



POLICY REPORT

bbf becoming
breastfeeding friendly
A GUIDE TO GLOBAL SCALE-UP

August 2018
Myanmar

Contents

Introduction	1
Methodology	2
Recommended Actions	4
Proposed Plan of Action	9
Prioritized Recommendation #1: Form a National Infant and Young Child Feeding Alliance	9
Prioritized Recommendation #2: Mobilize a cohesive national network of advocates to develop and implement a national advocacy strategy.....	9
Prioritized Recommendation #3: Increase availability and utilization of breastfeeding data by developing routine monitoring systems and conducting periodic household surveys at sub-national and national level.....	11
Prioritized Recommendation #4: Strengthen breastfeeding promotion by revising the communication strategy, developing breastfeeding promotion standards, and leveraging mass media	12
Prioritized Recommendation #5: Update and strengthen lactation counseling during pre- and in-service training for health service providers and volunteers at facility and community levels, with a focus on interpersonal communication.....	13
Prioritized Recommendation #6: Increase human resources allocated to support breastfeeding and provide certified lactation support.....	14
Prioritized Recommendation #7: Strengthen implementation and coverage of the Baby Friendly Hospital Initiative by mandating the inclusion of key elements of the Ten Steps into hospital accreditation	14
Prioritized Recommendation #8: Adopt full provisions of the International Code of Marketing of Breastmilk Substitutes and strengthen monitoring and enforcement of the Order of Marketing of Formulated Food for Infant and Young Child	15
Prioritized Recommendation #9: Revise legislation for maternity leave and protection to include at least six months of paid leave in all sectors, clarify the terms of maternity leave, and protect pregnant and lactating women from workplace discrimination	15
List of References	17

List of Tables

Table 1: Name and Designation of Myanmar BBF Working Group Members	2
Table 2: Prioritized BBF Recommendations	8

List of Abbreviations

BFHI	Baby Friendly Hospital Initiative
BMS	Breastmilk Substitute
c-IYCF	Community Infant and Young Child Feeding
ERC	Ethical Review Committee
FDA	Food and Drug Administration
HMIS	Health Management Information System
INGO	International Non-governmental Organization
IYCF	Infant and Young Child Feeding
KAP	Knowledge, Attitude and Practice
M&E	Monitoring and Evaluation
MDHS	Myanmar Demographic Health Survey
MOHS	Ministry of Health and Sports
NGO	Non-governmental Organization
NNC	National Nutrition Center
OLO	International Labor Organization
SRNT	State/ Region Nutrition Team
SUN CSA	Scaling Up Nutrition Civil Society Alliance
TWG	Technical Working Group
UN	United Nations
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
YSPH	Yale School of Public Health

Introduction

Breastfeeding gives all children the healthiest start in life. Children who have been breastfed perform better on intelligence tests, are less likely to be overweight or obese, and less prone to diabetes later in life. Mothers who breastfeed also reduce their risk of developing breast and ovarian cancers (Victora et al., 2016). To ensure the healthy growth and development of children and to enhance their capacity to resist disease, learn, and become economically productive members of society, the World Health Organization (WHO) and UNICEF recommend that mothers breastfeed their babies within the first hour of life and exclusively for the first six months, and continue to breastfeed along with appropriate complementary feeding up to two years of age or beyond. According to the 2016 Lancet Breastfeeding Series, an estimated 823,000 child deaths and 20,000 maternal deaths could be prevented each year through universal breastfeeding (Victora et al., 2016), along with an estimated \$300 billion dollars in economic savings (Rollins et al., 2016).

Myanmar is a country in South East Asia with a population of approximately 51.49 million as of 2014 (Department of Population, 2014). Despite improvements in recent years, the prevalence of undernutrition in Myanmar remains high, with a stunting rate of 29.2% (MOHS, 2017). Data from the 2009-10 Multiple Indicator Cluster Survey (MICS) and the recent Myanmar Demographic Health Survey (MDHS) shows that the prevalence of exclusive breastfeeding among children under 6 months of age increased from 23.6% in 2010 (MNPED, MOH & UNICEF, 2011) to 51.2% in 2016 (MOHS, 2017). However, there was a decrease in the prevalence of other recommended breastfeeding practices during the same period: the prevalence of early initiation of breastfeeding declined from 75.8% to 66.8% while continued breastfeeding at one year declined from 91.0% to 87.9% and continued breastfeeding at two years from 65.4% to 63.1% (MNPED, MOH, & UNICEF, 2011) (MOHS, 2017). A 2015 study on the cost of not breastfeeding in Myanmar showed revealed that optimal breastfeeding practices could prevent 1,636 child deaths due to pneumonia and diarrhea annually and save 3.38 million USD each year in health system expenditures. The same study revealed that optimal breastfeeding practices can save families up to 32.4 percent of their monthly earnings by not having to purchase formula milk. Reducing out of pocket expenditures to treat diarrhea and pneumonia will also increase family savings (Alive & Thrive & UNICEF, 2016).

Myanmar's Ministry of Health and Sports (MOHS) has demonstrated its commitment to breastfeeding by promoting WHO-recommended breastfeeding practices, adopting the International Code of Marketing of Breastmilk Substitutes, rolling out a training package for Community Infant and Young Child Feeding (IYCF) Counselling, expanding the Baby Friendly Hospital Initiative (BFHI), and increasing the duration of maternity leave for civil servants. In early 2017, the Becoming Breastfeeding Friendly (BBF) Initiative was introduced to MOHS and other nutrition stakeholders in Myanmar by the team from Yale School of Public Health (YSPH) led by Dr. Rafael Perez-Escamilla. Myanmar nutrition stakeholders endorsed Save the Children, host organization of the Secretariat of the Scaling Up Nutrition Civil Society Alliance (SUN CSA), to implement the BBF in Myanmar with the leadership of the National Nutrition Center (NNC) of MOHS. In July 2017, the Union Minister of MOHS approved to implement BBF in Myanmar. A team of Myanmar representatives led by Dr. May Khin Than (Director – Nutrition) attended the BBF Technical Advisory Group Meeting at Yale University in New Haven, United States in 27th and 28th July 2017. The implementation of BBF in Myanmar was formally launched on 16th January 2018 during the stakeholder consultation meeting.

Methodology

The *Becoming Breastfeeding Friendly (BBF) Index* is a methodology developed by YSPH based on *Breastfeeding Gear Model (BFGM)* (Pérez-Escamilla et al., 2018) (Pérez-Escamilla, Curry, Minhas, Taylor, & Bradley, 2012).

The objective of the BBF project is to provide countries with a way to score themselves across many sectors and to identify the next steps needed to improve their breastfeeding efforts based on the comprehensive BFGM. The BFGM stipulates that eight “gears” – Advocacy, Political Will, Legislation & Policies, Funding & Resources, Training & Program Delivery, Promotion, Research & Evaluation, and Coordination, Goals & Monitoring – must be at work and in harmony for large-scale improvements in a country’s national breastfeeding program to occur. The BBF Index (BBFI) includes 54 benchmarks corresponding to eight gears. Each gear has one or more themes and benchmarks to assess these themes.

Implementation of BBF requires the formation of an in-country committee or working group composed of experts from one or more of the gears. In Myanmar, an in-country working group with fifteen experts, one chairperson and two co-chairs/coordinators, for a total of seventeen members from different sectors, was formed during the stakeholder consultation meeting.

Table 1: Name and Designation of Myanmar BBF Working Group Members

Sr.	Name	Designation and Organization	Role in Country Working Group
1.	Dr. May Khin Than	Director, National Nutrition Center, Department of Public Health, MOHS	Chair
2.	Dr. Swe Le Mar	Assistant Director, National Nutrition Center, Department of Public Health, MOHS	Co-chair/ Coordinator
3.	Soe Nyi Nyi	Nutrition Advocacy Advisor (SUN CSA Myanmar), Save the Children	Co-chair/ Coordinator
4.	Dr. Yee Yee	Senior Consultant Obstetric and Gynecologist, Obstetric and Gynecologic Specialist Hospital, Nay Pyi Taw, MOHS	Member (Advocacy and Promotion)
5.	Dr. Yee Yee Win	Deputy Director, Health Literacy Promotion Unit, Department of Public Health, MOHS	Member (Advocacy and Promotion)
6.	Dr. Saw Eden	Program Manager, Save the Children	Member (Advocacy and Promotion)
7.	Dr. Theingi Thwin	Director, Nutrition Research Division, Department of Medical Research, MOHS	Member (Research & Evaluation)

Sr.	Name	Designation and Organization	Role in Country Working Group
8.	<i>Dr. Moh Moh Hlaing</i>	<i>Deputy Director, Nutrition Research Division, Department of Medical Research, MOHS</i>	<i>Member (Research & Evaluation)</i>
9.	<i>Dr. Kyaw Win Sein</i>	<i>Nutrition Specialist, UNICEF</i>	<i>Member (Legislation & Policy and Coordination)</i>
10.	<i>Daw Aye Win</i>	<i>Director, Union Attorney General's Office</i>	<i>Member (Legislation & Policy and Coordination)</i>
11.	<i>Dr. Hnin Nanda Kyaw</i>	<i>Deputy Director, Food and Drug Administration, MOHS</i>	<i>Member (Legislation & Policy and Coordination)</i>
12.	<i>Dr. Aye Thwin</i>	<i>Nutrition Consultant, MOHS</i>	<i>Member/ Consultant (Political Will and Funding & Resources)</i>
13.	<i>Dr. Pyae Phyoe Aung</i>	<i>Health Team Leader, UNOPS (3MDG Fund)</i>	<i>Member (Political Will and Funding & Resources)</i>
14.	<i>Dr. Daw Than Ngwe</i>	<i>Member of Parliamentary Health and Sports Committee</i>	<i>Member (Political Will and Funding & Resources)</i>
15.	<i>Professor Dr. Aye Aye Myint</i>	<i>Professor, Pediatrician, Mandalay 550 Bedded Children's Hospital, MOHS</i>	<i>Member (Training & Program Delivery)</i>
16.	<i>Dr. Aye Mya Aung</i>	<i>Deputy Director (Curriculum Development), Department of Human Resources for Health, MOHS</i>	<i>Member (Training & Program Delivery)</i>
17.	<i>Dr. Lwin Mar Hlaing</i>	<i>Deputy Director, National Nutrition Center, Department of Public Health, MOHS</i>	<i>Member (Training & Program Delivery)</i>

Once the country working group was formed, a series of five meetings was planned for the period from January to August 2018. The first meeting was held on the 16th and 17th of January 2018 in Nay Pyi Taw. The chair of the working group and the two co-chair/coordinators presented the BBF Index for each gear. Gear teams were then formed, and each gear team developed a plan for collection of necessary data for scoring the BBF gear benchmarks. Following the first meeting, gear teams met to discuss progress on data collection and primary benchmark scores, with support and technical input from the two BBF coordinators.

The working group met again during the second meeting on the 21st and 22nd of March 2018 in Nay Pyi Taw. During this meeting, gear teams identified their initial benchmark scores and

data gaps. During this meeting, the working group also discussed the need for additional data collection to fill data gaps. With guidance from the working group, the BBF coordinators developed additional data collection tools and strategies. Following the second meeting, gear teams met to come to consensus on benchmark scores.

The third BBF in-country working group meeting was held on the 27th of April 2018 in Nay Pyi Taw. During this meeting, working group members reached consensus on final scores for all benchmarks. Final gear scores and the country BBF score for Myanmar were also calculated. Also during this meeting, working group members drafted an initial list of recommendations based on the benchmark scores and gaps that had been identified through the scoring process. Following the third meeting, working group members reviewed existing evidence related to each draft recommendation, which was compiled through support from YSPH and Alive & Thrive, in order to be prioritizing recommendations. YSPH also supported the working group to categorize the recommendations into eleven overarching recommendation themes and provided guidance on prioritizing the recommendations according to three criteria: 1) effectiveness, 2) affordability, and 3) feasibility.

The country working group gathered for the fourth meeting on the 21st and 22nd of June 2018 in order to finalize and prioritize the BBF recommendations for Myanmar in order to prepare for the presentation of these recommendations to key decision makers in the country. The country working group re-categorized the eleven overarching BBF recommendations into nine during a consensus building process at the meeting before conducting a two-step visualized participatory prioritization exercise. Following this exercise, small groups developed an action plan for each recommendation and presented them to the working group for the validation and consensus. The working group also provided inputs for developing the policy report and BBF materials that will be used for the fifth meeting. Finally, the working group brainstormed and provided guidance to the Chair and co-chairs/ coordinators on how to prepare for the fifth meeting. The discussion centered on the list of invitees, suggested agenda, and how to get the attention of policy makers and the media. The fifth and final BBF meeting is tentatively scheduled for the 27th of August 2018, during the final week of Nutrition Promotion Month in Myanmar. During this meeting, the final BBF scores, gaps, and recommendations will be presented to decision makers and stakeholders.

Recommended Actions

With a calculated BBF score of 1.2 out of 3, Myanmar possesses a moderate scaling up environment for initiatives and interventions to promote, protect and support breastfeeding. This section will present the following for each gear: gear score, score interpretation according to the BBF methodology, and recommended actions identified by the BBF working group. All scores are out of a total of 3, with 0 representing a gear not present, 0.1 to 1.0 indicating a weak gear, 1.1 to 2.0 indicating a moderate gear, and 2.1 to 3.0 indicating a strong gear.

Advocacy Gear (Gear Score: 0.8)

With four benchmarks and a gear score of 0.8, the strength of Myanmar's Advocacy Gear is weak. The Advocacy Gear Team identified a number of gaps related to this gear, including the fact that there is no national advocacy strategy based on sound formative research and that only one high-level individual promoted breastfeeding at least three times during 2017. Although there were programmatically significant trainings related to the roll out of the Community Infant and Young Child Feeding Counselling (c-IYCF) package and the Baby Friendly Hospital Initiative (BFHI), these events did not attract media attention. Only one conference or event related to breastfeeding was held in the year preceding BBF (during August 2017). Most importantly, there is no formal, national cohesive network of advocates to increase political and financial commitments to breastfeeding. Therefore, the country working group made the recommendation to "mobilize a national cohesive network of advocates to develop and implement a national advocacy strategy."

Political Will Gear (Gear Score: 2.0)

With three benchmarks and a gear score of 2.0, the strength of Myanmar's Political Will Gear is moderate. Though the government has taken several initiatives to promote breastfeeding, the gear team identified a lack of monitoring and evaluation as a key gap.

Legislation & Policy Gear (Gear Score: 1.5)

With ten benchmarks and a gear score of 1.5, the strength of Myanmar's Legislation & Policy Gear is moderate. The gear team identified that the maternity leave entitlement for women in the private sector is only four months, compared with six months for civil servants. While the International Labor Organization (ILO) recommends that maternity benefits for the private sector be paid for through public funds, employers are responsible for paying for maternity benefits in Myanmar. Non-discrimination against pregnant and lactating women is not covered in existing maternity protection measures. Factory Act requires nursing space for women but it is not enforced yet. On the other hand, there is no law permitting breastfeeding space or any other allowance for non-factory employees at all. Even the Factory Act is not in force.

Though Myanmar has revitalized BFHI in recent years, potential for scale up is limited by the fact that BFHI is a standalone program and the Ten Steps to Successful Breastfeeding are not included a part of hospital accreditation. Furthermore, while Myanmar has implemented national legislation on the WHO Code of Marketing of Breastmilk Substitutes (the Order on Marketing of Formulated Foods for Infant and Young Child), not all provisions have been implemented as exceptional cases are allowed if BMS companies have approval from MOHS. Despite the formation of a Technical Working Group (TWG) on the Order that is co-chaired by NNC and the Food and Drug Administration (FDA), no action has been taken against violators of the Order to date. .

Based on the identified gaps, the following recommendations were put forth for this gear:

- 1) To strengthen the implementation and coverage of BFHI through mandating some crucial steps into hospital accreditation criteria;*
- 2) To adopt full provisions of the International BMS Code and strengthen the monitoring and enforcement of The Order to more effectively regulate the marketing of breast milk substitutes; and*
- 3) To revise paid maternity leave and protection legislation to include at least 6 months for all sectors, clarify the terms of maternity leave, and protect pregnant and lactating women from workplace discrimination. These recommendations are also related to the Training and Program Delivery Gear as well as the Funding and Resources Gear.*

Funding & Resources Gear (Gear Score: 0.8)

With four benchmarks and a gear score of 0.8, the Funding & Resources Gear is among the weakest of all gears. While there were some limitations in collecting required data, the gear team identified two major gaps. The first gap is that there is no national budget line specifically for breastfeeding. Secondly, there is no mechanism to monitor the implementation of providing entitlements required by legislation. Based on these gaps, the country working group recommended: increasing the human resources allocated to support breastfeeding and providing certified lactation support to breastfeeding mothers.

Training & Program Delivery Gear (Gear Score: 1.6)

With seventeen benchmarks, the Training & Program Delivery Gear is the most complex gear in the BBFI. Training and program delivery for breastfeeding in Myanmar can be considered moderate, with a gear score of 1.6. A key gap identified by the gear team was that not all essential breastfeeding topics and practical skills are covered in pre-service training for facility- and community-based health professionals and volunteers. Additionally, master trainers for breastfeeding are not yet available at all levels. Implementation of breastfeeding counseling as well as linkages between breastfeeding training and program delivery were found to be weak by the gear team. Based on the identified gaps, the country working group recommended updating and strengthening pre-service and in-service breastfeeding training for health providers and volunteers at community and health facility level, focusing on interpersonal counselling.

Promotion Gear (Gear Score: 1.7)

With three benchmarks and a gear score of 1.7, promotion of breastfeeding in Myanmar can be considered moderately strong. The following gaps were identified by the gear team:

- 1) the national breastfeeding promotion strategy expired in 2015 and has not yet been updated;*
- 2) at present, there is no framework in place to measure the effectiveness of the breastfeeding promotion strategy; and*
- 3) the coverage of breastfeeding promotion on broadcast media is still limited. Based on these gaps, the country working group recommended strengthening breastfeeding promotion by revising the communication strategy, developing standards for breastfeeding promotion and support, and increasing access and awareness through accessible media channels.*

Research & Evaluation Gear (Gear Score: 0.9)

The Research & Evaluation Gear is another weak breastfeeding gear in Myanmar, with ten benchmarks and a gear score was only 0.9. The gear team noted that the current Health Management Information System (HMIS) is not collecting any information related to IYCF practices, and there is currently no breastfeeding data available for vulnerable groups. In terms of accessing and utilizing available data, not many people are aware that the MDHS report is posted on the MOHS website. Based on these gaps, the country working group recommended increasing the availability and usage of breastfeeding data, including service delivery and prevalence of recommended practices, from the national to township level through the development of routine monitoring systems and through periodic household surveys.

Coordination, Goals, & Monitoring Gear (Gear Score: 0.7)

The Coordination, Goals & Monitoring Gear is considered the master gear of the BFGM. With three benchmarks and a gear score of only 0.7, it is considered weak according to the BBFI. Key gaps identified by the gear team include:

- 1) there is no breastfeeding committee to provide coordinated guidance and support on the implementation of breastfeeding interventions; and*
- 2) data from other sources (i.e. from non-governmental organizations) are rarely used. Therefore, the country working group made a recommendation to form a National IYCF Alliance with a clear and feasible work plan.*

Overall: After the two-step BBF recommendation prioritization process, the recommendations were ranked as follows in the table below.

Table 2: Prioritized BBF Recommendations

Priority #	Recommendations
1.	<i>Form a National Infant and Young Child Feeding Alliance</i>
2.	<i>Mobilize a cohesive national network of advocates to develop and implement a national advocacy strategy</i>
3.	<i>Increase availability and utilization of breastfeeding data by developing routine monitoring systems and conducting periodic household surveys at sub-national and national level</i>
4.	<i>Strengthen breastfeeding promotion by revising the communication strategy, developing breastfeeding promotion standards, and leveraging mass media</i>
5.	<i>Update and strengthen lactation counseling during pre- and in-service training for health service providers and volunteers at facility and community levels, with a focus on interpersonal communication</i>
6.	<i>Increase human resources allocated to support breastfeeding and provide certified lactation support</i>
7.	<i>Strengthen implementation and coverage of the Baby Friendly Hospital Initiative by mandating the inclusion of key elements of the Ten Steps into hospital accreditation</i>
8.	<i>Adopt full provisions of the International Code of Marketing of Breastmilk Substitutes and strengthen monitoring and enforcement of the Order of Marketing of Formulated Food for Infant and Young Child</i>
9.	<i>Revise legislation for maternity leave and protection to include at least six months of paid leave in all sectors, clarify the terms of maternity leave, and protect pregnant and lactating women from workplace discrimination</i>

Proposed Plan of Action

The working group developed a proposed action plan for implementing the nine BBF Recommendations in order to strengthen efforts to promote, protect, and support breastfeeding.

Prioritized Recommendation #1: Form a National Infant and Young Child Feeding Alliance

Sr.	Recommended Intervention	2018	2019	2020	2021	2022
1.1	Form a National Alliance for Breastfeeding/IYCF needs under the Nutrition-specific Technical Working Group (TWG)	x	x			
1.2	Develop, review, and revise a work plan for implementation of BBF once the National Alliance for Breastfeeding/ IYCF has been formed	x	x			
1.3	Strengthen multi-sectorial collaboration through the TWG	x	x	x	x	
1.4	Strengthen the mechanism for sharing and accessing the data by the TWG	x	x	x	x	

Prioritized Recommendation #2: Mobilize a cohesive national network of advocates to develop and implement a national advocacy strategy

Sr.	Recommended Intervention	2018	2019	2020	2021	2022
2.1	Engage a national cohesive network of advocates to increase political and financial commitments to breastfeeding at national, regional and local levels					
2.1.1	Identify all potential networks (e.g., UN network, INGO network, Ministerial network, SUN CSA network, Local NGO network, Rice fortification network,..)	x				
2.1.2	Create working groups representing the above networks at National, Regional and local levels and define roles and responsibilities	x				
2.1.3	Build the capacity of National Advocacy Working Group members on Social Behavioral Change and Communication, advocacy, media coverage, campaign, and others	x	x	x	x	x
2.1.4	Conduct quarterly meetings of the working groups and produce detailed action plan		x	x	x	x
2.1.5	Implement a detailed action plan		x			

Sr.	Recommended Intervention	2018	2019	2020	2021	2022
2.1.6	<i>Develop monitoring and evaluation (M&E) plan</i>		x	x	x	x
2.1.7	<i>Conduct continuous monitoring (monthly) and evaluation (yearly)</i>		x	x	x	x
2.2	Develop a national advocacy strategy, based on sound formative research, which targets high level policy makers at Ministerial level, parliamentarians and higher leaders. (Action: Media Coverage, Campaigns)					
2.2.1	<i>Form a national advocacy working group and work on strategy development</i>	x				
2.2.2	<i>Conduct quarterly meetings of the working groups and produce detailed action plan to create strategy</i>		x	x	x	x
2.2.3	<i>Hire a consultant to complete a desk review of previous studies and research</i>	x				
2.2.4	<i>Form a formative research committee and accelerate the process of Ethical Review Committee (ERC) clearance</i>	x				
2.2.5	<i>Conduct formative research nationally</i>		x			
2.2.6	<i>Develop national advocacy strategy targeting high-level policy makers at Ministerial level, parliamentarians and higher leaders</i>		x	x		
2.2.7	<i>Support champions to lead in media coverage and campaigns</i>	x	x	x	x	x
2.3	Engage three or more champions who advocate for breastfeeding at least 3 times in a year					
2.3.1	<i>Find and choose three or more champions who advocate for breast feeding (e.g., Existing high-level government staff can be a champion in advocating the minister or the State Counselor; Existing parliamentarian can be a champion in advocating the minister or the State Counselor)</i>	x	x	x	x	x
2.3.2	<i>Support the three or more breastfeeding champions to be able to advocate for breastfeeding</i>	x	x	x	x	x

Prioritized Recommendation #3: Increase availability and utilization of breastfeeding data by developing routine monitoring systems and conducting periodic household surveys at sub-national and national level

Sr.	Recommended Intervention	2018	2019	2020	2021	2022
3.1	Develop an M&E system for the national breastfeeding program including an internal monitoring system for BFHI and tracking BCC activities and BFHI/Ten Steps in public and private hospitals	x	x			
3.1.1	<i>Develop an M&E group for the national breastfeeding program</i>	x	x			
3.1.2	<i>Develop an M&E framework for the national breastfeeding program</i>	x	x			
3.1.3	<i>Sustain implementation of national nutrition surveys that include all key indicators for breastfeeding and IYCF at least once in every five years and analyze the causal factors for observed knowledge, attitudes and practices (KAPs)</i>	x	x			
3.1.3.1	<i>Conduct national nutrition surveys assessing all key indicators of IYCF, especially for breastfeeding</i>			x	x	
3.1.4	<i>Conduct analysis of baseline information using data from the MDHS 2016.</i>	x	x	x	x	x
3.1.4.1	<i>Analyze existing breastfeeding data from the MDHS 2016 data tentatively as 'The breastfeeding practices of mothers of under 2 year old children'</i>	x	x			
3.1.5	<i>Use data from other sources, apart from Government sources, such as those from UN, NGOs and other research as appropriate for decision making</i>	x	x			
3.1.5.1	<i>Encourage and support the data dissemination of all available survey data</i>	x	x			
3.1.5.2	<i>Disseminate survey data related to factors influencing initiation of breastfeeding among post-partum women from private clinics and hospitals in East district Yangon</i>	x	x			
3.1.6	<i>Supervise and monitor township level IYCF training conducted by State/Region nutrition teams (SRNT) with special focus on those townships/districts which are resource-constrained</i>	x	x			
3.1.6.1	<i>Implement supportive supervision for township level IYCF trainings by State/Region nutrition teams (SRNT) with special focus on those townships/districts which are resource-constrained</i>	x	x			
3.1.6.2	<i>Develop a monitoring system for IYCF training implementation</i>	x	x			

Sr.	Recommended Intervention	2018	2019	2020	2021	2022
3.1.7	Develop a reporting system on in-service training on existing capacity (e.g. no. of BHS trained) and gaps (SRNT to NNC).	x	x			
3.1.7.1	Develop a reporting format/record of in-service training to minimal information on existing capacity (e.g. no. of BHS trained) and gaps (SRNT to NNC).	x	x			
3.1.8	Develop an internal monitoring group for BFHI activities in public and private hospitals	x	x			
3.1.8.1	Develop internal monitoring system for BFHI activities in Government and Private Hospitals	x	x			
3.1.9	Develop and implement a monitoring system for 3 yearly or 5 yearly BFHI re-assessment	x	x			
3.1.9.1	Develop and implement a monitoring system for 3 yearly or 5 yearly BFHI re-assessment	x	x			
3.1.10	Strengthen monitoring of breastfeeding support and maternal protection	x	x			

Prioritized Recommendation #4: Strengthen breastfeeding promotion by revising the communication strategy, developing breastfeeding promotion standards, and leveraging mass media

Sr.	Recommended Intervention	2018	2019	2020	2021	2022
4.1	Update and revitalize the national breastfeeding promotion strategy grounded in the country's context, including a breastfeeding-specific communication strategy	x	x			
4.2	Disseminate standards and guidelines for breastfeeding promotion and support to all facilities and personnel providing maternity care.	x	x			
4.3	Increase access to breastfeeding promotion messages in rural areas with limited access to radio and TV by identifying and using accessible media channels (local media, social media, mobile platforms, etc.)	x	x			
4.3.1	Breastfeeding Song Competition through popular channels	x	x			
4.4	Raise awareness of the public by making IYCF information available on the MOHS website	x	x			

Sr.	Recommended Intervention	2018	2019	2020	2021	2022
4.5	Organize three or more major events that draw media attention to breast feeding issues at different times of the year (like August NPM)	X	X			
4.6	Ensure that campaigns and other advocacy activities have sound and impactful media coverage	X	X			

Prioritized Recommendation #5: Update and strengthen lactation counseling during pre- and in-service training for health service providers and volunteers at facility and community levels, with a focus on interpersonal communication

Sr.	Recommended Intervention	2018	2019	2020	2021	2022
5.1	Update and strengthen pre-service and in-service IYCF training which include breastfeeding for health providers and volunteers at community and health facility level, including a focus on interpersonal counselling	X	X	X		
5.1.1	<i>Update IYCF training package to include health worker responsibilities under the Order of Marketing of Formulated Food for Infant and Young Child (FDA, NNC, ATGO)</i>	X	X	X		
5.2	Form a National IYCF alliance with a clear and feasible work plan	X	X	X		
5.2.1	<i>Support SRNT to conduct supervision and monitoring on township level c-IYCF trainings by with special focus on those townships/districts which are resource-constrained</i>	X	X	X		
5.2.2	<i>Conduct c-IYCF training in all remaining State/Region levels (NNC)</i>	X	X	X		
5.2.3	<i>Develop a regular reporting system for number of IYCF counseling cases</i>	X	X	X		
5.3	Strengthen the implementation and coverage of BFHI by continuing to advocate for the inclusion of key steps of BFHI into hospital accreditation criteria	X	X	X		
5.4	Strengthen monitoring system for BFHI re-assessment	X	X	X		
5.5	Strengthen coordination with the hospital accreditation body	X	X	X		

Sr.	Recommended Intervention	2018	2019	2020	2021	2022
5.6	Advocate for the dissemination of standards and guidelines for breastfeeding promotion and support to all sectors, including public, private and military community, providing maternity care, etc.	x	x	x		

Prioritized Recommendation #6: Increase human resources allocated to support breastfeeding and provide certified lactation support

Sr.	Recommended Intervention	2018	2019	2020	2021	2022
6.1	Increase human resources to support IYCF including breastfeeding to be rationally adequate at all levels	x	x	x	x	x
6.1.1	<i>Conduct a capacity needs assessment to assign identify human resource needs for breastfeeding support at all levels</i>	x	x	x	x	x
6.2	Establish the process to certify lactation management specialists/consultants??	x	x	x	x	x
6.2.1	<i>Increase human resources for provision of lactation management to ensure 24-hour access to breastfeeding counselling for special needs and specific breastfeeding problems</i>	x	x	x	x	x

Prioritized Recommendation #7: Strengthen implementation and coverage of the Baby Friendly Hospital Initiative by mandating the inclusion of key elements of the Ten Steps into hospital accreditation

Sr.	Recommended Intervention	2018	2019	2020	2021	2022
7.1	Sustain and strengthen the implementation and coverage of BFHI	x	x	x		
7.2	Strengthen monitoring system for BFHI re-assessment	x	x	x		
7.3	Strengthen coordination with the hospital accreditation body	x	x	x		

Sr.	Recommended Intervention	2018	2019	2020	2021	2022
7.4	Advocate for the dissemination of standards and guidelines for breastfeeding promotion and support to all sectors, including public, private and military community, providing maternity care, etc.	x	x	x		

Prioritized Recommendation #8: Adopt full provisions of the International Code of Marketing of Breastmilk Substitutes and strengthen monitoring and enforcement of the Order of Marketing of Formulated Food for Infant and Young Child

Sr.	Recommended Intervention	2018	2019	2020	2021	2022
8.1	Improve monitoring and enforcement of the Order on Marketing of Formulated Food for Infant and Young Child	x				
8.2	Adopt full provisions of International BMS Code including new WHA resolutions in national legislation and remove loopholes and exceptional cases from current legislation		x	x		
8.2.1	<i>Paragraph 10 should be amended (the provision "with approval of the FDA or MOHS" should be omitted)</i>		x	x		

Prioritized Recommendation #9: Revise legislation for maternity leave and protection to include at least six months of paid leave in all sectors, clarify the terms of maternity leave, and protect pregnant and lactating women from workplace discrimination

Sr.	Recommended Intervention	2018	2019	2020	2021	2022
9.1	Standardize maternity leave in all laws as at least six months for all sectors including public, and private including military community to align with WHO recommendations.	x	x			
9.1.1	<i>Enforce the Social Security Law (Companies to register as required by the law)</i>	x	x			

Sr.	Recommended Intervention	2018	2019	2020	2021	2022
9.1.2	<i>Update the Leave and Holidays Act in line with ILO recommendations</i>	x	x			
9.1.3	<i>Advocate with the military community for standardizing maternity leave entitlement</i>	x	x			
9.2	Clarify when maternity leave can be taken in order to ensure that mothers are not forced to stop working before delivery.	x	x			
9.2.1	<i>Enforce the Social Security Law to ensure women in work force are benefiting from the law</i>	x	x			
9.2.2	<i>Advocate for the revision of Section 11¹ of Social Security Law (especially in informal sector) For example – 1) one year and above period for construction section should be amended. Shorten the duration of contract required. 2) Add provisions for farming , livestock and other agricultural sectors</i>	x	x			
9.3	Include protection from discrimination for pregnant and lactating women in maternity protection legislation.	x	x			
9.3.1	<i>Need to enact a new law or amend existing law</i>	x	x	x	x	x
9.4	Strengthen legislation for workplace breastfeeding policies by amending the Factory Act – Sub-section (1) of Section 50, Clause C of sub-section 2 of section 50 which demands employers for providing free formula milk or food or both.	x	x			
9.5	Ensure provisions of ‘time, space, and support’ for breastfeeding upon return to work, in line with ILO Recommendation 191.	x	x			
9.5.1	<i>5.1. Issue the rules for nursing space and break in line with the Clause D of the sub-section 3 of the section 50 of the Factory Act</i>	x	x			
9.6	Protection for a pregnant or nursing worker from engaging in work which could be detrimental to her health or that of her child, in line with ILO convention 183.	x	x			
9.6.1	<i>Enforce the provision of the sub-section 3 and 4 of section 36 of the Factory Act</i>	x	x			

¹ Section 11 of the Social Security Law describes detailed conditions for compulsory registration in social security system.

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