supporting breastfeeding.

9. Mother- and baby-friendly health care facilities e.g. breastfeeding room.

10. Annual highlights of World Breastfeeding Week – include media promotional activities.

11. Breastfeeding 'Wall of Fame' Project: On-going activity where exemplary mothers who are exclusively breastfeeding are given recognition and can share their success stories/pictures on a wall in each MCH facility.

12. 2nd National Health And Nutritional Status Survey 2009-2011 includes children aged 0-5 years.

13. Health Line – where parents can call in to clarify health queries.

B. Hospital Services

The following are support provided for Mothers-To-Be, Pregnant and Lactating Mothers and Infants and Young Children (0-5 years) in hospital services setting.

Mothers-To-Be, Pregnant and Lactating Mothers:

1. Breastfeeding Policy in all four government hospitals incorporating the Ten Steps To Successful Breastfeeding (UNICEF & WHO, 1991).

2. Antenatal classes where information regarding 'Breastfeeding' and 'Diet during Pregnancy' are delivered through group talks and leaflets.

3. Information related to breastfeeding is readily available and accessible in Obstetrics and Gynaecology services.

4. Antenatal breastfeeding education and counselling in Obstetrics and Gynaecology wards/clinics.

5. One-to-one counselling by dietician given to mothers as in-and-out patients as per referral by medical officers (e.g. mothers diagnosed with diabetes, anaemia, hypertension, high lipids, sub-fertility obesity and underweight).

6. Availability of nutrition information in the form of booklets/leaflets.

7. One hospital-based mother-to-mother support group (HAWA) initiated at Suri Seri Begawan Hospital, Belait.

Labouring Mothers:

1. Skin-to-skin contact within thirty minutes of birth.
2. Initiation of breastfeeding within an hour of birth.
3. Assisting mothers with breastfeeding/attachment/positioning.

Postnatal Mothers:

1. Assessing and assisting mothers with breastfeeding.
2. Reinforce breastfeeding practice before discharge home.
3. Breastfeeding Helpline.
4. HAWA: Breastfeeding mother-to-mother-support-group at at Suri Seri Begawan Hospital, Belait.

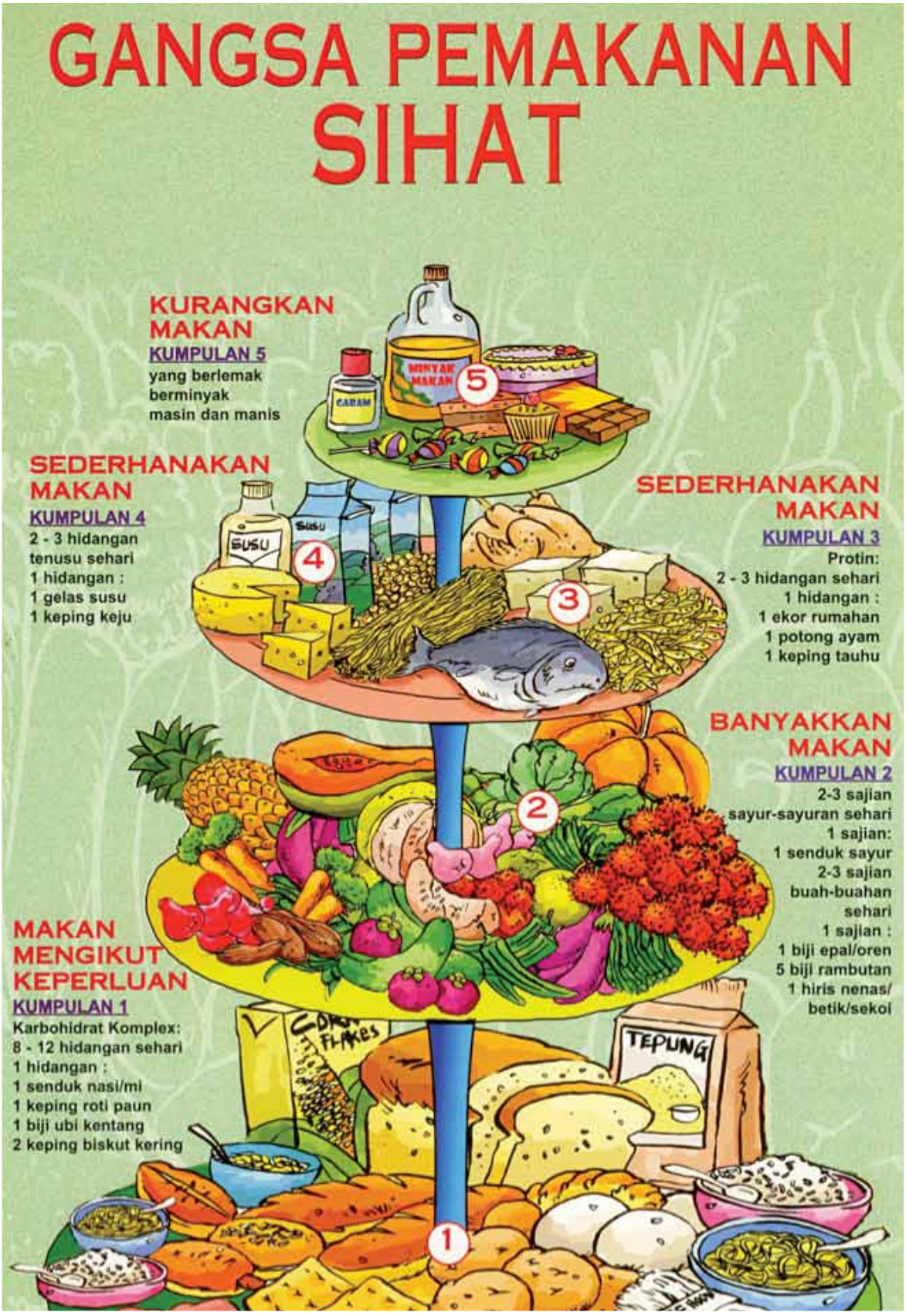
Infants and Young Children:

1. Dietary/nutrition counselling given to parents/guardians to children who are in-or-out patients (e.g. anaemia, diabetes, obesity, failure to thrive, inborn errors of metabolism etc.).
2. Availability of nutrition information – in the form of leaflets/booklets.
3. Clinical dieticians' involvement in the care of children referred to the Child Development Centre such as cerebral palsy clinic, feeding clinic for children with dysphagia, joint clinic for special cases with high risk of malnutrition.

C. In-Service Training including Continuous Nursing and Medical Education

In-service lactation management training of health-care workers involved in the care of mothers-to-be, pregnant and breastfeeding mothers and children 0 to 5 years of age has been in place since 2000. In 2009, the 18-hour training program has been improved to 20 hours to incorporate the newly revised, updated and expanded program as recognized by UNICEF and WHO in 2006. Currently this internal training program is actively carried out and funded by the Ministry of Health through the Continuous Nursing Education and Development Centre of the Department of Nursing Services. To date, there are more than 500 health care workers who have been trained including obstetrics and gynaecology nurses, paediatric nurses, community health nurses, clinical and community dieticians and nutritionists as well as medical officers. Future actions in training will include the alignment of the course content of this 20-Hour Lactation Management Course with the pre-service training modules delivered by Pengiran Anak Puteri Hajah Rashidah Sa`adatul Bolkiah Institute of Health Sciences, Universiti Brunei Darussalam.

APPENDIX 4


GANGSA PEMAKANAN SIHAT
KURANGKAN MAKAN
KUMPULAN 5
yang berlemak berminyak masin dan manis
SEDERHANAKAN MAKAN
KUMPULAN 4
2 - 3 hidangan tenusu sehari
1 hidangan :
1 gelas susu
1 keping keju
SEDERHANAKAN MAKAN
KUMPULAN 3
Protin:
2 - 3 hidangan sehari
1 hidangan :
1 ekor rumahan
1 potong ayam
1 keping tauhu
BANYAKKAN MAKAN
KUMPULAN 2
2-3 sajian sayur-sayuran sehari
1 sajian:
1 senduk sayur
2-3 sajian buah-buahan sehari
1 sajian :
1 biji epal/oren
5 biji rambutan
1 hiris nenas/ betik/sekoi
MAKAN MENGIKUT KEPERLUAN
KUMPULAN 1
Karbohidrat Komplex:
8 - 12 hidangan sehari
1 hidangan :
1 senduk nasi/mi
1 keping roti paun
1 biji ubi kentang
2 keping biskut kering
MINYAK MAKAN
GARAM
SUSU
TEPUNG
1
2
3
4
5

APPENDIX 5

General Terms of Reference (TOR) for all the Technical working group(s):

1. Develop specific plan of actions for each of the intervention setting(s) with clear identification of resources needed, in line with the MIYCN National Plan of Action.

2. Ensure implementation of the approved plan(s) in the respective intervention setting.

3. Engage, dialogue with the different stakeholders in the specific intervention setting to ensure full support and consensus on the approved plans and activities.

4. Conduct policies reviews related MIYCN in the specific intervention setting and make policy recommendations to the national committee for MIYCN.

5. Monitor and access the implementation of the different activities.

6. Conduct or encourage research/studies or assessment(s) on specific aspects of the work being implemented.

7. Regularly review the progress of implementation and report to the MIYCN national committee.

8. Encourage partnership and networking with other agencies and organizations but without conflict of interest.

9. Document the implementation of the different activities.

10. Where possible, mobilize additional resources and support from the private sector but without conflict of interest.

11. Invite ad-hoc participants, resource persons and technical experts to support specific/ad-hoc efforts.

APPENDIX 6

1st MIYCN Workshop
Venue: Mangrove Paradise Resort, Kg. Sg. Belukut
Date: 31st January to 2nd February 2013 (Three Days)

Main Objective: To produce a proposal paper on:
[Proposed Title: Brunei Darussalam National Maternal, Infant & Young Child Nutrition (MIYCN) Strategy 2013-2018]

Workshop Programme

Day/Date	Activities	
Day 1: Thursday, 31/01/2013	0745-0815: Registration of Participants	
	0815-0817: Recital of Al-Fatihah and Doa	
	0820-0825: • Introduction of Workshop Objectives & Outline of Activities • MIYCN Consultant's Recommendations • Sharing MIYCN Taskforce ToR	**Roseyati Yaakub**
	0825-00845: Self-Introduction of Participants	**Dr. Nik Tuah**
	0845-0855 • MIYCN Comprehensive Implementation Plan & How To Enhance BF Rates Globally	**Roseyati Yaakub**
	0855-0905 • What Are Our Challenges in MIYCN? Key Findings of Phase I, 2nd NHANSS Results	**Roseyati Yaakub**
	0905-0930: • Interactive Discussion and Feedback regarding structure and content of MIYCN Proposal Paper 2013-2018 • Suggestions For Group Work	**Dr. Hajah Roselina & Dr. Nik Tuah**
	0930-1000: Morning Break Continue discussion during Tea Break	
	1000-1205: Group Work 1	
	1215-1330: Lunch Break and Zohor Prayers	
	1330-1530: Continue Group Work 1	**Dr. Hajah Roselina**
	1530-1600: Progress Report of Group Work 1	
	1600-1630: Tea Break & Asar Prayers – End of Day 1	

Day 2: Friday, 01/02/2013	0745-0800:	Registration of Participants	
	0815-0817:	Recital of Al-Fatihah and Doa	
	0820-0840:	Presentation of Brunei MIYCN Workshop 2012 Report by WHO Consultant	**Dr. Hajah Roselina**
	0840-0930:	Interactive Session on Priority Setting by Phases of Key Strategies, Action Points and Intervention Settings	**Dr. Hajah Roselina/ Dr Nik**
	0930-1000:	**Morning Break**	
	1000-1200:	Group Work 2: on Brunei MIYCN Framework	
	1200-1400:	**Lunch Break and Zohor/Jumaat Prayers – can continue Group Work**	
	1400-1600:	Group Work 2	
	1600-1630:	**Tea Break & Asar Prayer – End of Day 2**	
Day 3: Saturday, 02/02/2013	0745-0800:	Registration of Participants	
	0815-0817:	Recital of Al-Fatihah and Doa	
	0820-0835:	Sharing Session: Consequences of Contamination of Infant Formula	**Nurhaime Hj. Suhaimi**
	0835-0850:	Progress Report of Group Work 2	**Dr. Nik Tuah/Dr. Hajah Roselina**
	0850-0930:	Group Work 3	
	0930-1000:	**Morning Break – Continue Group Work during Tea Break**	
	1000-1200:	Group Work 3	
	1200-1400:	**Lunch Break and Zohor/Jumaat Prayers**	
	1400-1600:	Group Work 3	
	1605-1630:	Wrap Up	**Dr. Nik Tuah/Dr. Hajah Roselina**
	1630 -1700:	**Tea Break & Asar Prayer – End of Day 2**	

2nd MIYCN Workshop
Venue: Community Nutrition Division
Date: 7th and 9th August 2014 (Two Days)

Main Objective: To finalize the draft 'National Strategy for Maternal, Infant & Young Child Nutrition [MIYCN] in Brunei Darussalam 2014-2020'

Retreat's Programme

Day 1: Thursday, 07/08/2014	0745-0800	Registration of Participants	
	0800-0805	Recital of Surah Al-Fatihah and Doa	**Altogether**
	0805-0815	Introduction of Retreat's Objectives and Outline of Activities	
	0815-1000	Part 3: Brunei Darussalam MIYCN Framework 2014-2020 According to Priority Finalizing Each Key Strategy	**Break into groups according to each TWGs – refer to printed table stick on the board**
	1000-1030	**Morning Break**	
	1030-1200	Compiling Updates from Each Key Strategy from TWGs	
	1200-1400	**Lunch Break and Zohor Prayer**	
	1400-1600	Part 4: Policy and Regulatory Interventions Part 5: Resources and Planning	**All TWGs and Secretariat**
	1600-1630	**Tea Break & Asar Prayer**	
	END OF DAY 1		

Day/Date	Time	Activities	Remark
Day 2: Saturday, 09/08/2014	0745-0800	Registration of Participants	
	0800-0805	Recital of Surah Al-Fatihah and Doa	
	0805-0845 0845-1000	⇨ Finalising the whole draft ⇨ Front & Back Page - -Color scheme? -Back page +ve message? - design? - layout	**Together - All TWGs**
	1000-1030	**Morning Break**	
	1030-1200	⇨ Executive Summary ⇨ Messages for Minister and Chairs	**Secretariat and Heads TWG**
		⇨ Checking through content of Part 1, Part 2 and list of references	**Others**
	1200-1400	**Lunch Break and Zohor Prayer**	
	1400-1600	Secretariat to finalise overall draft with Chairs and Heads TWG	
	1600-1630	**Tea Break & Asar Prayer**	
	END OF DAY 2		

APPENDIX 7

TEN STEPS TO SUCCESSFUL BREASTFEEDING

Every facility providing maternity services and care for new-born infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.

2. Train all health care staff in skills necessary to implement this policy.

3. Inform all pregnant women about the benefits and management of breastfeeding.

4. Help mothers initiate breastfeeding within a half-hour of birth.

5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.

6. Give newborn infants no food or drink other than breastmilk unless medically indicated.

7. Practise rooming in - allow mothers and infants to remain together - 24 hours a day.

8. Encourage breastfeeding on demand.

9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Source: WHO (2009, 1989)

[a] *This step is now interpreted as: Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour. Encourage mothers to recognize when their babies are ready to breastfeed and offer help if needed.*

Notes

Notes

Notes