



The World Breastfeeding Trends Initiative (WBTi)

Name of the Country - SRI LANKA

2007-2008

Indicator 1: Early Initiation of Breastfeeding

Key question: Percentage of babies breastfed within one hour of birth

Guideline:

Indicator 1	WHO's Key to rating %	Existing Status %
<i>Initiation of Breastfeeding (within 1 hour)</i>		✓ <i>Check appropriate box</i>
	0-29	
	30-49	
	50-89	80√
	90-100	

Source of data: Sri Lanka Demographic & Health Survey 2006/2007 (Final Report) published in April 2009. Although, 80% of children are breast fed within 1 hour of birth, 97% are breast fed within a day after delivery. There are only slight differences in breast feeding within 1 hour of birth between urban and rural sectors; children in estates are more likely to be breast fed within the first hour of birth. Most new-borns (92%) are given colostrum. Although, there has been improvement in giving colostrum, health planners should focus to see health providers give the mothers the necessary information.

Indicator 2: Exclusive breastfeeding for the first six months

Key question: Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours?

Guideline:

Indicator 2	WHO's Key to rating %	Existing Situation %
<i>Exclusive Breastfeeding (for first 6 months)</i>		✓ <i>Check appropriate box</i>
	0-11	
	12-49	
	50-89	76√
	90-100	

Source of data: Sri Lanka Demographic & Health Survey 2006/2007 (Final Report) published in April 2009.

Summary Comments:

Sri Lanka has achieved a 50% increase in the number of mothers who exclusively breast feed their babies during the first six months of life (UNICEF-Sri Lanka).

A range of Govt. Health initiatives led by the Ministry of Health and supported by UNICEF have seen the country's rate of 'Exclusive Breast Feeding' increase from 50% to 76% from 2000 – 2007.

Exclusive breast feeding is reported for 76% of children under 6 months, from levels over 85% for the first 3 months, and exclusive breast feeding declines to 54% in the 4th and 5th months. Although, any liquid or solid food is not recommended before the 6th month of life, a small percentage of children are given liquids during this period.

Exclusive breast feeding for 6 months (which was earlier 4 months) was introduced as a policy in Sri Lanka in 2006. The increase has resulted in fewer infant deaths and healthier babies.

Indicator 3: Median duration of breastfeeding

Key question: Babies are breastfed for a median duration of how many months?

Guideline:

Indicator 3	WHO's Key to rating	Existing Situation %
<i>Median Duration of Breastfeeding</i>		✓ <i>Check appropriate box</i>
	0-17 Months	
	18-20 "	
	21-22 "	
	23-24 "	√ 33 months

Source of data:

TABLE 23 – Sri Lanka Demographic & Health Survey 2006/2007 (Final Report) published in April 2009 - 11.4 : Duration and Frequency of Breast Feeding (pg. 144).

Summary and Comments

Breast feeding is widely accepted in Sri Lanka and the duration of breast feeding is fairly long with a median of 33 months and a mean of 29 months.

By residential sector, breast feeding duration is longest in rural areas and is shortest in the estate sector. These results suggest that communication about breast feeding by providers and through other channels is bringing about a positive change in mother's behaviour.

Indicator 4: Bottle feeding

Key question: What percentage of breastfed babies less than 6 months old receives other foods or drinks from bottles?

Guideline:

Indicator 4	WHO's Key to rating	Existing Situation %
<u>Bottle Feeding (<6 months)</u>		✓ <i>Check appropriate box</i>
	30-100%	
	5-29%	24 ✓
	3-4%	
	0-2%	

Source of data:

Sri Lanka Demographic & Health Survey 2006 / 2007 (Final Report).

Indicator 5: Complementary feeding

Key question: Percentage of breastfed babies receiving complementary foods at 6-9 months of age?

Guideline:

Indicator 5	WHO's Key to rating %	Existing Situation %
Complementary Feeding (6-9 months)		✓ <i>Check appropriate box</i>
	0-59	
	60-79	
	80-94	85 ✓
	95-100	

Please Note: The categorization is 6-8 months and 9-11 months.

6-8 months is 85% for consumption of any solid and semi-solid food which reaches 98.1% for the category of 9–11 months.

Source of data:

Sri Lanka Demographic & Health Survey 2006 / 2007 (Final Report).

Summary Comments :

Above 6 months of age, there is a marked increase in the types of food given to infants. A large share of children above 6 months of age consume food made from grains. The consumption of Vitamin 'A' – rich fruits and vegetables, is relatively high (62%) for children aged 6-8 months and 39 % receive meats, fish, poultry and eggs which are rich in Proteins essential to good health and mental development. Cheese, yoghurt and other milk products are consumed the least (14%).

COMPARISON WITH 2005 ASSESSMENT

Table: Indicators 1-5: Trends in Infant feeding practices

Indicator	Status in the last assessment in 2005	Current status
1. Percentage of babies breastfed within one hour of birth	75%	80%
2. Percentage of babies of 0<6 months of age exclusively breastfed in the last 24 hours	58%	76%
3. Babies are breastfed for a median duration of how many months	26 months	33 months
4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles	12%	24%
5. Percentage of breastfed babies receiving complementary foods at 6-9 months of age	98%	85% *

* **Please note** : 85% is for babies in the category 6-8 months and **not** 6-9 months.

Indicator 6: *National Policy, Programme and Coordination*

Key Question: Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National Infant and Young Child Feeding Committee and Coordinator?

Criteria of Indicator 6	Scoring	Results ✓ <i>Check any one</i>
6.1) A national Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2	Yes ✓
6.2) The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	2	Yes ✓
6.3) A National Plan of Action has been developed with the policy	2	Yes ✓
6.4) The plan is adequately funded	1	Yes ✓
6.5) There is a National Breastfeeding Committee	1	Yes ✓
6.6) The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	Yes ✓
6.7) The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5	Yes ✓
6.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	Yes ✓
Total Score	10	

Information and Sources Used:

UNICEF

IYCF is a very well co-ordinated Programme based on Policy. There is commitment from the Doctors as well as from the staff of the Family Health Bureau.

Programmes are conducted for 3 to 4 days to sensitise the mother from pre-natal stage.

Gaps:

Recommendations:

Indicator 7: *Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)*

Key Question:

7A) What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria? 17%

7B) What is the skilled training inputs and sustainability of BFHI?

5-Day Programmes are conducted on Baby Friendly Hospital Initiative.

Designated Workshops are held for the health staff attached to the BFHI Hospitals.

7C) What is the quality of BFHI program implementation?

Good quality programmes have been conducted by the Sri Lanka Health Bureau, which is a Unit under the Ministry of Health & Nutrition. There is a Plan to re-vitalize the Baby Friendly Hospitals Initiative already identified and extend to other regional hospitals.

A major Plan of Action from 2010 is in place to re-vitalize BFHI. A Technical Co-ordinating Committee has already been appointed.

A Master Training Programme on BFHI is planned for the month of January 2010.

An accreditation system would be established. An IYCF Training for the field staff has already been initiated.

WHO had committed to support to re-vitalize the BFHI Committee and other activities.

7A) Quantitative

7.1) *What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?*

Criteria	Score	Results ✓ Check any one
0 - 7%	1	
8 – 49%	2	17 %✓
50 – 89%	3	
90 - 100%	4	
Rating on BFHI quantitative achievements:		

7B) Qualitative


7.2) *What is the skilled training inputs and sustainability of BFHI?*

BFHI designated hospitals that have been certified after a minimum recommended training of 20 hours for all its staff working in maternity services

Criteria	Score	Results ✓ Check any one
0-25%	1	
26-50%	1.5	
51 –75%	2.5	
75% and more	3.5	80%✓
Total Score		

Qualitative

7C) What is the quality of BFHI program implementation?

Criteria	Score	Results  <i>Check that apply</i>
7.3) BFHI programme relies on training of health workers	.5	Yes ✓
7.4) A standard monitoring system is in place	.5	Yes ✓
7.5) An assessment system relies on interviews of mothers	.5	Yes ✓
7.6) Reassessment systems have been incorporated in national plans	.5	Yes ✓
7.7) There is a time-bound program to increase the number of BFHI institutions in the country	.5	Yes ✓
Total Score		
Total Score 7A, 7B and 7C	8	

Information and Sources Used:

The Family Health Bureau of the Health Ministry has published small booklets giving instructions on Exclusive Breast-Feeding. These booklets have been prepared by Specialist Doctors. The booklets are very helpful to the mothers as in Sri Lanka most mothers are literate and these booklets have been used intensively.

Gaps:

At the time of launching the Baby Friendly Hospitals in the 1990s, much focus was placed on this Initiative. In recent years, the BFHI concept has not expanded as planned.


Recommendations:

The existing situation should be reviewed and revived for better results to the babies.

As only 17% of the hospitals have been designated Baby Friendly, this concept should be expanded to all hospitals with maternity facilities especially in the rural areas.

Indicator 8: *Implementation of the International Code*

Key Question: Are the *International Code of Marketing of Breastmilk Substitutes* and subsequent WHA resolution given effect and implemented? Has any new action been taken to give effect to the provisions of the Code?

Criteria	Scoring	Results
		 Check those apply. If more than one is applicable, record the highest score.
8.1) No action taken	0	
8.2) The best approach is being studied	1	
8.3) National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable	2	
8.4) National measures (to take into account measures other than law), awaiting final approval	3	
8.5) Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions	4	
8.6) Some articles of the Code as a voluntary measure	5	
8.7) Code as a voluntary measure	6	
8.8) Some articles of the Code as law	7	
8.9) All articles of the Code as law	8	Yes ✓
8.10) All articles of the Code as law, monitored and enforced	10	
Total Score:	8	

Information and Sources Used:

The Sri Lanka Code for the Promotion, Protection and Support of Breastfeeding and Marketing of Designated Products was last amended in 2002 and published in 2004.

Approval was granted for the Code by the Cabinet in 1981. Prior to that, in 1979, Sri Lanka Government introduced an Act to protect Breastfeeding under the Consumer Protection Act on a directive made against advertising of artificial milk foods. In 1980 all advertising of infant milk substitutes were banned. In 2006, another amendment was introduced to adjust the 4 months to 6 months Exclusive Breastfeeding (EBF). (UNICEF & Ministry of Health).

Published in Gazette No. 1285/9 of 23.4.2003 of the Democratic Socialist Republic of Sri Lanka.

Currently, the Code is being amended and a Code Monitoring Committee re-appointed.

Gaps:

In 2002, the Code was amended by the Department of Internal Trade then gazetted the relevant sections of the Code to give it legal effectiveness. The legal coverage was given by the Department of Internal Trade but the implementation needed the support of all the line agencies such as Health, Food & Marketing, Justice, Labour, Industries, Education, Science & Technology and NGOs in Sri Lanka. Almost all infant formulae are imported. In indirect ways, the advertisements are done to target mothers.

Recommendations:

A research could be done to ascertain how far the Code is monitored in Sri Lanka. The Ministry of Health & Nutrition should take the initiative to coordinate all stakeholders who are involved in promotion, protection and support of breastfeeding according to the Sri Lankan Code.

Indicator 9: *Maternity Protection*

Key Question: Is there legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labor Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?

Criteria	Score	Results Check <input checked="" type="checkbox"/> that apply
9.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave		
a. Any leave less than 14 weeks	0.5	
b. 14 to 17weeks	1	
c. 18 to 25 weeks	1.5	
d. 26 weeks or more	2	Yes ✓
9.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.		
a. Unpaid break	0.5	
b. Paid break	1	Yes ✓
9.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	No
9.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector.	1	No.
9.5) Women in informal/unorganized and agriculture sector are:		
a. accorded some protective measures	0.5	Yes ✓
b. accorded the same protection as women working in the formal sector	1	No
9.6)		
a. Information about maternity protection laws, regulations, or policies is made available to workers	0.5	Yes ✓
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.'	0.5	Yes ✓
9.7) Paternity leave is granted in public sector for at least 3 days.	0.5	Yes ✓
9.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	No
9.9) There is legislation providing health protection for pregnant and breastfeeding workers and the legislation provides that they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	Yes ✓
9.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5	Yes ✓
9.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5	Yes✓

9.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5	Yes√
Total Score:	7.5	

Information and Sources Used:

84 working days of maternity leave (excluding holidays); 84 days half-pay leave (including Saturdays, Sundays and holidays) and 84 days no-pay leave (including Saturdays, Sundays and holidays) for the Government sector (Source: Ministry of Public Administration & Home Affairs Circular No. 4 of 2005 regarding Maternity Leave).

In the case of mothers not taking the 2nd option of half-pay leave, the mother is entitled to leave the office premises one hour before for breastfeeding up to the time the child is 6 months old.

It is notable to mention that this leave is not an obstacle for increments, pension, etc. Even the vacancy should not be filled when the mother is on no-pay leave, and for promotions this period has to be counted.

Gaps:

Private sector employees and the informal sector employees do not enjoy this facility. In the private sector only 84 days leave is allowed including Saturdays, Sundays and holidays.

Recommendations:

All maternity benefits including paternity leave should be extended to all irrespective of whether they work in the private sector, informal sector, etc.

Indicator 10: *Health and Nutrition Care System*

Key Question: Do care providers in these systems undergo *skills training*, and do their pre-service education curriculum support optimal infant and young child feeding; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to Code are in place?

Criteria	Results ✓ <i>Check that apply</i>		
	Adequate	Inadequate	No Reference
10.1) A review of health provider schools and pre-service education programmes in the country ¹ indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1 ✓	0
10.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.	2✓	1	0
10.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. ²	2✓	1	0
10.4) Health workers are trained with responsibility towards Code implementation as a key input.	1	0.5 ✓	0
10.5) Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrhoeal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1	0.5 ✓	0
10.6) These in-service training programmes are being provided throughout the country. ³	1✓	0.5	0
10.7) Child health policies provide for mothers and babies to stay together when one of them is sick	1✓	0.5	0
Total Score:	8		

Information and Sources Used:

Ministry of Health & Nutrition and UNICEF.

Gaps:

Recommendations:

A concerted effort has to be made by the health providers, health sector personnel, including the Ministry of Health & Nutrition to enhance the existing situation.

¹ Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

² The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

³ Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

Indicator 11: *Mother Support and Community Outreach*

Key Question: Are there mother support and community outreach systems in place to protect, promote and support optimal infant and young child feeding?

Criteria	Results		
	✓ <i>Check that apply</i>		
	Yes	To some degree	No
11.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	2	1 ✓	0
11.2) All women have access to support for infant and young child feeding after birth.	2 ✓	1	0
11.3) Infant and young child feeding support services have national coverage.	2 ✓	1	0
11.4) Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectoral and intra-sectoral).	2 ✓	1	0
11.5) Community-based volunteers and health workers possess correct information and are trained in counselling and listening skills for infant and young child feeding.	2 ✓	1	0
Total Score:	9		

Information and Sources Used:

Ministry of Health & Nutrition and UNICEF.

Gaps:

Lack of information, especially pertaining to community-based support services and community-based volunteers.

Recommendations:

A system must be developed to find out the community-based outreach programmes and the health officials who disseminate information and workout a strategy to train the community outreach.

Proper collection of community-based data would further encourage mother support and community outreach activities in urban, rural and estate sectors.

Indicator 12: *Information Support*

Key question: Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?

Criteria	Results		
	<i>Check that apply</i>		
	Yes	To some degree	No
12.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.	2√	1	0
12.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2√	1	0
12.3) Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.	2√	1	0
12.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2√	1	0
12.5) A national IEC campaign or programme ⁴ using electronic and print media and activities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months.	2√	1	0
Total Score:	10		

Information and Sources Used:

Ministry of Health & Nutrition and UNICEF.

At present, IYCF Comprehensive Policy is being updated with WHO assistance.

It is also envisaged to strategize the Plan of Action by developing the Strategic Plan.

Gaps:

Recommendations:

⁴ An IEC campaign or programme is considered “national” if its messages can be received by the target audience in all major geographic or political units in the country (e.g., regions or districts).

Indicator 13: *Infant Feeding and HIV*

Key Question: Are policies and programmes in place to ensure that HIV - positive mothers are informed about the risks and benefits of different infant feeding options and supported in carrying out their infant feeding decisions?

Criteria	Results		
	Yes	To some degree	No
13.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2	1 ✓	0
13.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5 ✓	0
13.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5 ✓	0
13.4) Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5 ✓	0
13.5) Infant feeding counselling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.	1	0.5 ✓	0
13.6) Mothers are supported in making their infant feeding decisions with further counselling and follow-up to make implementation of these decisions as safe as possible.	1	0.5 ✓	0
13.7) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5 ✓	0
13.8) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5 ✓	0
13.9) The Baby-friendly Hospital Initiative incorporates provision of guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers.	1	0.5 ✓	0
Total Score:	5		

Information and Sources Used:

There is a National Policy for the prevention from mother to child transmission : Section 3.7 – Prevention of Mother to Child Transmission

National Policy on Prevention of Mother to Child Transmission
Section 3.7 – Prevention of Mother to Child Transmission

It is possible for a HIV infected mother to transmit the infection to her new born child. As such, the policy is directed at preventing the occurrence of infection among those in the reproductive age and promoting voluntary counseling and testing for HIV in women in this age group. In addition, there is a need to prevent unplanned pregnancies among HIV infected women through sexual / reproductive health services and to provide antiretroviral therapy and other standard care practices for HIV infected pregnant women to prevent mother to child transmission.

Gaps:

Limited research and information related to this subject.

Recommendations:

HIV & Infant Feeding Programme needs improvement as people are not aware of the risks taken by mothers who are HIV positive when giving birth to a child. At present, Sri Lanka does not have many cases of HIV positive mothers, but, in time to come, this might become an acute problem. Mothers, especially at the rural levels, have to be sensitized on this subject. As many Sri Lankans are migrating for skilled and unskilled labour to the Middle East and other countries this problem will aggravate in time to come. It has been identified that most of the HIV infected mothers have been infected by their husbands who have been working abroad.

Indicator 14: *Infant Feeding during Emergencies*

Key Question: Are appropriate policies and programmes in place to ensure that mothers, infants and children will be provided adequate protection and support for appropriate feeding during emergencies?

Criteria	Results ✓ <i>Check that apply</i>		
	Yes	To some degree	No
14.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies	2	1 ✓	0
14.2) Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2 ✓	1	0
14.3) An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed	2	1 ✓	0
14.4) Resources identified for implementation of the plan during emergencies	2	1 ✓	0
14.5) Appropriate teaching material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	2	1 ✓	0
Total Score:	6		

Information and Sources Used:

Very little information available. Above information gathered based on discussion with relevant authorities.

Gaps:

People started seriously thinking about this subject in Sri Lanka only after the Tsunami disaster in the year 2004 (December).

Recommendations:

Serious thought has to be given in this area as the outcome of Tsunami was a bad experience by all the people in the country, not only the people of the affected areas. In addition to the Tsunami, floods, earth-slips, landslides have also adversely affected the people in the country. As such the Government should implement comprehensive policies on infant feeding during emergencies. The UN and other relevant organizations could assist the Governments in sharing experience and the policies of other countries.

Indicator 15: Monitoring and Evaluation

Key Question: Are monitoring and evaluation data routinely collected and used to improve infant and young child feeding practices?

Criteria	Results		
	✓ Check that apply		
	Yes	To some degree	No
15.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2 ✓	1	0
15.2) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.	2 ✓	1	0
15.3) Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	2 ✓	1	0
15.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers	2 ✓	1	0
15.5) Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys.	2 ✓	1	0
Total Score:	10		

Information and Sources Used:

A Quarterly Newsletter is sent to all decision-makers by the Ministry of Health & Nutrition, WHO, UNICEF and other related organizations by the Family Health Bureau.

A Nutritional Surveillance System has been newly established in the Ministry of Health & Nutrition and decentralized to 30 Divisional Secretaries Divisions.

Gaps:

Inadequate publicity and information collected by the relevant authorities.

Recommendations:

The Community Component should be improved. A system should be built into the National System to collect information on community-based activities pertaining to Breastfeeding. It is also suggested that an Information System should be established to utilize existing data especially at the grassroots level.

List of the partners for the assessment process:

1. Dr. Renuka Jayatissa, UNICEF.
2. Dr. Anil Samaranayake, Ministry of Health & Nutrition.
4. Dr. R. Kesavan, WHO.
5. Ms. Visaka Tillekeratne, WHO.
6. Dr. Sunil Jayasundera, Provincial, Ministry of Health, Siyambalanduwa.
7. Mr. Wimal Nanaykkara, former Director General of Census & Statistics.
8. Ms. Amara Peeris, Chief Adviser, Sarvodaya Women's Movement.
9. Ms. Seela Ebert, Director, Sarvodaya Women's Movement.