



The World Breastfeeding Trends Initiative (WBTi)

MALAWI ASSESSMENT REPORT



**MINISTRY OF HEALTH
NUTRITION UNIT**

Acronyms:

AIDS	Acquired Immunodeficiency Syndrome
BFHI	Baby Friendly Health Initiative
GIMS	Global Initiative for Mother Support
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counseling
IBFAN	International Baby Food Action Network
IEC	Information, Education and
ILO	International Labour Organisation
IYCF	Infant and Young Child Feeding
MDHS	Malawi Demographic Health Survey
M & E	Monitoring and Evaluation
MOH	Ministry of Health
MPC	Maternity Protection Convention Communication
MTCT	Mother to Child Transmission of HIV
NGO	Non Governmental Organisation
PMTCT	Prevention of Mother to Child Transmission of HIV
UNICEF	United Nations Children's Fund
WBTi	World Breastfeeding Trends Initiative
WHO	World Health Organisation
WABA	World Alliance for Breastfeeding Action

BACKGROUND

The WBTi is an Asia initiative monitoring and evaluation tool linked to IBFAN and WABA initiative to improve child and maternal survival. It uses an adopted WHO monitoring tool that was introduced together with the Global Strategy for its monitoring in 2003. The initiative encourages country actions for documenting the state of implementation of the Global Strategy on Infant and Young Child Feeding and following up the trends of breastfeeding and progress in programme over time. IBFAN and WABA decided to adopt this WBTi as a tool to monitor the progress of the Global breastfeeding Initiative for Child Survival, whose implementation is based on the Global Strategy.

The World Health Assembly (WHA) adopted the *Global Strategy for Infant and Young Child Feeding (IYCF)* in May 2002 and the UNICEF Executive Board in September 2002 endorsed it. The Global Strategy targets to achieve optimal Infant and Young Child Feeding and improve IYCF practices at the national level to contribute to the prevention of child malnutrition and reduce infant and young child mortality; which is a critical problem in Malawi

The Malawi Government through Ministry of Health (Nutrition Unit) carried out an assessment of the status of the implementation of the Global Strategy using the WBTi tool in order to document the existing gaps in feeding practices, policy and programs. This is a report of the assessment which is also an attempt towards having a road map and action plan for Malawi.

About WBTi

The WBTi: How it works?

It involves three-phase process.

The first phase involves initiating a national assessment of the implementation of the *Global Strategy*. It guides countries and regions to document gaps in existing practices, policies and programmes. This is done based on national documentation by involving multiple partners. Their analysis and the process itself bring governments and other civil society partners together to analyse the situation in the country and find out gaps. The gaps identified are used for developing recommendations for priority action for advocacy and action. The WBTi thus helps in establishment of a practical baseline demonstrating to programme planners, policy makers where improvements are needed to meet the aims and objectives of the Global Strategy. It assists in formulating plans of action that are effective to improve infant and young child feeding practices and guide allocation of resources. It works as a consensus building process and helps to prioritise actions. The initiative thus can impact on policy at the country level, leading to action that would result in better practices.

During the **second phase**, WBTi uses the findings of phase 1 to score, rate, grade and rank each country or region based on **IBFAN Asia's Guidelines for WBTi** thus building some healthy competition among the countries in the region or among regions.

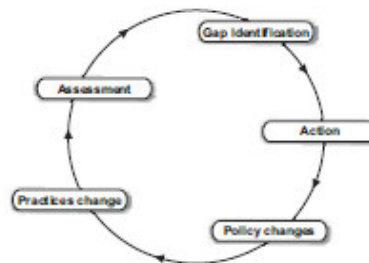
In the **third phase**, WBT calls for repetition of the assessment after 3-5 years to analyse trends in programmes and practices as well as overall breastfeeding rates in a country, to

report on programmes and identify areas still needing improvement. This repetition can be also used to study the impact of a particular intervention over a period of time.

IBFAN groups and specialists can assist in planning processes, capacity building, analysis and reporting.

WBT*i* is:

- A: Action oriented
- B: Brings people together
- C: Consensus and commitment building
- D: Demonstrates achievements and gaps
- E: Efficacy improving programme



The 15 indicators of WBT*i*

The WBT*i* focus is based on a wide range of indicators, which provide an impartial global view of key factors.

The WBT*i* has identified 15 indicators. Each indicator has its specific significance. Part-I has 5 indicators, based on the WHO tool, dealing with infant feeding practices and Part II has 10 indicators dealing with policies and programmes. Once assessment of gaps is carried out and data verified, the data on 15 indicators is fed into the web-based toolkit. Scoring, colour-rating and grading is done for each individual indicator. The toolkit objectively quantifies the data to provide a colour- rating and grading i.e. **'Red' or 'Grade D', Yellow or 'Grade C', Blue or 'Grade B' and Green or 'Grade A'**.

Indicators	
<p>Part I</p> <ol style="list-style-type: none"> 1. Percentage of babies breastfed with in 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 	<ol style="list-style-type: none"> 6. National Policy, Programme and Coordination 7. Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding) 8. Implementation of the International Code 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
<p>Background information: Background information on MDG goals 1, 4, and 5 is collected but is not scored, colour-rated or graded. It can be used to provide a better understanding</p>	

of the health, nutritional and socioeconomic context which influences infant and young child feeding practices and programmes.

The toolkit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

Each indicator has the following components:

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

Part I: Infant and Young Child Feeding Practices in Part I ask for specific numerical data on each practice based on data from random household survey that is national in scope.

Part II: A set of criteria has been developed for each target based on the *Innocenti Declaration of 2005*, which set 5 additional targets. It takes into consideration most of the *Global Strategy* targets of the for each indicator, there is a subset of questions. Answers to these can lead to identifying achievements and gaps. This shows how one country is doing in a particular area of action on Infant and Young Child Feeding.

Once information about the indicators is gathered and analysed, it is then entered into the web-based toolkit through the 'WBT Questionnaire'. Further, the toolkit scores, colour-rates and grades each individual indicator as per IBFAN Asia's Guidelines for WBT*i*.

Objectives

- To find out achievements and gaps in the existing policy, program and practices in reference to IYCF
- To build a consensus among all the partners

Methodology

Janet Guta (Principal Nutritionist and coordinator for infant and young child feeding) was appointed as coordinator for the Malawi assessment as she was the one who attended the regional training in Swaziland. After discussions with the head of Nutrition, a team of 6 members was constituted as 'core group'. The core group had representatives from (Ministry of Health -Nutrition Unit), Health

Information Management Systems (HMIS), Office of the President and Cabinet -Department of Nutrition and HIV) and Kamuzu Central Hospital.

A meeting of the Core group was held on 30th September, 2008 at Ministry of Health Head Quarters for the initial assessment of the gaps in Malawi where each indicator was discussed in details and documents collected for the assessment process. Selected facilities across the country were also visited including other government departments to get some of the information that is reported in this document. The core group came up with a draft document on achievement and gaps in GSIYCF after which a workshop for stakeholders was conducted on 9th December to discuss the findings and build a national consensus on the assessment results at Korea Garden Lodge main hall.

During the opening session of the stakeholders meeting, Dr. T. Dzowera (Deputy Director Clinical Services) spoke about the existing situation of infant and young child nutrition which is not currently optimal and emphasized on the urgent need to address the situation. His opening address was followed by formal presentations on the objectives of WBTi, an explanation of the nature of the WBTi tool compared to WHO monitoring tool, the methodology for identifying the gaps, presentation on the draft assessment conducted by the core group mentioning achievements and gaps in practice, policy and programs in relation to the global strategy on infant and young child feeding based on the available evidence and documents. Participants were then divided in three groups group to discuss and verify the draft document report prepared by the core group. Group one dealt with indicators 1-5 which are related to infant feeding practice, group two discussed indicators 6-10 and group three discussed indicators 11-15 which are both related to policy and programs.

The findings of individual groups were presented in a plenary session and discussions on each indicator took place after which consensus was made on the report.

ASSESSMENT 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 %	IBFAN Asia Guideline for WBT ⁱ		
			Scores	Colour-rating	Grading
Initiation of Breastfeeding (within 1 hour)		✓ Check any one			
	0-29		3	Red	D
	30-49		6	Yellow	C
	50-89	✓ 56%	9	Blue	B
	90-100		10	Green	A

Source of data: Malawi Demographic Health Survey 2006 data

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 %	IBFAN Asia Guideline for WBT ⁱ		
			Scores	Colour-rating	Grading
Exclusive Breastfeeding (for first 6 months)		✓ Check any one			
	0-11		3	Red	D
	12-49		6	Yellow	C
	50-89	✓ 70%	9	Blue	B
	90-100		10	Green	A

Source of data: Malawi Demographic Health Survey 2004 data and Mixed Indicators Cluster Survey, 2005.

ⁱExclusive breastfeeding means the infant has received only breastmilk (from his/her mother or a wet nurse, or expressed breastmilk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines

Indicator 3: Median duration of breastfeeding

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

Background

The *Innocenti Declaration* and the *Global Strategy for Infant and Young Child Feeding* recommend that babies continue to be breastfed for two years of age or beyond along with adequate and appropriate complementary foods starting after six months of age. Breastmilk continues to be an important source of nutrition and fluids and immunological protection for the infant and the young child. The continued closeness between mother and child provided by breastfeeding helps in optimal development of the infant and young child.

Guideline:

Indicator 3	WHO's Key to rating	Existing Situation %	IBFAN Asia Guideline for WBT <i>i</i>		
			Scores	Colour-rating	Grading
Median Duration of Breastfeeding		✓ Check any one			
	0-17 Months		3	Red	D
	18-20 "		6	Yellow	C
	21-22 "		9	Blue	B
	23-24 "	✓ 23	10	Green	A

Source of data: Malawi Demographic Health Survey 2004 data

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 %	IBFAN Asia Guideline for WBT <i>i</i>		
			Scores	Colour-rating	Grading
Bottle Feeding (<6 months)		✓ Check any one			
	30-100%		3	Red	D
	5-29%		6	Yellow	C
	3-4%	✓ 3.4%	9	Blue	B
	0-2%		10	Green	A

Source of data: Malawi Demographic Health Survey 2004 data

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 %	IBFAN Asia Guideline for WBTi		
			Scores	Colour-rating	Grading
<u>Complementary Feeding (6-9 months)</u>		✓ <i>Check any one</i>			
	0-59		3	Red	D
	60-79		6	Yellow	C
	80-94	✓ <i>91%</i>	9	Blue	B
	95-100		10	Green	A

Source of data: Malawi Demographic Health Survey 2004 data

Summary Comments for indicators 1-5: Existing status in all of the above-mentioned indicators was determined on the basis of the Malawi Demographic and Health Survey data of 2004. For the purposes of developing a plan of action, MICS 2006 data and Nutrition Survey 2005 were also used for reporting.

COMPARISON WITH 2005 ASSESSMENT (Only for South Asian Countries)

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

Indicator	Status in the last assessment in 2005	Current status
1. Percentage of babies breastfed within one hour of birth		
2. Percentage of babies of 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 6-9 months of age		

Indicator 6: *National Policy, Programme and Coordination*

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

Criteria of Indicator 6	Scoring	Results ✓ <i>Check any one</i>
6.1) A national Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2	✓
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	✓
Total Score	7.5/ 10	

Information and Sources Used: National Policy and Guidelines on IYCF, Nutrition Five year Strategic Plan, Programme Reports/Annual Review reports, and Nutrition Committee Report (Sub report of the Nutrition Committee) on infant and young child feeding, and minutes of the national breastfeeding committee meetings.

Gaps: The Infant and Young Child Feeding Technical working group does not meet on regular basis
The link with other stakeholders is also not there,

Recommendations: There is need for resource mobilization for successful implementation of the policy. The policy has just been revised to incorporate the new WHO recommendations regarding infant feeding in the context of HIV. There is also an Infant and Young Child Feeding Technical Working Group which is representative; it is recommended that this group should meet on regular basis. There is also need to strengthen link with other stakeholders like Ministry of Information and Civic Education.

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?*

Criteria	Score	Results
		✓ <i>Check any one</i>
0 - 7%	1	✓ <i>4.7%</i>
8 – 49%	2	
50 – 89%	3	
90 - 100%	4	
Rating on BFHI quantitative achievements:	1/4	

7B) Qualitative

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

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

Criteria	Score	Results
		✓ <i>Check any one</i>
0-25%	1	
26-50%	1.5	
51 –75%	2.5	
75% and more	3.5	✓ <i>100%</i>
Total Score	3.5/3.5	

Qualitative

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

Criteria	Score	Results ✓ <i>Check that apply</i>
7.3) BFHI programme relies on training of health workers	.5	✓
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	✓
Total Score	/2.5	
Total Score 7A, 7B and 7C	75/10	

Information and Sources Used: BFHI assessment reports for health facilities.

Gaps: Although the program was initiated in our country with great hopes and expectations, the number of certified hospitals reached only 5% which is 26 facilities out of 544 facilities that provide maternity services in Malawi. However, Malawi planned to have 48 Baby Friendly Hospitals by 2008. As such according to the plan of action Malawi certified 48% of the targeted facilities as Baby Friendly Hospitals

Summary Comments: Implementation of the program has a strong training component, there is a strong monitoring and reassessment system in place, however the major draw back is on funding.

Recommendations: There is need for strong advocacy and resource mobilization for the BFHI program.

Indicator 8: *Implementation of the International Code*

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

Criteria	Scoring	Results ✓ <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	✓
Total Score:	10/10	

Information and Sources Used: Public Health Act (cap 34; 01)

Summary Comments: The group felt that the country has done exceedingly well in the form of enacting and subsequently suitably amending the legislation based on the international code. The country has managed to train 2 master trainers & 23 trainers of code monitoring, 20 code monitors, orient the advisory committee, manufacturers & distributors of infants at young child foods, shop owners & managers of big retail shops on the code. Some Companies have started changing their labels to comply with the code.

Recommendations: There is need for regular intensive national level and national coverage of code monitoring excise. Districts also need to train code monitors to effectively enforce and monitor regularly the code at district level.

Indicator 9: *Maternity Protection*

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

Criteria	Score	Results Check <input checked="" type="checkbox"/> that apply
9.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave		
a. Any leave less than 14 weeks	0.5	
b. 14 to 17weeks	1	✓
c. 18 to 25 weeks	1.5	
d. 26 weeks or more	2	
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	0.5	

least 3 days.		
9.9) There is legislation providing health protection for pregnant and breastfeeding workers and the legislation provides that they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	
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	✓
Total Score:	3.5/10	

Information and Sources Used: LO MPC 183 (Maternity Protection Convention – ILO - 183), 2000 document, Laws of Malawi and Employment Act.

Gaps: Current status is 3 months maternity leave in public sector and 2 months in private sector.

Recommendations: There is need to lobby for an extension of maternity leave to suit the current recommendation of exclusive breastfeeding for the first 6 months.

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		
	Adequate	Inadequate	No Reference
10.1) A review of health provider schools and pre-service education programmes in the country ¹ indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
		✓	▲
10.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.	2	1	0
		✓	
10.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. ²	2	1	0
	✓		
10.4) Health workers are trained with responsibility towards Code implementation as a key input.	1	0.5	0
	✓		
10.5) Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrhoeal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1	0.5	0
	✓		
10.6) These in-service training programmes are being provided throughout the country. ³	1	0.5	0
	✓		
10.7) Child health policies provide for mothers and babies to stay together when one of them is sick	1	0.5	0
	✓		
Total Score:	8/10		

Information and Sources Used: Nursing College and School for Health Sciences curricula.

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.

Gaps: Some institutions have not incorporated the IYCF in their pre-service curricula.

Summary comments: The group noted that some institutions incorporated the IYCF in their pre-service curricula. Standards and guidelines for mother-friendly childbirth procedures have been developed, disseminated to all facilities and services providers trained and that the country has just started implementing for mother-friendly childbirth procedures and support in some facilities.

Recommendations: There is need to lobby for the incorporation of the IYCF issues in all the pre-service curricula's. the implementation of the mother-friendly childbirth procedures and support in all the facilities that provide maternity services.

Indicator 11: *Mother Support and Community Outreach*

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

Criteria	Results ✓ <i>Check that apply</i>		
	Yes	To some degree	No
11.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	2	1	0
	✓	✓	
11.2) All women have access to support for infant and young child feeding after birth.	2	1	0
		✓	
11.3) Infant and young child feeding support services have national coverage.	2	1	0
	✓		
11.4) Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectoral and intra-sectoral).	2	1	0
	✓		
11.5) Community-based volunteers and health workers possess correct information and are trained in counselling and listening skills for infant and young child feeding.	2	1	0
	✓		
Total Score:	8/10		

Information and Sources Used: BFHI Assessment Report, IYCF Training manuals/HSA Curriculum, CTC Training manual, IYCF Strategic Plan, and Accelerated Child Survival Strategic Plan.

Gaps: There are some areas where there are no trained community workers; counseling services on infant and young child feeding during pregnancy are not adequately provided. However, there is some progress in this field but a lot more remains to be accomplished.

Recommendations: Advocate for more funds for conducting trainings for community based health workers, volunteers and support groups.

Indicator 12: Information Support

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
	✓		
12.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2	1	0
	✓		
12.3) Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.	2	1	0
	✓		
12.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2	1	0
	✓		
12.5) A national IEC campaign or programme ⁴ using electronic and print media and activities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months.	2	1	0
	✓		
Total Score:	10/10		

Information and Sources Used: Programme reports, Breast Feeding Week activity reports, IEC Material (CDs, Posters, T-shirts, job aids) and PMTCT Guidelines.

Recommendations: IEC is highly implemented in Malawi; however there is need for more advocacy and community level implementation.

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

Indicator 13: *Infant Feeding and HIV*

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

Criteria	Results <i>Check that apply</i>		
	Yes	To some degree	No
13.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2 	1	0
13.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1 	0.5	0
13.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1 	0.5	0
13.4) Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5 	0
13.5) Infant feeding counselling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.	1 	0.5	0
13.6) Mothers are supported in making their infant feeding decisions with further counselling and follow-up to make implementation of these decisions as safe as possible.	1	0.5 	0
13.7) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1 	0.5	0
13.8) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5 	0
13.9) The Baby-friendly Hospital Initiative incorporates provision of guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers.	1 	0.5	0
Total Score:	8.5/10		

Information and Sources Used: PMTCT Guidelines & Manuals, IYCF Policies & training manuals, Neonatal Standards, BFHI Guidelines, policy & reports, and radio programmes.

Gaps: HTC is available and is offered routinely to pregnant women, however male participation is minimal owing to Antenatal Infrastructure and procedures that are not conducive to males.

Recommendations: Efforts made to bring men on board using Male Championship initiative have to be scaled up. This is meant to involve males in Reproductive Health, before conception, during pregnancy and after delivery so that they can better support women in infant feeding choices.

Indicator 14: *Infant Feeding during Emergencies*

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

Criteria	Results ✓ <i>Check that apply</i>		
	Yes	To some degree	No
14.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies	2	1	0
	✓		
14.2) Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
		✓	
14.3) An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed	2	1	0
		✓	
14.4) Resources identified for implementation of the plan during emergencies	2	1	0
	✓		
14.5) Appropriate teaching material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	2	1	0
		✓	
Total Score:	7/10		

Information and Sources Used: Infant Young Child Feeding Policy & Guidelines, and Disaster Preparedness Strategic Plan.

Gaps: There are no pre-service trainings for emergencies but the materials for IYCF are discussed during the in-service trainings.

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
		✓	
Total Score:	6/10		

Information and Sources Used: Health Information Management Systems (HMIS), Programme reports, and Evaluation reports

Gaps: Inadequate baseline and follow up of data collected on infant and young child feeding programmes.

Recommendations: There is need for adequate baseline and follow up of data collected on infant and young child feeding programmes.

List of the partners for the assessment process

1. Ministry of Health (Nutrition Unit)
2. Health Information Management System
3. Department of Nutrition and HIV
4. Kamuzu Central Hospital