

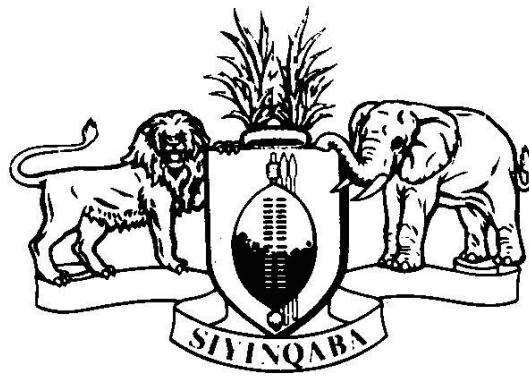
# The World Breastfeeding Trends Initiative (WBTi)

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**Name of the Country: Swaziland**

**Year: 2009**

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**MINISTRY OF HEALTH  
KINGDOM OF SWAZILAND**

## Acronyms

|        |  |
|--------|--|
| AIDS   | Acquired Immune Deficiency Syndrome                    |
| ART    | Antiretroviral Therapy                                 |
| CBO    | Community Based Organisations                          |
| DHS    | Demographic and Health Survey                          |
| EGPAF  | Elizabeth Glaser Paediatric HIV/ AIDS Foundation       |
| FBO    | Faith Based Organisations                              |
| MICS   | Multi indicator Cluster Survey                         |
| NGO    | Non-Governmental Organization                          |
| AFASS  | Affordable, Feasible, Acceptable, Sustainable and Safe |
| ANC    | Antenatal Care   |
| CHS    | Community Health Survey                                |
| CSO    | Central Statistical Office                             |
| EPI    | Expanded Programme of Immunisation                     |
| HIV    | Human Immunodeficiency Virus                           |
| HTC    | HIV Testing and Counselling                            |
| IBFAN  | International Baby Friendly Action Network             |
| IEC    | Information, Education and Communication               |
| ILO    | International Labour Organisation                      |
| IMAM   | Integrated Management of Acute Malnutrition            |
| IMCI   | Integrated Management of Childhood Illnesses           |
| IMR    | Infant Mortality Rates                                 |
| IYCF   | Infant and Young Child Feeding                         |
| MOAC   | Ministry of Agriculture and Co-operatives              |
| MOE    | Ministry of Education                                  |
| MOHSW  | Ministry of Health and Social Welfare                  |
| NCP    | Neighbourhood Care Points                              |
| NVD    | Normal Vaginal Delivery                                |
| PHU    | Public Health Unit                                     |
| PLWHA  | People Living With HIV and AIDS                        |
| PMTCT  | Prevention of Mother To Child Transmission             |
| PNC    | Post Natal Care  |
| RHM    | Rural Health Motivators                                |
| RHMT   | Regional Health Management Team                        |
| RHU    | Reproductive Health Unit                               |
| SINAN  | Swaziland Infant Nutrition Action Network              |
| SNNC   | Swaziland National Nutrition Council                   |
| UNICEF | United Nation Children's Fund                          |
| VAC    | Vulnerability Assessment Committee                     |
| WBW    | World Breastfeeding Week                               |
| WHA    | World Health Assemble                                  |
| TB     | Tuberculosis   |
| VAC    | Vulnerability Assessment Committee                     |
| WFP    | World Food Programme                                   |
| WHO    | World Health Organisation                              |

## **BACKGROUND**

World Breastfeeding Trends Initiative (WBTi) is a monitoring and evaluation tool which forms the framework of the IBFAN and WABA initiative -The GLOBAL BREASTFEEDING INITIATIVE FOR CHILD SURVIVAL (GBICS) which is an essential component of the Global Campaign for the Health Millennium Development Goals. The aim of GBICS is that within the human rights and gender equality and Sexual and reproductive health Rights perspectives, breastfeeding protection, promotion and support, be further strengthened as a basic intervention to reduce child and maternal mortality and improve children's and women's health. GBICS will be based on the coordinated work of the "BREASTFEEDING MOVEMENTS" at all levels, working under the umbrella of IBFAN and WABA. WBTi encourages country actions for implementation of the Global Strategy for Infant and Young Child feeding, documenting the state of programme and status of breastfeeding, motivating advocacy for further action and reporting trends of breastfeeding over time.

The Initial phase involves carrying a national assessment of the implementation of the Global Strategy. It guides countries to document gaps in existing practices, policies and programmes. This process involves multiple partners from both government and civil society. The gaps identified are used for developing recommendations for priority action for advocacy and action at both programmatic and policy levels to meet the aims and objectives of the Global Strategy as well as prioritization of resource allocation.

The second phase of the assessment uses the findings of phase 1 to score, rate, and grade and ranks each the country WBTi thus building some healthy competition among the countries in the region or among regions. The third phase of WBTi calls for repetition of the assessment after 3-5 years to analyze trends in programmes and practices as well as overall infant feeding situation in the country, to report on programmes and identify areas still needing improvement. The indicators assessed for in WBTi are as follows:

1. Percentage of babies' breastfed within one hour of birth
2. Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours
3. Babies are breastfed for a median duration of how many months
4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles
5. Percentage of breastfed babies receiving complementary foods at 6-9months of age
6. National Policy, Programme and Coordination
7. Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)

8. Implementation of the International Code marketing of Breastmilk substitutes
9. Maternity Protection
10. Health and Nutrition Care
11. Community Outreach
12. Information Support
13. Infant Feeding and HIV
14. Infant Feeding During Emergencies
15. Monitoring and Evaluation

## **OBJECTIVES**

### **The objectives of the assessment were**

- To establish the steps/action taken so far on the implementation of the Global Strategy on Infant and Young Child Feeding;
- Carry out analysis, identification of gaps, reporting and dissemination of infant and Young Child Feeding reports;
- Develop national action plans for high level advocacy for improved action for breastfeeding and infant and young child nutrition and maternal nutrition; human rights, gender and sexual and reproductive health rights

## **METHODOLOGY**

Swaziland had 2 people that were trained on the WBTi at the regional workshop. The 2 trained officers spearheaded the national assessment in collaboration with other stakeholders.

The initial step brought together different partners (civil society) as well as all the institutional and regional nursing managers in the country. WBTi and its objectives were introduced to the group at this national stakeholders meeting from which a core group was formed. The core group comprised of the SNNC, the Ministry of Health and SINAN. This group was tasked to carry out the assessment. After the completion of data collection, the draft report was again presented to the different partners who again included the civil society, all the institutional and regional nurse managers. The results were collated and agreed upon and the report was finalized.

## FINDINGS

### 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> | 0-29                  |                   |
|  | 30-49                 |                   |
|  | 50-89                 | 66.7 %            |
|  | 90-100                |                   |

#### Source of data:

Demographic Health Survey Report, 2007

#### Summary Comments

Early initiation is more likely in children delivered at hospital than those delivered at home

### 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> |                       |                      |
|   | 0-11                  |                      |
|   | 12-49                 | 32%                  |
|   | 50-89                 |                      |
|   | 90-100                |                      |

#### Source of data:

Demographic Health Survey Report 2007

#### Summary Comments:

In this high HIV prevalence rate, the denominator for exclusive breastfeeding rate might need to be calculated carefully so that mothers who choose replacement feeding are excluded from the denominator.

### 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 % |
|---|---------------------|----------------------|
| <b>Median Duration of Breastfeeding</b> | 0-17 Months         | 17 months            |
|   | 18-20 ''            |                      |
|   | 21-22 ''            |                      |
|   | 23-24 ''            |                      |

#### Source of data:

Demographic Health Survey Report 2007

#### Summary Comments

Median duration of breastfeeding may be expected to drop in the future owing to shortened breastfeeding by HIV positive mothers who constitute 42% of total pregnant mothers attending ANC. However more needs to be done for mothers who are HIV negative.

### 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 % |
|--------------------------------------|---------------------|----------------------|
| <b>Bottle Feeding (&lt;6 months)</b> | 30-100%             |                      |
|                                      | 5-29%               | <b>29.16%</b>        |
|                                      | 3-4%                |                      |
|                                      | 0-2%                |                      |

#### Source of data:

Demographic Health Survey 2007

#### Summary Comments

The code of marketing of breastmilk substitutes is not a law in the country. As a result, the sale and availability of bottles will not be under scrutiny. Bottles are prohibited though in Public hospitals.

## 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 % |
|---|-----------------------|----------------------|
| <b>Complementary Feeding (6-9 months)</b> | 0-59                  |                      |
|   | 60-79                 | 77%                  |
|   | 80-94                 |                      |
|   | 95-100                |                      |

### Source of data:

Swaziland Demographic Health Survey, 2007

### Summary Comments

There is a lot of room for improvement on this indicator. The introduction of the integrated course on IYCF is helpful at this point onwards.

## 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<br>✓<br><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       | ✓                                    |
| 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       | ✓                                    |
| 6.3) A National Plan of Action has been developed with the policy   | 2       |                                      |
| 6.4) The plan is adequately funded  | 1       |                                      |
| 6.5) There is a National Breastfeeding Committee  | 1       | ✓                                    |
| 6.6) The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis   | 1       |                                      |
| 6.7) The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively                         | 0.5     |                                      |

|   |              |  |
|---|--------------|--|
| 6.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference | 0.5          |  |
| <b>Total Score</b>  | <b>5/ 10</b> |  |

**Information and Sources Used:**

Annual National Nutrition Council Plans and Reports.

**Gaps:**

- Lack of a policy informed plan of action;
- The committee is in place but does not meet and the terms of Reference are not in place; and
- The linkages are not clearly defined and not effective due to lack of regular meetings.

**Recommendations:**

There is a need for clear terms of reference for both the committee and the national coordinator. There is also a need for a planning process that is informed by the policy and all stakeholders.

**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?

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

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

**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? 59 % (write in %)*

| Criteria   | Score    | Results<br>✓ Check any one |
|--|----------|----------------------------|
| 0  | 0        |                            |
| 0.1 - 7%   | 1        |                            |
| 8 – 49%  | 2        |                            |
| 50 – 89%   | 3        | ✓                          |
| 90 - 100%  | 4        |                            |
| <b>Rating on BFHI quantitative achievements:</b> | <b>¾</b> |                            |

## 7B) Qualitative

7.2) What is the skilled training inputs and sustainability of BFHI? 91 % (write in %)

BFHI designated hospitals that have been certified after a minimum recommended training of 18 hours for all its staff working in maternity services

| Criteria           | Score          | Results<br>✓ Check any one |
|--------------------|----------------|----------------------------|
| 0                  | 0              |                            |
| 0.1-25%            | 1              |                            |
| 26-50%             | 1.5            |                            |
| 51 –75%            | 2.5            |                            |
| 75% and more       | 3.5            | ✓                          |
| <b>Total Score</b> | <b>3.5/3.5</b> |                            |

## Qualitative

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

| Criteria  | Score         | Results<br>✓ Check that apply |
|---|---------------|-------------------------------|
| 7.3) BFHI programme relies on training of health workers                                      | .5            | ✓                             |
| 7.4) A standard monitoring system is in place   | .5            |                               |
| 7.5) An assessment system relies on interviews of mothers                                     | .5            | ✓                             |
| 7.6) Reassessment systems have been incorporated in national plans                            | .5            | ✓                             |
| 7.7) There is a time-bound program to increase the number of BFHI institutions in the country | .5            | ✓                             |
| <b>Total Score</b>  | <b>2/2.5</b>  |                               |
| <b>Total Score 7A, 7B and 7C</b>  | <b>8.5/10</b> |                               |

### Information and Sources Used:

National Food and Nutrition strategic plan, National BFHI report 2009 and SINAN Annual report.

### Gaps:

The Monitoring and Evaluation tools are yet to be used by the facilities.

### Recommendations:

The facilities need orientation on how to sustain BFHI as well as carry out the Monitoring and evaluation system (internal and external BFHI assessments). The private hospitals need to be taken on board for BFHI training and implementation. BFHI may need to be integrated into The National Quality assurance programme for sustainability.

### **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?

| <b>Criteria</b>  | <b>Scoring</b> | <b>Results</b>  |
|--|----------------|---|
|  |                | ✓ <i>Check those apply. If more than one is applicable, record the highest score.</i> |
| 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              |   |
| 8.10) All articles of the Code as law, monitored and enforced  | 10             |   |
| <b>Total Score:</b>  | <b>6/10</b>    |   |

**Information and Sources Used:**

National Nutrition Reports.

**Gaps:**

- Lack of targeted and effective advocacy strategy; and
- The Code as been drafted and is with the Attorney general’s office. It will then be tabled in parliament before becoming an act.

**Recommendations:**

This process has dragged on for too long and needs more regional and national support and effort for the finalisation.

### 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<br>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     |   |
| 9.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.                                     | 1     |   |
| a. Unpaid break   | 0.5   |   |
| b. Paid break   | 1     | ✓   |
| 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     |   |
| 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     |   |
| 9.5) Women in informal/unorganized and agriculture sector are:  | 1     |   |
| a. accorded some protective measures  | 0.5   |   |
| b. accorded the same protection as women working in the formal sector   | 1     |   |
| 9.6)  |       |   |
| a. Information about maternity protection laws, regulations, or policies is made available to workers   | 0.5   |   |
| b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.?   | 0.5   |   |
| 9.7) Paternity leave is granted in public sector for at least 3 days.   | 0.5   |   |
| 9.8) Paternity leave is granted in the private sector for at least 3 days.  | 0.5   |   |
| 9.9) There is legislation providing health protection for   | 0.5   |   |

|   |               |  |
|---|---------------|--|
| 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. |               |  |
| 9.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.   | 0.5           |  |
| 9.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.   | 0.5           |  |
| 9.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.  | 0.5           |  |
| <b>Total Score:</b>   | <b>1.5/10</b> |  |

**Information and Sources Used:**

National Nutrition Reports.

**Gaps:**

The government has not ratified the ILO convention but currently has a regulation providing maternity leave to its employees. The private sector and informal sector (which accommodates more women) is not at all catered for this regulation.

**Recommendations:**

There is need for a plan of action to ratify or put up legislation on maternity protection based on the 2008 baseline assessment.

## 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<br>✓ <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 <sup>1</sup> 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. <sup>2</sup>  | 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. <sup>3</sup>  | 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            |
|   | ✓                                    |            |              |
| <b>Total Score:</b>   | <b>7/10</b>                          |            |              |

### Information and Sources Used:

- National Nutrition Council;
- Ministry of Health Reports; and
- SINAN reports.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

### Gaps:

The in-service training program is under funded and continuously depends on outside resources. There will not be sustainability if the situation remains like that.

### Recommendations

- Need to scale up Infant feeding issues into all Maternal, neonatal and Child Health programmes; and
- All the lecturers need to be trained as trainers so that they carry out the training in their schools.

### 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     |                |    |
|--|-------------|----------------|----|
|  | 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  |
|  |             | ✓              |    |
| <b>Total Score:</b>  | <b>7/10</b> |                |    |

### Information and Sources Used:

- National Nutrition Council,
- Ministry of Health,
- Ministry of Agriculture and the
- Child Coordinating Unit Reports.
- Annual and strategic plans.
- BFHI Report 2009.

**Gaps:**

Low training coverage of community based workers on infant nutrition.

**Recommendations:**

More capacity needed for community based workers.

|  |
|--|
| <b>Indicator 12: Information Support</b> |
|--|

| Criteria   | Results                             |                                     |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|
|  | Yes                                 | To some degree                      | No                       |
| 12.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.   | 2                                   | 1                                   | 0                        |
|  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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                        |
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 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                        |
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 12.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.  | 2                                   | 1                                   | 0                        |
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 12.5) A national IEC campaign or programme <sup>4</sup> 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                        |
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Total Score:</b>  | <b>9/10</b>                         |                                     |                          |

**Information and Sources Used:**

- National Nutrition Reports;
- SINAN annual Reports;
- Reviewed IEC materials are in place.
- BFHI report 2009.

**Gaps:**

<sup>4</sup> 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).

The National Nutrition Communication strategy is final but is still to be operationalised while the National Maternal, neonatal and Child health communication strategy remain in draft form.

**Recommendations:**

The two documents above need to be operationalised.

**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                                   | 1       | 0.5            | 0  |

|   |             |     |   |
|---|-------------|-----|---|
| mothers and infants, including those who are HIV negative or of unknown status.   |             |     | ✓ |
| 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 |
|   | ✓           |     |   |
| <b>Total Score:</b>   | <b>9/10</b> |     |   |

**Information and Sources Used:**

- National BFHI report, 2009
- National Nutrition Annual Report
- SINAN Annual Report

**Gaps:**

The monitoring and evaluation system is not in place.

**Recommendations:**

There is need for a national M and E system as well as research agenda for infant feeding in the context of HIV.

**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 |                |    |
|--|---------|----------------|----|
|  | 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 |
|  |             |   | ✓ |
| <b>Total Score:</b>  | <b>0/10</b> |   |   |

**Information and Sources Used:**

**Gaps:**

**There is no plan for infant feeding in emergencies**

**Recommendations:**

There is a need to produce national action plan/guidelines for emergencies.

**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     |                |    |
|--|-------------|----------------|----|
|  | 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  |
|  | ✓           |                |    |
| <b>Total Score:</b>  | <b>6/10</b> |                |    |

**Information and Sources Used:**

National Survey reports (DHS, Multiple indicator survey, National Nutrition Survey, Vulnerability assessments. National Nutrition Activity reports.

**Gaps:**

- Lack of pre and post activity monitoring and evaluation system; and
- Weak feedback mechanism.

**Recommendations:**

Set up and implement an M and E strategy for all infant nutrition activities.

**List of the partners for the assessment process; Government Departments:**

1. Ministry of Health
2. Ministry of Agriculture
3. Children's Coordinating Unit
4. National Nutrition Council

**UN Agencies:**

5. UNICEF
6. WHO

**National and International NGOs:**

7. World Vision
8. Action against Hunger
9. IBFAN Africa
10. EGPAF
11. SINAN