

WBTi DATABASE QUESTIONNAIRE

Data For Srilanka for the year 2005

Note: Data Entry Exists

Part I

(1) Percentage of babies breastfed within one hour of birth

Comments, Summary and Source of Data for Score 1(Upto 500 characters)

Large majority of Sri Lankan mothers, including those who undergo Caesarean section, breastfeed their babies within 1 hour of delivery.

(2) Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours

Tick here if this data available is for babies of 0-4 months only. Please note that we won't be effectively compare and color code such data.

Comments, Summary and Source of Data for Score 2(Upto 500 characters)

The national recommendations upto now advocate exclusive breastfeeding for 4-6 months and as a result this information is available for the 0-4 month period. However initiative has been taken to adopt the current international recommendations of exclusive breastfeeding for 6 months as the national recommendation.

(3) Babies are breastfed for a median duration of how many months?

Comments, Summary and Source of Data for Score 3(Upto 500 characters)

Mean duration of breastfeeding by sector (Statistics from DHS surveys)					
	1987	1993	2000		
Greater Colombo	18	19'7			
Other urban	17'8	19'8	21'6		
Rural	23'6	27'2	27'7		
Estate	21'0	24'4	21'6		

(4) Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles

Comments, Summary and Source of Data for Score 4(Upto 500 characters)

(5) Percentage of breastfed babies receiving complementary foods at 6-9 months of age

Comments, Summary and Source of Data for Score 5(Upto 500 characters)

Nearly all the infants in Sri Lanka receive complementary foods by 6-9 months of age.

However improvement is needed with regard to the quality of the complementary foods and feeding practices.

Family Health Bureau of Ministry of Health has taken steps to improve these aspects.

Part II

Please Check This Box if You don't have Part II Data

Else Uncheck this box, continue answering and submit by clicking the submit button at the end of Part 2

(6) National Policy, Programme and Coordination

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 committee and coordinator?

[6.1] A national infant and young child feeding / breastfeeding policy has been officially adopted/approved by the government

[6.2] The policy promotes exclusive breastfeeding for first six months and appropriate and adequate complementary feeding thereafter along with continued breastfeeding for two years and beyond

[6.3] A national plan of action developed with the policy

[6.4] The plan is adequately funded

[6.5] There is a National Breastfeeding Committee

[6.6] The national breastfeeding (infant and young child feeding) committee meets and reviews on a regular basis

[6.7] The national breastfeeding (infant and young child feeding) committee links with all other sectors like health, nutrition, information etc. effectively

[6.8] The National Breastfeeding Committee is headed by a coordinator with clear terms of reference

Summarize which aspects of IYCF policy, program and coordination are good and which need improvement and why? Any further analysis needed and recommendations for action (Upto 500 characters). And also mention source of data (Upto 500 characters)

The current national policy was drafted in 1994 and a committee comprising leading consultants of the country has been appointed by Ministry of Health to draft a new national breastfeeding policy to suit current requirements.

There is no national plan developed with the current policy but Family Health Bureau of the Ministry of Health has included IYCF in its 5 year action plan and is adequately funded.

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

(7(A)) - What percentage of hospitals and maternity facilities those provide maternity

services have been designated "Baby Friendly" based on the national criteria?

[7.1] Percentage of hospitals and maternity facilities that provide maternity services have been designated "Baby Friendly" for implementing ten steps to successful breastfeeding

(7(B)) - What is the skilled training input in BFHI programme?

[7.2] Percentage of BFHI designated hospitals that have been certified after a minimum recommended training of 18 hrs for its entire staff working in maternity services.

(7(C)) - What is the quality of BFHI programme implementation?

[7.3] BFHI programme relies on training of health workers

[7.4] A standard monitoring system is in place

[7.5] An assessment system relies on interviews of mothers

[7.6] Reassessment systems have been incorporated in national plans

Summarize how the country is doing in achieving Baby friendly targets in quantity and quality both. List any aspects of the initiative needing improvement and why? Any further analysis needed and recommendations for action (Upto 500 characters). And also mention source of data (Upto 500 characters)

There is a large number of hospitals and maternity units which provide maternity services in Sri Lanka but in a large majority of them only a small number of deliveries take place per year.

75% of deliveries take place in specialised institutions and BFHI in Sri Lanka has mainly targeted these institutions.

Currently 80% of deliveries take place in institutions declared as Baby Friendly.

At the time of declaring these hospitals as baby friendly, staff of many hospitals had not undergone the 18 hour training on lactation management. But currently in 60% of the baby friendly hospitals, staff attached to maternity and neonatal care units have been trained in the 40 hour lactation management course.

(8) Implementation of the International Code

Is the International Code of Marketing of Breastmilk substitutes in effect and implemented? Has any new action been taken to give effect to the aims and principles of the code?

[8.1] No action taken

[8.2] The best approach is being studied

[8.3] Law drafted, awaiting final approval

[8.4] Some articles of the code as a voluntary measure

[8.5] Code as a voluntary measure

[8.6] Some articles of Code as law

[8.7] All articles of the Code as law, monitored

[8.8] All articles of the Code as law, monitored and enforced

[8.9] New / additional legislation to protect breastfeeding to give effect to the aims and principles of the code exist

Summarize which aspects of the Code compliance have been achieved and which need improvement and why? Any further analysis and recommendations for action (Upto 500 characters). And also mention source of data (Upto 500 characters)

The existing Sri Lankan Code on Marketing of Breast Milk Substitutes was drafted in 1983 and was amended in 2002.

A committee comprising leading consultants of the country has been appointed by Ministry of Health to draft a new Sri Lankan Code on Marketing of Breast Milk Substitutes to suit current requirements.

(9) Maternity Protection

Is there legislation that meets International Labor Organization (ILO) standards for protecting and supporting breastfeeding among working mothers?

[9.1] Women covered by the legislation are allowed at least 14 weeks of paid maternity leave

[9.2] Women covered by the convention are allowed at least one paid breastfeeding break daily

[9.3] Private sector employers of women in the country give at least 14 weeks paid maternity leave and paid nursing breaks

[9.4] There is language in national legislation that encourages work site accommodation for breastfeeding and/or childcare in work places in the formal sector

[9.5] Women in informal / unorganized sector are provided same protection

[9.6] There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period

[9.7] The ILO MPC No 183 has been ratified

[9.8] The ILO MPC No 183 has been enacted

Summarize which aspects of the legislation are good and which need improvement and why? Any further analysis needed and recommendations for action (Upto 500 characters). And also mention source of data (Upto 500 characters)

In the government sector, mothers are given 84 days of full pay maternity leave; another 84 days of half pay maternity leave and another 84 days of no pay leave. In the private sector, mothers are given 84 days of full pay maternity leave for the first 2 child births and 42 days full pay maternity leave for subsequent child births.
The ILO MPC 183 has been ratified by Government of Sri Lanka and approved by Parliament and will be enacted in the near future.

(10) Health and Nutrition care

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

[10.1] A review of health provider schools and pre-service education programmes in the country indicates that infant & young child feeding curricula or session plans are adequate/inadequate
Adequate Inadequate No-reference

[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
Adequate Inadequate No-reference

[10.3] There are in-service training programmes providing knowledge and skills related to infant & young child feeding for relevant health/nutrition care providers.
Adequate Inadequate No-reference

[10.4] Health workers are trained with responsibility towards Code implementation as a key input.
Adequate Inadequate No-reference

[10.5] Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)

Adequate Inadequate No-reference

[10.6] These in-service training programmes are being provided throughout the country

Adequate Inadequate No-reference

[10.7] Child health policies allow mothers and babies to stay together when one of them is sick

Adequate Inadequate No-reference

Summarize which aspects of health and nutrition are good and which need improvement and why? Identify areas needing further analysis and recommendations for action. (Upto 500 characters). And also mention source of data (Upto 500 characters)

Health workers in Sri Lanka are sensitised about importance of breastfeeding and basic technical issues but that training is inadequate for them to provide effective counselling services to mothers regarding infant feeding.
Family Health Bureau is conducting a 6 day training of trainers programme on lactation management counselling and 3 day training of trainers on complementary feeding. These trained trainers in turn train the staff in their respective institutions in the periphery.

(11) Community Outreach

Are there community outreach and support mechanisms in place to protect, promote and support optimal infant and young child feeding?

[11.1] Women have access to counseling services on infant and young child feeding in the community during pregnancy?

Yes To Some Degree No

[11.2] Women have access to infant and young child feeding counseling after birth

Yes To Some Degree No

[11.3] The infant and young child feeding counseling services have national coverage

Yes To Some Degree No

[11.4] Counseling services are integrated into an overall infant and child health strategy (inter-sectoral and intra-sectoral)

Yes To Some Degree No

[11.5] Counselors are trained in skills

Yes To Some Degree No

Summarize which aspects of community outreach are good and which need improvement and why? Identify areas needing further analysis and recommendations for action. (Upto 500 characters). And also mention source of data (Upto 500 characters)

Field maternal and child health services in Sri Lanka are provided by Medical Officers of Health, Public Health Nursing Sisters and Public Health Midwives islandwide. Counselling services on infant feeding is one of the key areas covered by these field health staff. However the Knowledge, attitudes and skills of these officers on infant feeding counselling need improvement.

(12) Information Support

Are comprehensive Information, education and communication (IEC) strategies for improving infant and young child feeding practices (breastfeeding and complementary feeding) being implemented?

[12.1] There is a comprehensive national IEC strategy for improving infant and young child feeding

Yes To some degree No

[12.2] IEC programmes (either governmental or non-governmental) that include infant and young child feeding are being actively implemented at local levels

Yes To some degree No

[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

Yes To some degree No

[12.4] The content of IEC messages is technically correct, sound, based on national or international guidelines

Yes To some degree No

[12.5] A national IEC Campaign or programme using electronic and print media and activities has channeled messages on infant and young child feeding to targeted audiences in the last 12 months

Yes To some degree No

Summarize which aspects of the Information, education and communication (IEC) programme are good and which need improvement and why? Identify areas needing further analysis and recommendations for action (Upto 500 characters). And also mention source of data (Upto 500 characters)

Ministry of Health has taken a lot of initiatives in the field of IEC material on infant feeding.

Five booklets have been prepared titled-

- 1) For successful breastfeeding
- 2) Common problems and solutions on breastfeeding.
- 3) Working mother and breastfeeding
- 4) How to feed EBM
- 5) Caesarean Section and breastfeeding.

Steps have been taken to make available these books to all the mothers in Sri Lanka on lending basis.

Numerous other booklets, posters, wall charts and leaflets have been published by government agencies on infant and young child feeding.

However the awareness programmes on infant and young child feeding in electronic and print media need to be strengthened.

(13) Infant Feeding and HIV

Are appropriate policies and programmes in place to ensure that mothers with HIV are informed about risks and benefits of different infant feeding options and supported in their infant feeding decisions?

[13.1] The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV

Yes To some degree No

[13.2] The infant feeding and HIV policy gives effect to the International Code/National Legislation

Yes To some degree No

[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 counseling and support

Yes To some degree No

[13.4] Antenatal VCCT (Voluntary and Confidential Counseling and Testing) is available and offered routinely to couples that are considering pregnancy and to pregnant women and their partners

Yes To some degree No

[13.5] Locally appropriate infant feeding counseling in line with current international recommendations is provided to HIV positive mothers (See Annex 7 for health worker guidelines)

Yes To some degree No

[13.6] Mothers are supported in their infant feeding decisions with further counselling and follow up to make these decisions as safe as possible

Yes To some degree No

[13.7] Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support breastfeeding in the general population

Yes To some degree No

[13.8] On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission on infant feeding practices and health outcomes for mothers and infants, including those who are HIV negative or of unknown status

Yes To some degree No

[13.9] The Baby-friendly hospital initiative provides 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

Yes To some degree No

Summarize which aspects of HIV and infant feeding programming are good and which need improvement and why? Identify areas needing further analysis and recommendations for action (Upto 500 characters). And also mention source of data (Upto 500 characters)

VCCT is still not available routinely to couples and pregnant mothers and their partners.
Counselling services, which include infant feeding counselling, are available for HIV positive mothers but this issue needs improvement.

(14) Infant Feeding During Emergencies

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?

[14.1] A policy that addresses key issues related to infant and young child feeding in emergencies has been endorsed or developed

Yes To some degree No

[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

Yes To some degree No

[14.3] A contingency plan to undertake activities to facilitate exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been

developed

Yes To some degree No

[14.4] Resources identified for implementation of the plan during emergencies

Yes To some degree No

[14.5] Appropriate 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

Yes To some degree No

Summarize which aspects of emergency preparedness are good and which need improvement and why? Identify areas needing further analysis and recommendations for action (Upto 500 characters). And also mention source of data (Upto 500 characters)

Prior to December 2004 there wasn't an effective emergency preparedness on infant and young child feeding.
This deficiency was greatly felt during the tsunami disaster in December 2004 which caused an adverse impact on the existing breastfeeding promotion programme.
Policies and strategies were quickly drafted on feeding of infant and young child feeding during emergencies and can now be rapidly applied in any emergency situation.

(15) Monitoring and Evaluation

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

[15.1] Monitoring and evaluation components are built into major infant and young child feeding program activities

Yes To Some degree No

[15.2] Monitoring and Management Information System (MIS) data are considered by program managers as part of the planning and management process

Yes To Some degree No

[15.3] Adequate baseline and follow-up data are collected to measure outcomes for major infant and young child feeding program activities

Yes To Some degree No

[15.4] Evaluation results related to major infant and young child feeding program activities are reported to key decision-makers, both at national and regional/local levels

Yes To Some degree No

[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

Yes To Some degree No

Summarize which aspects of monitoring and evaluation are good and which need improvement and why? Identify areas needing further analysis and recommendations for action (Upto 500 characters). And also mention source of data (Upto 500 characters)

Monitoring and evaluation component of the infant and young child feeding programme needs improvement. However the national level managers take into consideration the existing information on infant and young and child feeding in the planning and management process.

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End of Questionnaire