

MALTA

65.5
/ 150

REPORT CARD YEAR: 2018

The State of Infant and Young Child Feeding (IYCF)

Policies and Programmes (Indicator 1-10)

Score Out of 10

1. National Policy, Programme and Coordination

Concerns national policy, plan of action, funding and coordination issues.

8

2. Baby Friendly Hospital Initiative

Concerns percentage BFHI hospitals, training, standard monitoring, assessment and reassessment systems.

1

3. Implementation of the International Code of Marketing of Breastmilk Substitutes

Concerns implementation of the Code as law, monitored and enforced.

9

4. Maternity Protection

Concerns paid maternity leave, paid breastfeeding breaks, national legislation encouraging work site accommodation for breastfeeding and/or childcare and ratification of ILO MPC No 183.

7

5. Health and Nutrition Care Systems

Concerns health provider schools and pre-service education programmes, standards and guidelines for mother-friendly childbirth procedures, in-service training programmes.

7.5

6. Mother Support and Community Outreach-Community-based support for the pregnant and breastfeeding mother

Concerns skilled counseling services on infant and young child feeding, and its access to all women. (During pregnancy and after birth)

8

7. Information Support

Concerns national IEC strategy for improving infant and young child feeding, actively implemented at local levels.

9

8. Infant and Young Child Feeding and HIV

Concerns policy and programmes to address infant feeding and HIV issue and on-going monitoring of the effects of interventions on infant feeding practices and health outcomes for mothers and infants.

8

9. Infant and Young Child Feeding during Emergencies

Concerns policy and programme on infant and young child feeding in emergencies and material on IYCF in emergencies integrated into pre-service and in-service training for emergency management.

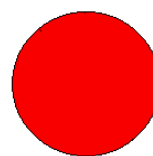
3

10. Mechanisms of Monitoring and Evaluation System

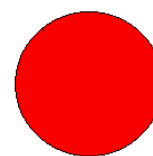
Concerns monitoring, management and information system (MIS) as part of the planning and management process.

5

Practices (Indicator 11-15)

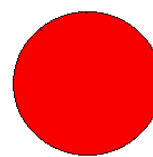


Indicator 11: N/A
Early Initiation of
Breastfeeding
(Score: 0/10)

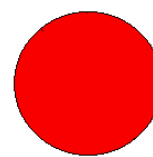


Indicator 12: N/A
Exclusive Breastfeeding
for the first 6 months
(Score: 0/10)

N/A Months
Indicator 13: Median Duration of breastfeeding
(Score: 0/10)



Indicator 14: N/A
Bottle-feeding
(Score: 0/10)



Indicator 15: N/A
Complementary Feeding
(Score: 0/10)

Total Score (Indicator 1-15): 65.5/150

Key to scoring, colour- rating, grading and ranking:

- The level of achievement of infant feeding practices is taken in 'percentage' except median duration, which is an absolute number of months.
- For indicators 1 to 10, there is a sub set of questions leading to key achievement, indicating how a country is doing in a particular area. Each indicator has a maximum of 10.
- In the case of indicators 11 to 15 on practices, key to rating is used from the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". Scoring and colour-rating are provided according to IBFAN Asia Guidelines for WBTi. Each indicator is scored out of maximum of 10.
- IBFAN Asia Guidelines for WBTi for rating individual indicators 1 to 15 are as: 0 - 3 is rated Red, 4 - 6 is rated Yellow, 7 - 9 is rated Blue and more than 9 is rated Green.
- Total score of all indicators 1 to 15 is calculated out of 150.

Key Gaps

1. Limited ring-fenced funding for implementation of the national breastfeeding policy.
2. Training to all health professions on infant and young child feeding.
3. Gaps within implementation of Breastfeeding Policy.
4. Need to attain Baby Friendly Hospital Initiative status for all 3 maternity hospitals.
5. Limited nutrition training to child cares in the community and to mothers.
6. Limited infant feeding specialists especially in intensive care setting.
7. Limited educational campaigns throughout the year to the general population targeting women of child bearing age and vulnerable groups.
8. Lack of specialized Community and social support for those mothers and children with HIV.
9. Lack of adequate surveillance methods for data collection on infant and young child feeding practices.

Key Recommendations

1. The budget currently available for the management of obesity and health promotion initiatives needs to be supported further in infant and child feeding.
2. The three maternal hospitals in Malta should be supported to attain BHFI status.
3. Regular general population campaigns on the benefits of breastfeeding are to be enhanced.
4. Undergraduate and postgraduate training of health professionals on breastfeeding, infant and young child feeding needs to be strengthened.
5. The number of lactation consultants needs to be increased in both hospital and the community.
6. Appropriate surveillance methods are required for data collection and monitoring on infant and young child feeding practices.

Malta Country Assessment 2018

The Breastfeeding rates in Malta are low and do not reach optimal levels. The Superintendence of Public Health through its Health Promotion and Disease Prevention Directorate (HPDPD) has the leading role to support, protect and promote Breastfeeding among Maltese women of child bearing age. A representative from the HPDPD attended a training workshop in Lithuania in 2017. The aim of the workshop was to map out the country's infant and young child feeding practices situation. Following this workshop, Malta needed to prepare the national assessment report using the World Breastfeeding Trends Initiative (WBTi) and World Breastfeeding Costing Initiative (WBCi) assessment tool.

A National Breastfeeding Policy Implementation Group (NBPIG) was nominated by the Director General, Superintendent of Public Health. The nominated Core Group composed of 5 members who are health professionals (public health medicine consultant, nutritionist, paediatrician, public health specialist and infant feeding specialist). The core group was introduced to the WBTi assessment tool and the Indicators.

The mapping of these specific indicators using the WBTi assessment tool was carried out for the first time. The assessment took place between January to May 2018. This report was formulated by gathering information via interviews and data collection. Discussions were carried out to identify gaps and propose recommendations. Following the meetings, the report was drafted and finalized. The indicators are aggregated into a score which was **65.5/150**. The following report gives an overview on the current situation in Malta and highlights areas for improvement.

Convention on the Right of the Child (CRC)

The Committee on the Rights of the Child (CRC) of the 2017 focused on the below:

- 1) Children's physical and mental well being;
- 2) Equality Bill and the Human Rights and Equality Commission Bill (2015);
- 3) National Children's Policy (2017-2024);
- 4) The Child Protection (Alternative Care) Act (Act No. III of 2017);
- 5) National Breastfeeding Policy and Action Plan (2015-2020).

The CRC Committee recommends the following:

1. Strengthening protection to all children especially coming from vulnerable groups;
2. Strengthening the Maltese legal framework on human rights and discrimination;
3. Offering support, protection and promoting the rights of the child;
4. Strengthening communication systems between professionals and parents keeping the best interest of the child as a priority;
5. Strengthening the regulation on marketing of breast milk substitutes;
6. Supporting a breastfeeding policy in hospitals, community and workplaces;
7. Regular training for health professionals, social workers and educators.

http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fMLT%2f3-6&Lang=en

Global Commitments on Infant and Young Child Feeding

<ul style="list-style-type: none"> • Global Strategy for Infant and Young Child Feeding 2002: World Health Assembly (WHA) and UNICEF adopted the Global Strategy, which sets five additional targets: national policy on infant and young child feeding, community outreach, information support, infant feeding in difficult circumstances and monitoring and evaluation. http://www.who.int/child-adolescent/health/New_Publications/NUTRITION/gs_ivcf.pdf • Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding 1990: http://www.unicef.org/programme/breastfeeding/innocenti.htm 	<ul style="list-style-type: none"> • World Health Assembly Resolutions: call upon Member States to implement policies and programmes to improve infant nutrition. The recent resolution adopted on May 27, 2006 calls on Member States to implement Global Strategy for Infant and Young Child Feeding and multilateral and bilateral donor arrangements and international financial institutions to direct financial resources for Member States to carry out these efforts. Resolutions 49.15, 58.32, 61.20 call upon member states to avoid conflicts of interests in programmes of child health. http://www.who.int/gb/ebwha/pdf_files/WHA58/WHA58_32-en.pdf http://www.who.int/gb/ebwha/pdf_files/A61/A61_R20-en.pdf 	<ul style="list-style-type: none"> • WHO HIV and Infant Feeding Technical Consultation Consensus Statement, Geneva, October 25-27, 2006: http://www.who.int/hiv/mediacentre/Infantfeedingconsensusstatement_pf.pdf • Millennium Development Goals: www.un.org/millenniumgoals/ • Innocenti Declaration 2005 on Infant and Young Child Feeding: www.unicef.org/nutrition/index_breastfeeding.html • Maternity Protection Convention: http://www.ilo.org/
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