

## THE CONVENTION ON THE RIGHTS OF THE CHILD

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### REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN BOSNIA & HERZEGOVINA



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**Data sourced from:**

Breastfeeding Advancement Group – IBFAN

Institute of Public Health of Federation of Bosnia and Herzegovina

UNICEF

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## 1) General points concerning reporting to the CRC

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Bosnia & Herzegovina's 2<sup>nd</sup> to 4<sup>th</sup> combined periodic report will be reviewed by the CRC Committee in 2012. At the last review in 2005 (session 39), IBFAN presented an alternative report.

In its last Concluding Observations, there was a direct recommendation related to *breastfeeding*, (para 49): *"Furthermore, the Committee recommends the State party to strengthen its efforts in improving the health situation of children....through: ...c) improving the nutritional status of children; d) promoting exclusive breastfeeding for 6 months after birth with the addition of appropriate infant diet thereafter..."*

Progress in this area has been achieved, although not as significant as hoped.

## 2) General situation concerning breastfeeding in Bosnia & Herzegovina

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Information related to breastfeeding is part of national data collection survey (MICS) supported by UNICEF.

### **General data<sup>1</sup>**

Under five mortality rate	23 (1990)	14 (2009)
Infant mortality rates (per 1000 live births)	21 (1990)	13 (2009)
Neonatal mortality rate		10 (2009)
Annual number of births		34'000
Delivery care coverage		
Skilled attendant at birth		100 %
Institutional delivery		100%

### **Breastfeeding data**

	Federation of Bosnia and Herzegovina	State of Bosnia and Herzegovina <sup>2</sup>
Early initiation to breastfeeding	56,7%	57%
Exclusive breastfeeding at 6 months	17,6%	18%
Breastfeeding with complementary feeding at 6-9 months		29%
Continued breastfeeding	25,7 % (12-15 months)	10 % (20-23 months)

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<sup>1</sup> UNICEF, State of the World Children 2011

<sup>2</sup> Ibid.

Breastfeeding rates have improved from 2000 to 2006 but are still not satisfactory. Even though 100% of births take place in hospitals, the rate of early initiation to breastfeeding is low, 57%.

### 3) Government efforts to encourage breastfeeding

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#### National measures:

*State Early Growth and Development Policy* – developed by Ministry of Health, Ministry of Social Affairs and Ministry of Education. This is an umbrella policy that gives strong foundation for coordinated intersectoral actions, quite important for further developments and improvements in the field of early growth and development.

*Draft Child Nutrition Policy* is a comprehensive policy that reaffirms government's dedication to continue working for the improvement of nutrition and nutritional status of infants, young children and school children.

*Centres for Early Growth and Development* (Laktaši, Foča, Nevesinje in RS and Sarajevo, Tuzla, Kiseljak and Novi Travnik in F BiH) - supported by UNICEF. These centres are very useful as through them the most needed medical and social services are available even to most vulnerable groups including marginalised groups of children.

#### Monitoring of these laws:

The leading role in programs focused on infant and child nutrition and health belongs to Ministry of Health. Those programs are strongly supported by UNICEF. NGOs are also working and are involved in this filed together with government (Ministry of Health).

Local authorities still do not have capacity to support those programs and are not self sustainable and therefore it is essential that UNICEF as well as NGO's that have been supporting these programs such as World Vision continue to support it.

### 4) The International Code of Marketing of Breastmilk Substitutes

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At the state level, a big step forward was made with the adoption of two EU Directives: the 2006/141/EC on infant formula and follow-on formula and the 2006/125/EC on processed cereal-based foods and baby foods for infants and young children. However, it is important to notice that the EU Directive 2006/141/EC, which is ment to implement the International Code of Marketing of Breastmilk Substituted does not cover all Code provisions. Moreover, the Code is fully adopted only in the Republika Srpska (one entity of Bosnia and Herzegovina). Thus, further efforts are needed for

strengthening the national law and for the adoption of the Code in the Federation of Bosnia and Herzegovina<sup>3</sup>, where the Code is so far implemented as a voluntary measure.

Furthermore, there is **no monitoring** of the implementation of the Code in any of the two entities. The observation of the Breastfeeding Advancement Group is that the Code is violated in all its articles. Even though this group has not done any systematic monitoring of Code implementation since 2003, it faces Code violations every day.

**Examples of violations** include: education of pregnant women done in Health Centre for mother and child care covered with baby food companies (HIP) advertisements (Sarajevo), workshops and congresses of health professionals dealing with mother and child and their participation sponsored by infant food industry, etc.

### **Courses and training on breastfeeding**

From 1996 to 2006 national courses for health professionals have been organized by the Ministry of Health with support by UNICEF and a total of 3544 health professionals have been trained. Since 2006, courses on breastfeeding for health professionals have not been organised and this is a big gap in the country.

The government used to provide such courses thanks to UNICEF's support but since UNICEF stopped to its support no courses have been provided. However, lectures on breastfeeding are officially included in medical students and nurses curricula and by the new law on Health.

Courses on bf, HIV/and infant feeding are done through the national program on HIV/AIDS.

The NGO "Djeca-ca" is organising courses for pregnant and lactating women and have mother-to-mother support groups. Others include a school for breastfeeding, pregnant and lactating women run by BFAG and national research projects, run by MICS and Anemija. These are local non-for-profit NGOs which unfortunately face budget problems that influence their sustainability.

## **5) Baby Friendly Hospital Initiative (BFHI)**

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In the Federation of Bosnia and Herzegovina, 14 out of 27 maternity clinics have been certified as baby-friendly. In the meantime, 3 maternity boards that have been certified as baby-friendly (Visko, Zavidovici, Cazin) have stopped working.

By the decision of the government of Republika Srpska in 2009, all hospitals introduced BFHI principles in their work.

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<sup>3</sup> The country is largely decentralized and comprises two autonomous entities: the Federation of Bosnia and Herzegovina and Republika Srpska.

In 2008 UNICEF stopped supporting implementation of BFHI and since then the Ministry of Health did not make any further progress in implementation of BFHI (Breastfeeding Committee could not continue to work, trainings of health professionals have stopped, revision of BFH certificates have not been done). Unfortunately we have little information on the situation of BFHI in Republika Srpska.

## **6) Maternity protection for working women**

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### **Maternity leave<sup>4</sup>**

The woman has the right on maternity leave of one year continuously, and for the twins, the third and each additional child a woman has the right to a leave of 18 months continuously. Exceptionally, on the basis of a written request, women can use the shorter maternity leave, but not less than 42 days after childbirth.

### **Arrangement of working time**

After expiry of maternity leave, a woman with a baby of up to one year of age shall be entitled to work half time, and for twins, third or each following child she shall be entitled to work half time up to the completion of two years of age of her baby, unless the rule of the canton stipulates for extended duration of this right. This right may also be used by the employed father of the baby, if the woman works full work hours in that period.

### **Breastfeeding**

A woman working full working hours after having used her maternity leave shall be entitled to be absent from work twice daily for a duration of one hour each time for the purpose of breastfeeding the baby, until the child reaches one year of age. The absence shall be counted as full working hours.

## **7) Obstacles and recommendations**

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

- Early initiation of breastfeeding is still low, while the rate of institutionalized births is 100%. This means that hospitals do not have adequate baby-friendly practices in place. Exclusive breastfeeding rates are also low.
- Since UNICEF stopped supporting the 'Breastfeeding Promotion Programme' in 2008, the Ministry of Health has not made any further progress in implementing the Baby-friendly hospitals initiative. This has produced a situation where the Breastfeeding Committee has stopped working, the training of health professionals has stopped, and the process of certifying hospitals as baby-friendly has also come to a halt.

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<sup>4</sup> Statutory Law on Work of F BH, 1999 and Law on Work of RS 2007

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- The International Code of Marketing of Breastmilk Substitutes is not enforced at the state level. There is no systematic monitoring mechanism in place, and violations persist everywhere in the country.

**Our recommendations include:**

- **Recover breastfeeding promotion program at national level by the Government. Support by international agencies is still needed.**
- **Support the work of Breastfeeding Committee and revive support to the Baby-Friendly Hospital Initiative (BFHI).**
- **Enforce and implement the International Code of Marketing of Breastmilk Substitutes at the state level, with particular focus on the Federation of Bosnia and Herzegovina. Put in place effective monitoring mechanisms and sanctions for breaches to the Code.**
- **Data on breastfeeding practices through national surveys should to be collected.**
- **Incorporate comprehensive training on breastfeeding in the curricula of health professionals.**
- **UNICEF, WHO and the international community to continue financially supporting national programs as country is lacking resources.**