LESOTHO

The World Breastfeeding Trends Initiative (WBT*i*) Report

Final

Compiled by WBTi Team: 2012-02-24

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Introduction

Infant and young child feeding (IYCF) practices include early initiation of breastfeeding within the first hour of birth, exclusive breastfeeding for the first six months of life and timely introduction of semi-solid/solid foods from age 6 months and increasing the amount and variety of foods and frequency of feeding as the child gets older, while maintaining frequent breastfeeding. Guidelines have been established with respect to IYCF practices for children age 6-23 months (WHO, 2003; WHO, 2005). Breastfed children are considered fed in accordance with the minimum IYCF standards if they consume at least three food groups and receive foods other than breast milk at least twice per day in the case of children aged 6-8 months and at least three times per day in the case of children aged 9-23 months. Non breastfed children are considered to be fed in accordance with the minimum IYCF standards if they consume milk or milk products, are fed four food groups (including milk products), and are fed at least four times per day (LDHS,2009).

The global strategy for infant and young child feeding describes essential actions to protect, promote and support appropriate infant and young child feeding. It focuses on the importance of investigating in this crucial area to ensure that children grow to their full potential free from the adverse consequences of compromised nutritional status and preventable illnesses. It builds on existing approaches and provides a framework of linking synergistically the contributions of multiple programme areas including nutrition, child health and development and maternal and reproductive health.

The aim of the strategy is to improve the optimal feeding, the nutritional status, health growth and development and thus the survival of infant and young children. The objectives of the strategy are;

- To raise awareness of the main problems facing IYCF, identifying approaches to their solution and provide a framework for essential interventions and
- To increase the commitment of governments, international organizations and other concerned parties for optimal feeding practices for infants and young children;

- To create an environment that will enable mothers, families and other caregivers in all circumstances to make and implement informed choices about optimal feeding practices for infants and young children

Acronyms	
BCMC-L	**Baylor College of Medicine Children's Foundation-Lesotho**
BFHI	**Baby Friendly Hospital Initiative**
DRRP	**Disaster Risk Reduction Policy**
EGPAF	**Elizabeth Glazer Paediatric AIDS Foundation**
FHD	**Family Health Division**
FNCO	**Food and Nutrition Coordinating Office**
GLOPAR	**Global Participatory Action Research**
HIV	**Human Immunodeficiency Virus**
IBFAN	**International Baby Food Action Network**
IMCI	**Integrated Management of Childhood Illnesses**
IYCF	**Infant and Young Child Feeding**
LBPN	**Lesotho Breastfeeding Promotion Network**
LDHS	**Lesotho Demographic and Health Survey**
LNNS	**Lesotho National Nutrition Survey**
MAFS	**Ministry of Agriculture and Food Security**
MDG	**Millennium Development Goals**
MOHSW	**Ministry of Health and Social Welfare**
NUL	**National University of Lesotho**
PMTCT	**Prevention of Mother to Child Transmission**
UNICEF	**United Nations Children's Fund**
WABA	**World Alliance for Breastfeeding Action**
WBT*i*	**World Breastfeeding Trends initiative**
WHO	**World Health Organization**

About WBT*i*

WBTi is a monitoring and evaluation tool initiated in Asia which uses the methodology and philosophy of Global Participatory Action Research 1993 developed by the World Alliance for Breastfeeding Action (WABA) to track targets set by the Innocenti Declaration of 1990. WBTi has also adopted the WHO (2003) monitoring and evaluation tool on infant and young child feeding for assessing national practices, policies and programmes. WBTi encourages countries to document the status of the implementation of the global strategy for infant and young child feeding which aims at reducing child malnutrition and mortality (MDG 4). WBTi aims to induce action and is expected to create data bank of the infant feeding practices, policies and programmes.

WBTi involves a three phase process indicated below:

Phase one: is to conduct a national assessment of the implementation of the global strategy through the involvement of various partners or stakeholders to analyze the situation in the country and find out the gaps. These gaps are used for developing recommendations for advocacy and action.

Phase two: WBTi uses the findings of the national assessment and provides scoring, rating, grading and ranking each country or region based on IBFAN Asia's Guidelines for WBTi.

Phase three: WBTi encourages countries to conduct a repeat assessment after 3-5 years to analyze trends in programmes and practices as well as overall breastfeeding rates in a country and identifies areas still requiring improvement. They can also help in studying the impact of a particular intervention over a period of time.

The WBTi is based on a wide range of indicators, which provide an impartial global view of key factors. The WBTi has identified 15 indicators; each indicator has its specific significance. Part 2 has 5 indicators related to infant and young child feeding practices recommended by the WHO. These include;

- Initiation of Breastfeeding (within 1 hour)
- Exclusive Breastfeeding (for first 6 months)
- Median Duration of Breastfeeding
- Bottle-feeding
- Complementary-feeding

Part 1 has 10 indicators dealing with policies and programmes. These include:

- National policy, programme and coordination

- Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)
- Implementation of the International Code
- Maternity Protection
- Health and Nutrition Care Systems
- Mother Support and Community Outreach
- Information Support
- Infant feeding and HIV
- Infant Feeding During Emergencies
- Monitoring and Evaluation

Each indicator has the key question that needs to be investigated , background on why the practice, policy or programme component is important and, a list of key criteria as subset of questions to consider in identifying achievements and areas needing improvement, with guidance for scoring, rating and grading how well the country is doing.

Preparation for WBTi Training

The Ministry of Health and Social Welfare through the office of the Director General of Health Services requested IBFAN Africa for technical and financial support to conduct the country WBTi workshop on 20th- 24th February, 2012. This request was following IBFAN Africa workshop on World Breastfeeding Trends Initiative (WBTi) in September, 2008 aimed at monitoring and evaluation of the Infant and Young Child Feeding programmes in the region.

The Ministry then sent invitations to relevant line ministries and other stakeholders.

Methodology

Day 1

IBFAN regional coordinator made two presentations that address the following issues:

The Global Strategy for Infant and Young Child Feeding

It was mentioned that, the key objective of the global strategy is to improve through optimal feeding – the nutritional status, growth and development, health, and thus the survival of infants and young children.

It was also mentioned that the global strategy reaffirmed four (4) targets of the Innocenti Declaration as well as the additional five (5) targets indicated below:

Four (4) targets

1. Establishment of national breastfeeding coordinators & committees
2. Ensure appropriate maternity services: BFHI

3. Renew efforts to give effect to the International Code of Marketing of BM Substitutes,

4. Enact imaginative legislation protecting the breastfeeding rights of working women.

Additional five (5) targets

5. To develop, implement, monitor and evaluate a comprehensive policy on infant and young child feeding, in the context of national policies and programmes for nutrition, child and reproductive health, and poverty reduction;

6. To ensure that the health and other relevant sectors protect, promote and support exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require – in the family, community and workplace – to achieve this goal;

7. To promote timely, adequate, safe and appropriate complementary feeding with continued breastfeeding;

8. To provide guidance on feeding infants and young children in exceptionally difficult circumstances, and on the related support required by mothers, families and other caregivers;

9. To consider what new legislation or other suitable measures may be required, as part of a comprehensive policy on infant and young child feeding, to give effect to the principles and aim of the International Code of Marketing of Breast-milk Substitutes and to subsequent relevant Health Assembly resolutions.

The World Breastfeeding Trends Initiative (WBTi)

The **WBTi** is an IBFAN and WABA innovative initiative started in India by IBFAN Asia. It was further clarified that WBTi is a Web-based monitoring and evaluation toolkit developed to track, assess and monitor the implementation of the Global Strategy for Infant and Young Child feeding. It also provides a visual presentation by colour coding of country performance with red, yellow, blue and green in order of achievement in 15 indicators of which five (5) address IYCF practices and ten (10) address policy and programme.

Discussions

The discussions were based around the topics mentioned and further clarifications on topics presented.

The group also requested more information on the role of IBFAN Africa and this was explained.

The issues on the Code of Marketing Breastmilk Substitutes and Violations raised a lot of interest and many group members were more enlightened in this area.

Day 2 and Day 3

The main activities involved tracking, assessing and monitoring indicators for World Breastfeeding Trends initiatives in Lesotho.

The group decided not to split into smaller groups for day 2 and day 3 discussions, the reason being that the group felt it was important to have consensus on every opinion raised by the team on all indicators.

On day 2 indicators 11 to 15 and 1 and 2 were covered and on day 3 indicators 3 to 10 were assessed. On the third day (3rd) the group did summary part 1 and part 2 to show the overall score, colour rating and grading according to IBFAN Asia guidelines for WBTi.

Day 4

The team broke into 4 groups for the write up of the report. They worked on different components of the report. Eventually the groups came together for information sharing and consolidation of the report.

Day 5

On day 5 WBTi Lesotho 1st draft report was presented to stakeholders for validation. The final report will be distributed to key stakeholders for information and action.

Conclusions and Consensus Building

There was an elaborate discussion on each indicator before consensus was reached. During discussions on each indicator, reference was made to different national publications, guidelines and reports.

Results:

Indicator 1: ***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 ✓ *Check any one*	Colour	Grade
1.1) A national Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2	✓		
1.2) 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	✓		
1.3) A National Plan of Action has been developed with the policy	2	✓		
1.4) The plan is adequately funded	1			
1.5) There is a National Breastfeeding Committee	1	✓		
1.6) The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	✓		
1.7) The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5			
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	✓		
Total Score	**/ 10**	**8.5**		**B**

Information and Sources Used:

Food and Nutrition Coordination Office report 2010.

National Nutrition Policy and Strategic Plan 2011

Gaps:

There is no adequate funding for the nutrition plans. However, there are plans from partners to provide funding for supporting IYCF initiatives in Lesotho for the next financial year 2012-2013.

Nutrition is not given a priority within the department it is located. Although it may bid for more resources, it is not possible to access them from budget allocations. It solely relies on donor funding.

Indicator 2: *Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)*

Key Question:

2A) What percentage of hospitals and maternity facilities that provide maternity services have been designated "Baby Friendly" based on the global or national criteria?
2B) What is the skilled training inputs and sustainability of BFHI?
2C) What is the quality of BFHI program implementation?

2A) Quantitative

2.1) 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*	Colour	Grade
0 - 7%	1	0		
8 – 49%	2			
50 – 89%	3			
90 - 100%	4			
Rating on BFHI quantitative achievements:	**---/4**	**0**		**D**

2B) Qualitative

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

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 ✓ *Check any one*	Colour	Grade
0-25%	**1**	**0**		
26-50%	1.5			
51 –75%	2.5			
75% and more	3.5			
Total Score	**----/3.5**	**0**		**D**

Qualitative

2C) What is the quality of BFHI program implementation?

Criteria	Score	Results ✓ Check that apply	Colour	Grade
2.3) BFHI programme relies on training of health workers	.5	.5 ✓		
2.4) A standard monitoring system is in place	.5	.5 ✓		
7.5) An assessment system relies on interviews of mothers	.5	.5 ✓		
2.6) Reassessment systems have been incorporated in national plans	.5			
2.7) There is a time-bound program to increase the number of BFHI institutions in the country	.5			
Total Score	**/2.5**			
Total Score 2A, 2B and 2C	**/10**	**1.5**		**D**

Information and Sources Used:

BFHI Report 2011

Gaps:

Apart from when BFHI was first introduced there has been no other training of health workers at all levels.

A monitoring tool is in place however monitoring is not regularly carried out and furthermore this is not done in all districts.

The whole BFHI programme has not been included in the National Plan and there is need to bring this to the attention of the Food and Nutrition Coordinating office. This will ensure a harmonised and coordinated programme of BFHI implementation.

It is evident from the results of this assessment that BFHI was not adequately implemented due to several reasons:

- High staff turnover and shortage
- Lack of institutional policies to support BFHI
- Inadequacies in implementation of certain BFHI steps.
- Poor monitoring and weak supportive supervision.
- Lack of sensitisation and trainings of nutritionists and other health care workers on BFHI.
- Inadequate linkages between the health facility and the community (step 10).

For effective BFHI implementation the above gaps need to be addressed.

Indicator 3: *Implementation of the International Code*

Key Question: Are the *International Code of Marketing of Breastmilk Substitutes* and subsequent WHA resolutions 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.	Colour	Grade
3.1) No action taken	0			
3.2) The best approach is being studied	1			
3.3) National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable	2	✓		
3.4) National measures (to take into account measures other than law), awaiting final approval	3			
3.5) Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions	4			
3.6) Some articles of the Code as a voluntary measure	5			
3.7) Code as a voluntary measure	6			
3.8) Some articles of the Code as law	7			
3.9) All articles of the Code as law	8			
3.10) All articles of the Code as law, monitored and enforced	10			
Total Score:	**/10**	**2**		**D**

Information and Sources Used:

MOHSW Nutrition Programme report first Quarter 2012

Lesotho National Nutrition Policy (LNNP) 2011: Draft prepared by Food and Nutrition Coordinating Office. (220/10/2011)

Gaps:

There is no national legislation on the Code but only a draft exists, but the process needs to be re-visited in the MOHSW.

Relevant health personnel at all levels need to be sensitised on the Code.

Code implementation does not reflect in the national Nutrition Policy 2011

Indicator4: *Maternity Protection*

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

Criteria	Score	Results Check ✓ that apply	Colour	Grade
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave				
a. Any leave less than 14 weeks	0.5			
14 to 17weeks	1	✓ 1		
18 to 25 weeks	1.5			
26 weeks or more	2			
4.2) 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	1 ✓ two hours allowed		
4.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1			
4.4) 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			
4.5) 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			
4.6) Information about maternity protection laws, regulations, or policies is made available to workers	0.5	0.5 ✓		
There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.'	0.5	0.5 for the Public sector ✓		
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5			

4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5			
4.9) 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			
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5			
4.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5			
4.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5	✓		
Total Score:	**/10**	**3.5**		**C**

Information and Sources Used:

Ministry of Public Service Circular Notice no: 5 of 2011

Gaps:

There is no monitoring of compliance of the maternity protection regulations.

Maternity protection is observed by public sector but private sector is not obliged to comply with the regulations. Furthermore, women working in the informal sector are not protected.

Information is not communicated to workers on their maternity protection rights.

Indicator 5: *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** ✓ ***Check that apply***				
	Adequate	Inadequate	No Reference	**Colour**	**Grade**
5.1) 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		
	✓				
5.2) 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		
	✓				
5.3) 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		
	✓				
5.4) Health workers are trained with responsibility towards Code implementation as a key input.	1	0.5	0		
		✓			
5.5) 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		
	✓				
5.6) These in-service training programmes are being provided throughout the country.[3]	1	0.5	0		
	✓				
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick	1	0.5	0		
	✓				
Total Score:	**/10**	**9.5**			**A**

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.

Information and Sources Used:

Nutrition programme reports 2011

Infant and Young Child Feeding Curriculum and Training Manual 2010

PMTCT Training Report 2011

Emergency Obstetric Management Neonatal Care (EmNOC) Training Manual 2011

National Guidelines for HIV and AIDS Care and Treatment (3rd edition) MOHSW: Dec 2010

Gaps

There is need for government funding to support training which currently depends on donor funding.

Indicator 6: ***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** ✓ *Check that apply*				
	Yes	To some degree	No	**Colour**	**Grade**
6.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	2	1	0		
		✓			
6.2) All women have access to support for infant and young child feeding after birth.	2	1	0		
	✓				
6.3) Infant and young child feeding support services have national coverage.	2	1	0		
	✓				
6.4) 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		
	✓				
6.5) 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:	**8/10**				**B**

Information and Sources Used:

Village Health Workers Manual 2010

National Guidelines for Prevention of Mother to Child Transmission of HIV (MOHSW) Sept 2010

DHS 2009

Infant and Young Child Feeding Curriculum 2010

Community-based Health Care Services reports: 2011 (to be confirmed)

Gaps:

Counselling skill of community –based volunteers are not adequate, hence the need to train them on optimum IYCF practices.

Indicator 7: 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 ✓ *Check that apply*				
	Yes	To some degree	No	Colour	Grade
7.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.	2	1	0		
	✓				
7.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2	1	0		
	✓				
7.3) 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		
	✓				
7.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2	1	0		
	✓				
7.5) 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:	**9/10**				**A**

Information and Sources Used:

DHS 2009

Infant and Young Child Feeding Curriculum Manual 2010

Gaps: There is need for standardisation of messages. A change in infant feeding guidelines in the context of HIV has led to mixed messages.

Comments:

Individual counselling is available where required. Health workers have mentioned overload of work when there is a lot of demand.

[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).

The National radio has aired a number of programmes. Other innovative efforts such as the use of SMS's with a local telephone company were used in the past year to impart child survival messages including infant feeding.

More resources for IEC programmes will be mobilised.

The DHS 2009 report has shown that about 25% of women and 33% of men are not exposed to any form of information medium.

Indicator 8: *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 ✓ *Check that apply*				
	Yes	To some degree	No	**Colour**	**Grade**
8.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2	1	0		
	✓				
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0		
	✓				
8.3) 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		
	✓				
8.4) HIV Testing and Counselling (HTC) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5	0		
	✓				
8.5) Infant feeding counselling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.	1	0.5	0		
	✓				
8.6) 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		
	✓				
8.7) 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		
	✓				
8.8) 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		
		✓			
8.9) 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:	**9/10**				**B**

Information and Sources Used:

National Guidelines for the prevention of Mother to Child transmission of HIV (MOHSW) Sept 2010

Infant and Young Child feeding Curriculum and Manual 2010

Gaps:

Extension workers are not covered when community workers are trained on updated information on HIV and infant feeding so are unable to help in the communities.

Monitoring and evaluation is still weak in all programme areas.

Indicator 9: *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** ✓ ***Check that apply***				
	Yes	To some degree	No	**Colour**	**Grade**
9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies	2	1	0		
		✓			
9.2) 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		
		✓			
19.3) 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		
			✓		
9.4) Resources identified for implementation of the plan during emergencies	2	1	0		
	✓				
9.5) 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:	**4/10**				**C**

Information and Sources Used:

Emergency Preparedness Plan 2011

Infant and Young Child Feeding Policy 2010

National Contingency Plan for Emergencies – Health Sector Chapter 2009

Gaps:

Guidelines for general feeding in emergencies are available. However, they do not adequately address maternal and infant feeding.

No teaching materials are available for feeding infants and young children in emergencies for both pre- and in–service training.

Nutrition department which falls under the Family Health Division is not reflected in the organisational structure of National Contingency Plan for Emergencies for the Health Sector Chapter.

The National Disaster Emergency stakeholder list omits Nutrition representatives from MOHSW, MAFS and FNCO.

A National Core Group on Emergencies has been established by the Disaster Management Authority and the first meeting is set for 23 February 2012. This may be a step towards addressing the gap identified above.

Indicator 10: 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	Colour	Grade
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0		
			✓		
10.2) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.	2	1	0		
	✓				
10.3) Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	2	1	0		
		✓			
10.4) Evaluation of results related to major infant and young child feeding programme activities are reported to key decision-makers	2	1	0		
		✓			
10.5) 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:	**6/10**				**C**

Information and Sources Used:

Infant and Young Child feeding Curriculum 2010

Nutrition programme report 2011

Gaps:

Nutrition issues in general in all sectors are omitted in the M&E plans.

Underweight indicator is reported through facility data however it is not captured in the HMIS system.

The Nutrition Programme in MOHSW does not yet have an M& E plan.

The programme managers consider data however nutrition data is not adequately included.

Baseline ands follow up has been done with BFHI but not adequately with other programme

Indicator 11: Early Initiation of Breastfeeding

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

Guideline:

Indicator 11	WHO's *Key to rating %*	Existing Status %	Score	Colour	Grade
Initiation of Breastfeeding (within 1 hour)		✓ ***Check appropriate box***			
	0-29				
	30-49				
	50-89	53.4	9		B
	90-100				

Source of data:

DHS 2004 and 2009

Summary Comments

Early initiation of breastfeeding (EIB) decreased from 62.5% in 2004 to 53.4% in 2009. Reasons for declining EIB are attributed to cultural practices that encourage prelacteal feeding. Secondly, some women deliver at home thereby reducing chances of supervised early initiation. It is important to note that home deliveries are still high in the country at 39.9%. Staff workload in health facilities plays a contributing role since they are unable to supervise new mothers.

Indicator 12: 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 12	WHO's *Key to rating %*	Existing Situation %	Score	Colour	Grade
Exclusive Breastfeeding (for first 6 months)		✓ ***Check appropriate box***			
	0-11				
	12-49				
	50-89	54%	9		B
	90-100				

Source of data:

DHS 2004 and 2009

Summary Comments:

The exclusive breastfeeding rates have improved from 36% in 2004 to 54% in 2009. This trend is encouraging and more efforts need to be employed to ensure better infant and child health. Exclusive breastfeeding however, is still a challenge for working women due to the fact that expressed and or expressing breast milk is still a taboo. This is further complicated by beliefs that a baby becomes thirsty on breast milk alone. Some cultural issues are a strong hindrance as well, such as child minders who have an aversion to handling human milk. Therefore in light of the above evidence, strategies are required to address this issue.

Indicator 13: Median duration of breastfeeding

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

Guideline:

Indicator 13	WHO's *Key to rating*	Existing Situation %	Score	Colour	Grade
Median Duration of Breastfeeding		✓ ***Check appropriate box***			
	0-17 Months	17	3		D
	18-20 ''				
	21-22 ''				
	23-24 ''				

Source of data:

DHS 2004 and 2009

Summary Comments

The breastfeeding median duration of 17 months (2009) has actually decreased from 21 months in 2004 A further breakdown of geographical presentation of DHS 2009 showed that urban women have a median duration of only 8 months. The reasons for this decrease are not clear; however the HIV pandemic may be implicated. Additionally, cosmetic reasons and early return to work by mothers could explain the declining breast feeding duration.

Indicator 14: Bottle feeding

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

Guideline:

Indicator 14	**WHO's** Key to rating	**Existing Situation %**	**Score**	**Colour**	**Grade**
Bottle Feeding (<6 months)		✓ ***Check appropriate box***			
	30-100%				
	5-29%	26%	6		C
	3-4%				
	0-2%				

Source of data:

DHS2004 and 2009

Summary Comments

Bottle feeding rates have decreased from 33% in 2004 to 26% in 2009. While this trend is good, there is need to further reduce this figure and promote the use of cup-feeding instead of bottle feeding where necessary.

Indicator 15: Complementary feeding

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

Guideline:

Indicator 15	**WHO's Key** to rating %	**Existing Situation %**	**Score**	**Colour**	**Grade**
Complementary Feeding (6-9 months)		✓ ***Check appropriate box***			
	0-59				
	60-79	74%	6		C
	80-94				
	95-100				

Source of data:

DHS 2004 and 2009

Food Consumption Study report 2009

Summary Comments

The number of children receiving complementary foods at the right time of 6 – 9 months has increased from 64 % in 2004 to 74% in 2009. This trend has resulted from the fact that those receiving solids before 6 months of age have decreased from 34% in 2004 to 20% in 2009. This also reflects an improvement in exclusive breastfeeding rates which have gone up from 36% in 2004 to 54% in 2009.

The quality of complementary feeding remains a challenge for Basotho children as reported by the studies above. The studies indicate that Basotho children's diet lack diversity and are mainly monotonous. The diets are comprised of maize and sorghum meal, vegetables and limited protein (Food Consumption study, 2009).

Recommendations

- In order to improve on correct complementary feeding practices the manual that has been developed by the Nutrition Unit in the Ministry of Agriculture and Food Security, for use by community service providers and care takers needs to be widely disseminated.
- Revitalisation of Lesotho Breastfeeding Promotion Network (LBPN)
- Mobilise more resources from various partners.
- It is important to ensure that the National Plan includes Baby Friendly Hospital Initiative (BFHI) as a programme and to advocate for more government mainstreaming of BFHI as currently it is being donor supported.
- The Ministry of Health and Social Welfare (MOHSW) with UNICEF support drafted a national law on the Code however this was in 2008. So there is a need for Nutrition Programme to meet with the Ministry Legal Officer to map the way forward.
- There is need for training of all relevant stakeholders and institutions of higher learning on the Code and violations.
- There is need for sensitisation of female workers on maternity protection rights and to encourage males to support women during pregnancy and lactation periods.
- Breastfeeding mothers must be given equal training opportunities (cater for baby sitters) in order to practise both exclusive and continuity breastfeeding
- Due to high training costs there is a need to harmonise and integrate training.
- Infant and Young Child Feeding (IYCF) support services at community level are available, but require strengthening in order to create more demand.
- There is a challenge to come up with more innovative ways to reach those not exposed to any information medium with relevant messages. However information indicates that mobile teledensity is at 42% (LCA Report 2009/2010) – there may therefore be need to explore this avenue for information dissemination including bill boards, payslips, phone recharge cards and bills.
- There is need to strengthen collaboration of all nutrition stakeholders at all levels and integrate programmes at community level and to strengthen Monitoring and evaluation at all levels.
- Need to review the DRRP 2011 – Disaster Risk Reduction Policy, at the Disaster Management Authority to ensure inclusion of the more detail on Infant and Young Child Feeding in emergencies.
- There is need for Nutrition stakeholders to develop their capacity in M & E. There may be an opportunity in the Ministry of Health and Social Welfare of working with a partner in developing this capacity for the nutritionists in government.

- Nutrition programmes should advocate for the integration of nutrition indicators into relevant reports as well as intensive integrated monitoring and supervision at all levels.

References

BFHI Report 2011

Emergency Preparedness Plan – Health Sector 2011

Emergency Obstetric Management Neonatal Care (EmNOC) Training Manual 2009

Food Consumption Study report 2009

Food Security Policy and Strategic Plan 2008

Infant and Young Child Feeding Curriculum and Participant Manual 2010

Infant and Young Child Feeding Policy 2010

National PMTCT Guidelines: Sept 2010

National Guidelines for HIV and AIDS Care and Treatment (3rd edition) MOHSW: Dec 2010

National Nutrition Policy and Strategic Plan 2011

Nutrition programme reports 2011

PMTCT Training Report 2011

COUNTRY STATUS ON INFANT AND YOUNG CHILD FEEDING INDICATORS

IBFAN Asia Guidelines for WBT*i*
Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated out of 100.

Summary part 1: Infant and young child feeding (IYCF) policies and programmes

Scores	Colour- rating	Grading
0 - 30	**Red**	**D**
31-60	**Yellow**	**C**
61-90	**Blue**	**B**
91-100	**Green**	**A**

Summary Part I: IYCF Polices and Programmes

Targets	Score(out of 10)
1.National Policy, Programme and Coordination	8.5
2. Baby Friendly Hospital Initiative	1.5
3. Implementation of the International Code	2
4. Maternity Protection	3.5
5. Health and Nutrition Care	9.5
6. Community Outreach	8
7. Information Support	9
8. Infant Feeding and HIV	9
9.Infant Feeding during Emergencies	4
10. Monitoring and Evaluation	6
	61

IBFAN Asia Guidelines for WBT*i*
Total score of infant and young child feeding practices (indicators 11-15)

Summary part 2: Infant and young child feeding (IYCF) practices

Scores	Colour- rating	Grading
0 - 15	**Red**	**D**
16-30	**Yellow**	**C**
31-45	**Blue**	**B**
46-50	**Green**	**A**

IYCF Practice	Result	Score
Indicator 11: Starting Breastfeeding (Initiation)	**53.4%**	**9**
Indicator 12: Exclusive Breastfeeding for first 6 months	**54%**	**9**
Indicator 13: Median duration of Breastfeeding	**17%**	**3**
Indicator 14: Bottle-feeding	**26%**	**6**
Indicator 15: Complementary Feeding	**74%**	**6**
Score	**B**	**33**

Total of Part I and Part II (indicator 1-15): IYCF Practices and Policies and Programmes

Total score of infant and young child feeding practices; policies and programmes **(indicators 1-15)** are calculated out of 150. Countries are then graded as:

Indicators 11-15 scored 33 and 1-10 scores 61.5. The total score is 94.5 which is between 91-135.The grading is blue and colour coding is blue

Scores	Colour- rating	Grading
0 - 45	**Red**	**D**
46-90	**Yellow**	**C**
91-135	**Blue**	**B**
136-150	**Green**	**A**

Indicators	Scores	Colour- rating	Grading
1 – 10	**61**	**Yellow**	C
11-15	**33**	**Blue**	B
Total	**94/150**	**Blue**	B

LIST OF PARTICIPATING ORGANISATIONS FOR ASSESSMENT PROCESS

NAMES	ORGANISATIONS
1. Puseletso Thobileng	MAFS –Nutrition
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3. 'Mannuku Mathe	MOHSW – IMCI
4. Mpho Lifalakane	FNCO
5. Thithidi Diaho	MOHSW– Nutrition Programme
6. Lisemelo Seheri	MOHSW – Nutrition Programme
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