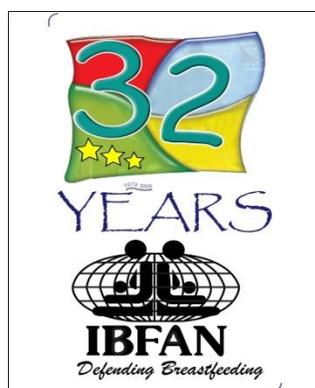


THE CONVENTION ON THE RIGHTS OF THE CHILD

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



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Data sourced from:

Countdown to 2015 Maternal, Newborn & Child Survival. 2010 Report

UNICEF, The State of World's Children 2010

UNICEF, The State of World's Children 2011

U.S. Department of Labor: Women's Share of Labor Force

ILO, Maternity protection database

International Code Documentation Center (ICDC)

Optimal infant and young child feeding means that mothers are empowered to initiate breastfeeding within one hour of birth, breastfeed exclusively for the first six months and continue to breastfeed for two years or more, together with nutritionally adequate, safe and age-appropriate, feeding of solid, semi-solid and soft foods starting in the sixth month.

1) General points concerning reporting to the CRC

Madagascar's combined 3rd and 4th periodic report will be reviewed by the Committee on the Rights of the Child in January 2012. At the last review, in 2003 (session 34), IBFAN did not send an alternative report on the situation of infant and young child feeding.

During the last review, the CRC Committee made few recommendations on infant and young child feeding. In the concluding observations the Committee recommended (paragraph 47) *"that the State party: a) increase the allocation of adequate human and financial resources and develop and implement comprehensive policies and programmes... the Baby-friendly Hospital Initiative and the nutritional programme to improve the health situation of children, particularly in rural areas; b) facilitate greater access to primary health services; reduce the incidence of maternal, child and infant mortality; prevent and combat malnutrition... and promote proper breastfeeding practices..."*

2) General situation concerning the situation of health and breastfeeding

General data ¹

Neonatal mortality rate (per 1000 live births)	21 (2009)
Infant mortality rates (per 1000 live births)	41 (2009)
Under 5 mortality rate (per 1000 live births)	58 (2009)
Rank	53
% of children suffering from stunting (moderate & severe)	50% (2003-2009)
% of population using improved drinking water sources (rural urban, 2008)	41 % (71%, 29%)
Maternal mortality Ratio (per 100'000 live births)	500 (2005-2009)
Delivery care coverage (%):	(2005-2009)
Skilled attendant at birth	44
Institutional delivery	35
C-section	2
Adolescent birth rate (births per 1,000 women)	148 (2008)
Antenatal visits for woman (4 or more visits)	49 % (2008-09)

Breastfeeding data

¹ UNICEF, State of the World's children 2010 and 2011

IBFAN – International Baby Food Action Network

	2003-2004 ²	2005-2008 ³
Early initiation of breastfeeding	<i>No data</i>	72 %
Children exclusively breastfed at		
0 months	<i>No data</i>	<i>No data</i>
3 months	<i>No data</i>	<i>No data</i>
6 months	67%	51%
Children who are breastfed with complementary foods: 6- 9 months	78%	89 %
Continued breastfeeding at 20-23 months	64%	61%

Globally more than one third of child deaths, in 2008, are attributable to undernutrition⁴. Half of children below five suffer from stunting, almost half do not have access to adequate drinking water, especially in rural areas.

Exclusive breastfeeding during the first six months can make a difference in this regards. It is problematic that the rate of exclusive breastfeeding at 6 months has been declining considerably, according to data from UNICEF. On the other hand the percentage of children that are being fed complementary food in addition to breastfeeding has been increasing. This means that a higher number of children below 6 months of age have shifted from exclusive breastfeeding to mixed feeding.

Even though higher than the regional average for Africa (49%), early initiation to breastfeeding seems to be far from optimal in Madagascar, with only around 70% of newborns benefiting from this practice. “There is growing evidence of the significant impact of **early initiation of breastfeeding**, preferably within the first hour after birth, on reducing overall neonatal mortality, in preventing hypothermia and establishing the bond between mother and child. Early initiation of breastfeeding also reduces a mother’s risk of post-partum haemorrhage, one of the leading causes of maternal mortality⁵.

Maternal mortality remains very high, while few deliveries take place either in the presence of a skilled attendant, or in hospitals.

In 2005 Vitamin A Supplementation programme start being implemented successful. By 2009, the coverage rate (6-59 months) was 95%. The percentage of households consuming iodized salt from 2003-2009 reached 53%.

² DHS 2003-04, Final report, Table 9.2, p. 164. Taken from: http://www.childinfo.org/breastfeeding_icyf.php

³ UNICEF, *State of the World’s children 2010 and 2011*

⁴ WHO/CHERG 2010 in: Countdown to 2015 Maternal, Newborn & Child Survival. 2010 Report

⁵ <http://www.childinfo.org/breastfeeding.html> “Colostrum, the mother’s milk during the first post-partum days, provides protective antibodies and indispensable nutrients, essentially acting as a first immunization for newborns, strengthening their immune system and reducing the chances of death in the neonatal period”

3) Government efforts to protect and promote breastfeeding

Primary health care services: The *Madagascar Family Planning Program*

According to the Taking stock of MATERNAL, NEWBORN and CHILD 30 SURVIVAL 2000–2010 decade report, Madagascar has facilitated greater access to primary health services. For example, contraceptive prevalence in Madagascar rose from 5.1% in 1992 to 29% in 2008–09.

The *Madagascar Family Planning Program* attributes this success to three aspects of the programme:

- 1) Leadership and policy (Strong leadership at the highest level);
- 2) Community involvement (Effective multisectoral collaboration with involvement of local authorities);
- 3) Programme management (Integration of family planning programme in all functional public health facilities).

International Code of Marketing of Breastmilk Substitutes

According to the State of the Code by Country, 2009, Madagascar has a national Code of Marketing Breastmilk Substitutes with nearly all provisions law. In addition, the country is currently revising the existing measure.

The CRC Committee should inquire further on the concrete measures that are being taken to implement and monitor the implementation of the national legal measures that give effect to the International Code.

Violations

The 20th meeting of Madagascar Pediatrics Association was funded by Nestlé and other companies⁶. According to the International Code of Marketing of Breastmilk Substitutes, health workers should promote breastfeeding and, therefore, they must steer away from receiving any gifts, sponsorships or other incentives from infant food manufacturers or distributors. The same applies to professional associations.

Moreover, the International Pediatric Association (IPA), in its “*Guidelines for relationship with industry*” declares that “*Donations will not be accepted from organisations or industries directly engaged in negative practices including violations of the International Code of Marketing of Breastmilk Substitutes*”⁷. As shown in the last report by ICDC, Nestlé continues to be one of the major violators of the International Code worldwide⁸.

⁶ See Annex 1

⁷ International Pediatric Association. *IPA Guidelines for relationships with Industry*. IPA, 2005

⁸ http://www.ibfan.org/art/BTR_2010-ExecSummary%28final%29.pdf

4) Maternity protection for working women

The maternity protection framework of Madagascar reflects many of the provisions in the ILO Convention 183 (2000). Therefore, it would be easy for the government to ratify such Convention.

Maternity leave⁹

Every female worker has the right to interrupt her work for the period of 14 consecutive weeks, once established the state of pregnancy. The interruption can be extended for another 3 weeks in cases of attested sickness resulting from the pregnancy or the birth. At least 8 weeks have to be taken after birth.

Paternity leave is not included in the Labour Code but the latter entitles all workers covered by the law to a 10-day leave each year for family events which can be used by new fathers. The law leaves it up to the parties concerned to agree upon payment of such leave.

Cash benefits

Female workers are entitled to 100% payment during maternity leave: 50% are paid by Social Insurance (CNAPS) and 50% by the employer. If the woman is not covered by the CNAPS, the employer shall pay the total amount of the replacement salary. She shall keep all in-kind payments she was receiving.

Women entitled to this amount are the following: those covered by the Labour Code, the Merchant Marine Code, students under 30 years of age and students undergoing vocational training, apprentices and taxi drivers who do not own their vehicles. Family workers are excluded. Public employees are covered by a special scheme. Conditions include: Women who have 6 consecutive months of employment, provided that the insured woman works a minimum of 20 days or 134 hours (18 days or 144 hours for agricultural workers) per month and earns at least the statutory minimum wage.

Medical benefits

Pre-natal, childbirth and post-natal care: During maternity leave, the worker is entitled, being the burden of the National Social Security Fund, or failing that, at the expense of the employer, to reimbursement of the fees paid for the birth, and in some cases of medical care, to the limit of the sanitary prices.

Breastfeeding

⁹ Labour Code, Act No. 2003-044 (2004). Decree No. 62-152 to Prescribe the Conditions of Work of Children, Women and Pregnant Women (1962). Decree No. 69-145 to Establish a Social Insurance Code (1969), and amended in Decree No. 94-471 (1994). Decree No. 89-210 Concerning Maternity Leave for Civil Servants (1989). Information taken from the International Labour Organisation.

Women have the right to nursing breaks or daily reduction of hours of work during 15 months from the birth. The female worker has the right to interrupt work daily in order to breastfeed. The total time of the mentioned interruption cannot exceed one hour per day of work. The interruption shall be paid as regular working time. A special nursing room must be provided in or near enterprises employing more than 25 women.

Possible improvements

Even though the protection provided by the law to mothers is good, it would be better that maternity leave is paid only by the Social Insurance (CNAPS), because when employers have to pay for 50% of the maternity leave, they tend to not employ women.

5) Baby friendly hospital initiative (BFHI)

In 2002, only 53 out of 731 hospitals/maternity facilities (**7%**) were certified as Baby –friendly. There is lack of updated statistical data.

The CRC Committee should inquire further on the current number of baby-friendly hospitals, and the current efforts made by the government to support this initiative and to re-assess the existing hospitals.

6) HIV and infant feeding

HIV/AIDS data¹⁰

Estimated adult HIV prevalence rate (aged 15-49) 2009	0.2%
Estimated number of people (all ages) living with HIV, 2009	24'000 19'000 (low estimate) 30'000 (high estimate)
Estimated number of women (aged 15+) living with HIV, 2009	7'300

¹⁰ State of the world's children 2010, UNICEF

7) Obstacles and recommendations

The following obstacles/problems have been identified:

- Early initiation to breastfeeding and exclusive breastfeeding for the first 6 months is low. Exclusive breastfeeding rates have been decreasing. This is problematic in a country with high infant, child and maternal mortality rates.
- Access to delivery care, as well as to ante- and post-natal care for women is insufficient.
- The International Code of Marketing of Breastmilk Substitutes has been adopted by Madagascar through national laws. However, it is not clear whether there are monitoring mechanisms for its implementations.
- The number of baby-friendly hospitals, as documented in 2002 was very low. There is lack of updated data on the number of certified hospitals, and on the efforts made for the certification and re-assessment in the present situation.
- As shown by the case in the Annex, the International Code has been violated in Madagascar.
- The maternity leave is financed 50% by employers, which may push them not to employ women.
- Madagascar has not adopted the ILO Convention 183 (2000).

Our recommendations include:

- International Code of Marketing of Breastmilk Substitutes: Establish clear implementation and monitoring mechanisms, as well as an adequate system of sanctions in case of violations.
- Baby-Friendly hospitals initiative: Update data on the number of health care facilities certified currently. Expand support to new hospitals, and re-assess the existing ones.
- Promotion of breastfeeding: Increase awareness of parents, health workers and public more generally, on the importance of early initiation of breastfeeding (within 1 hour from birth) and of exclusive breastfeeding for the first 6 months of life.
- Ante-natal and post-natal care: Improve health care for pregnant and lactating women, especially through improved and expanded services of ante- and post- natal care.
- Maternity protection: Adopt the ILO Convention 183. Make efforts to increase the percentage of maternity leave covered by the social insurance scheme.

ANNEX 1: Violation of the International Code of Marketing of Breastmilk Substitutes

Extract from the report from IBFAN-ICDC, *Breaking the Rules, Stretching the Rules 2010*, chapter on Nestlé, pg. 39.

A large number of national paediatric associations have come to depend on sponsorship for their meetings, their magazines and their travel. Is it a question of demand and supply? Or the other way around? Pushing the supply to create dependence? Companies do go hunting around to find professionals who can render them goodwill services, sometimes directly product promotional services. Scrutiny over who funds who and why, however, is increasing as studies point out the influence such funding has on prescribing habits.

6. Companies extend various types of funding to associations in all parts of the world, and here are some examples: the 20th anniversary of the Madagascar Pediatrics Association with the Minister in attendance over a two day affair was funded by Nestlé and a few other companies. Most recently we obtained a notice from Bangladesh, showing how despite protest, Nestlé succeeded in holding a high-level regional symposium at a 5-star hotel on “*Breastfeeding, the Gold Standard*”. The country’s president and one Minister refused to attend realizing the conflict of interest. After all, **Nan** is promoted as the new Gold Standard. (see 6)