



World Breastfeeding Trends Initiative (WBTi)

Assessment Report



Health Protection Agency
Ministry of Health
Maldives



World Breastfeeding Trends Initiative (WBTi)

Report



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The World Breastfeeding Trends Initiative (WBTi)

Name of the Country: Maldives

Year: 2015

Introduction

This is an assessment of the national IYCF programmes and policies in the Maldives. The main aim of this assessment is to explore the strengths and weakness of the programmes and policies which protect, promote and support optimal infant young child feeding practices. This report is compiled by the health Protection Agency of Maldives, using the assessment tool developed by IBFAN Asia. This is the third assessment done in Maldives; the previous two assessments were carried out in the year 2005 and 2008.

Summarized table of the scores obtained in the three assessments:

	Indicators	2005	2008	2015
IYCF Policies and programmes score out of 10	National Policy, Programme and Coordination	9.0	9.0	9.5
	Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)	7.0	7.5	3.5
	Implementation of the International Code of Marketing of Breastmilk Substitutes	3.0	8.0	9.0
	Maternity Protection	5.0	6.5	5
	Health and Nutrition Care Systems (in support of breastfeeding & IYCF)	8.5	9.5	8.0
	Mother Support and Community Outreach	10.0	9.0	7.0
	Information Support	8.0	8.0	8.0
	Infant Feeding and HIV	6.0	5.5	10.0
	Infant Feeding during Emergencies	6.0	10.0	0.0
	Mechanisms of Monitoring and Evaluation System	8.0	10.0	9.0
IYCF Practices Percentage (%)	Early Initiation of Breastfeeding	0.0	9.0	9.0
	Exclusive breastfeeding	3.0	9.0	6.0
	Median duration of breastfeeding	0.0	6.0	10.0
	Bottle feeding	6.0	6.0	3.0
	Complementary feeding	9.0	6.0	9.0
Total		88.5	119	106

The findings from these assessments identified the gaps in the national Programmes and policies related to IYCF which will help the government, UN agencies and NGOs to commit resources where they are most needed. This will also help the national programme to define areas for advocacy and action and thus focus our efforts in those areas. This document serves as a basis to develop and to effectively target strategies that can improve infant and young child feeding practices across the country.

About WBTi

World Breastfeeding Trends Initiative (WBTi)

Background

The World Breastfeeding Trends Initiative (WBTi) is an innovative initiative, developed by IBFAN Asia, to assess the status and benchmark the progress of the implementation of the Global Strategy for Infant and Young Child Feeding at national level. The tool is based on two global initiatives, the first is WABA's (GLOPAR) and the second the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". The WBTi is designed to assist countries in assessing the strengths and weaknesses of their policies and programmes to protect, promote and support optimal infant and young child feeding practices. The WBTi has identified 15 indicators in two parts, each indicator having specific significance.

Part-I deals with policy and programmes (indicator 1-10)	Part –II deals with infant feeding practices (indicator 11-15)
<ol style="list-style-type: none">1. National Policy, Programme and Coordination2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)3. Implementation of the International Code of Marketing of Breastmilk Substitutes4. Maternity Protection5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)6. Mother Support and Community Outreach7. Information Support8. Infant Feeding and HIV9. Infant Feeding during Emergencies10. Mechanisms of Monitoring and Evaluation System	<ol style="list-style-type: none">11. Early Initiation of Breastfeeding12. Exclusive breastfeeding13. Median duration of breastfeeding14. Bottle feeding15. Complementary feeding

Once assessment of gaps is carried out, the data on 15 indicators is fed into the questionnaire using the WBTi web based toolkit© which is specifically designed to meet this need. The toolkit objectively quantifies the data to provide a colour- coded rating in Red, Yellow, Blue or Green. 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 used for assessment has following components;

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

Part I: A set of criteria has been developed for each target, based on Global Strategy for Infant and Young Child Feeding (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005). For each indicator, there is a subset of questions. Answers to these can lead to identify achievements and gaps in policies and programmes to implement Global Strategy for Infant and Young Child Feeding. This shows how a country is doing in a particular area of action on Infant and Young Child Feeding.

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

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

Background

Maldives has made a significant progress in improving the nutritional status of under five children during the past two decades. According to MICS 1996 the percentage of underweight children was 43%. This figure when measured in Maldives Demographic Health Survey (MDHS), using the revised WHO standard had declined to 17.3% in 2009. Similarly, stunting declined from 30% in 1996 to 18.9 % in 2009; and wasting declined from 17% in 1996 to 10.6 % in 2009. According to MDHS 2009, 6% of under five children were overweight. It also indicated that higher proportions of boys (20%) were stunted compared to girls (17%). However, there is no statistically significant difference in the overall under nutrition status between girls and boys under 5 years.

The two major factors which contributes for the under nutrition problem in Maldives are low prevalence of exclusive breastfeeding and inappropriate weaning and feeding practices. According to MDHS, 98% of children are breastfed, however less than half (47.8 %) of the children are exclusively breastfed up to 6 months.

Maldives has initiated many activities in order to improve the nutritional status. The fifth nutrition strategic plan, Integrated National Nutrition Strategic Plan 2013-2017 includes interventions which addresses child nutrition problem in Maldives. These include exclusive breastfeeding, complementary feeding, growth monitoring and micronutrient supplementation. In addition to this, Infant Young Child Feeding Guideline has been developed with the support from WHO and it is on the process of finalization.

Since the knowledge regarding proper feeding practices are still low among caregivers, Maldives is planning to launch a national campaign on Maternal and Child nutrition with the support from UNICEF. This campaign includes a maternal and child nutrition guide for mothers, video and audio spots, posters and leaflets which promotes correct IYCF practices. In order to strengthen the capacity of the health care providers on breastfeeding and IYCF counseling, training programmes are also being conducted with the assistance from WHO and UNICEF. As a measure to strengthen the growth monitoring practices, Standard Operating Procedures on Growth Monitoring and Promotion has been developed in 2014 and it is on the process of finalization.

Although many activities are being carried out to strengthen the IYCF programmes and policies, there are many areas which require further strengthening. Therefore it is important to assess the current policies and programmes, so that the gaps and weakness of these programmes and policies can be identified and strengthened.

Assessment process followed by the country

This assessment was done by the nutrition section of Health Protection Agency. A draft was first developed by consulting the strategic plans, policies, guidelines related to Infant Young Child Feeding. After completing the first draft of the report, individual meetings were held with different stakeholders who are working in the field of child health and nutrition. The stakeholders involved Maldives Food and drug Authority (MFDA), Society for Health Education (SHE), UNICEF and WHO. In addition to these stakeholders, a meeting was held with the reproductive Health Section of HPA. After incorporating the comments from the stakeholders the second draft of the report was shared with the partners via email. The final report was compiled by the nutrition section and these data are based on the available documents and feedbacks from the key partners.

List of the partners for the assessment process

This assessment was done by

1. Aishath Shazla (Senior Public Health Programme Officer)- Health Protection Agency
2. Zuhudha Shakir (Public Health Programme Officer)- Health Protection Agency

The partners who have contributed in the assessment process are:

1. Nazeera Najeeb (Public Health Programme Coordinator) – Health Protection Agency
2. Mohamed Saeed (Director)- Society for Health Education
3. Asifa Luthfy (Senior Scientific Officer)- Maldives Food and Drug Authority
4. Fathimath Naila (Director)- Society for Health Education
5. Aishath Shahula Ahmed (Programme Specialist)- UNICEF
6. Fathimath Hudha (National Professional Officer)- WHO

Assessment Findings

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 a coordinator for the committee ?*

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results ✓ <i>Check any one</i>
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	1	✓
1.2) The policy recommended exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	1	✓
1.3) A national plan of action developed based on the policy	2	✓
1.4) The plan is adequately funded	2	✓
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1	✓
1.6) The national breastfeeding (infant and young child feeding) committee meets , monitors and reviews on a regular basis	2	✓
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5	✓
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level.	0.5	
Total Score	9.5/10	

Information Sources Used (please list):

1. *Integrated National Nutrition Strategic Plan 2013-2017*
2. *National Infant and Young Child Feeding Strategy of the Maldives 2006-2010*
3. *Guidelines for reproductive health services 2013 Regulation on Import, Produce and Sale of Breast Milk Substitutes in the Maldives (Reg.No. MFDA-FS/R1:2008)*

Conclusions:

A National IYCF Strategy with an action plan has been developed and implemented up to 2010. Integrated National Nutrition Strategic Plan 2013-2017 has IYCF interventions and are being implemented, depending on the availability of funds.

A guideline for reproductive health services was developed in 2013 and it was shared with the health facilities. This guideline promotes exclusive breastfeeding for the first six months, complementary feeding starting after six months and continued breastfeeding up to 2 years and beyond.

Under BMS regulation a national Advisory Board for the promotion and Protection of Breastfeeding has been formulated in 2009, however the advisory board had not been active for last 3 years. The board has been recently reinstated in April 2015.

Gaps:

1. INNSP has IYCF interventions and it is adequately funded, however it is difficult to get funds for some activities such as BFHI.
2. IYCF strategy is out dated.

Recommendations:

1. To revise the IYCF strategy and development of an IYCF implementation plan.
2. To conduct regular meeting with the relevant members of national breastfeeding committee.

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding¹)

Key questions:

- What percentage of hospitals and maternity facilities that provide maternity services have been designated as “Baby Friendly” based on the global or national criteria?
- What is the quality of BFHI program implementation?

Guidelines – Quantitative Criteria

2.1) 0 out of 22 total hospitals (both public & private) and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly” in the last 5 years -0 %

Guidelines for scoring		
Criteria	Scoring	Results
		√ Check only one which is applicable
0	0	√
0.1 - 20%	1	
20.1 - 49%	2	
49.1 - 69%	3	
69.1-89 %	4	
89.1 - 100%	5	
Total rating	0 / 5	

Guidelines – Qualitative Criteria

Quality of BFHI programme implementation:

¹ **The Ten Steps To Successful Breastfeeding:** The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The steps for the United States are:

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breastmilk, unless medically indicated.
7. Practice “rooming in”-- allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results √ Check that apply
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme ²	1.0	√
2.3) A standard monitoring ³ system is in place	0.5	
2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5	
2.5) An assessment system relies on interviews of mothers.	0.5	
2.6) Reassessment ⁴ systems have been incorporated in national plans with a time bound implementation	1.0	√
2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5	√
2.8) HIV is integrated to BFHI programme	0.5	√
2.9) National criteria are fully implementing Global BFHI criteria (See Annex 2.1)	0.5	√
Total Score	3.5/5	
Total Score	3.5/10	

Information Sources Used (please list):

1. *Integrated National Nutrition Strategic Plan 2013-2017*

Conclusions:

Every year health care providers are trained on 18 hour breastfeeding with the support from WHO and UNICEF. Reassessment of BFHI hospitals has been incorporated into the INNSP; however we are not able to conduct these assessments due to lack of funds and technical capacity.

² IYCF training programmes such as IBFAN Asia's '4 in1' IYCF counseling training programme, WHO's Breastfeeding counseling course etc. may be used.

³ **Monitoring** is a dynamic system for data collection and review that can provide information on implementation of the *Ten Steps* to assist with on-going management of the *Initiative*. It can be organized by the hospitals themselves or at a higher level in the system. Data should be collected either on an ongoing basis or periodically, for example on a semi-annual or yearly basis, to measure both breastfeeding support provided by the hospitals and mothers' feeding practices.

⁴ **Reassessment** can be described as a "re-evaluation" of already designated baby-friendly hospitals to determine if they continue to adhere to the *Ten Steps* and other babyfriendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for the purpose of evaluating on-going compliance with the *Global Criteria* and includes a reassessment visit by an outside team. Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.

Gaps:

1. BFHI hospitals are not reassessed.
2. Minimal Technical capacity at national level.

Recommendations:

1. To reassess the certified BFHI Hospitals and establish BFHI in new hospitals.

Indicator 3: Implementation of the International Code of Marketing of Breastmilk Substitutes

Key question: *Is the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolution are in effect and implemented? Has any new action been taken to give effect to the provisions of the Code?*

<i>Guidelines for scoring</i>		
Criteria (Legal Measures that are in Place in the Country)	Scoring	Results
3a: Status of the International Code of Marketing		✓ (Check that apply. If more than one is applicable, record the highest score.)
3.1 No action taken	0	
3.2 The best approach is being considered	0.5	✓
3.3 National Measures awaiting approval (for not more than three years)	1	
3.4 Few Code provisions as voluntary measure	1.5	
3.5 All Code provisions as a voluntary measure	2	
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	3	✓
3.7 Some articles of the Code as law	4	
3.8 All articles of the Code as law	5	✓
3.9 Relevant provisions of WHA resolutions subsequent to the Code are included in the national legislation ⁵		
a) Provisions based on at least 2 of the WHA resolutions as listed below are included	5.5	
b) Provisions based on all 4 of the WHA resolutions as listed below are included	6	✓

⁵ Following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.

1. Donation of free or subsidized supplies of breastmilk substitutes are not allowed (WHA 47.5)
2. Labeling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
3. Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
4. Labels of covered products have warnings on the risks of intrinsic contamination and reflect the FAO/WHO recommendations for safe preparation of powder infant formula (WHA 58.32, 61.20)

3b: Implementation of the Code/National legislation		✓ <i>Check that apply</i>
3.10 The measure/law provides for a monitoring system	1	✓
3.11 The measure provides for penalties and fines to be imposed to violators	1	✓
3.12 The compliance with the measure is monitored and violations reported to concerned agencies	1	✓
3.13 Violators of the law have been sanctioned during the last three years	1	
Total Score (3a + 3b)	9/10	

Information Sources Used (please list):

1. Regulation on Import, Produce and Sale of Breast Milk Substitutes in the Maldives. (*Reg.No. MFDA-FS/R1:2008*)
2. Food Advertisement Regulation.

Conclusions:

All Articles of the International BMS code is enforced as a regulation, “Regulation on import, produce and sales of breast milk substitutes in Maldives” from 01st August 2008 .But the implementation of the Regulation was delayed. However, implementation of the regulation was announced to commence from 01st April 2015.

Sensitization sessions on the regulation were conducted for importers of BMS products, health care providers as well as other stakeholders.

Gaps:

1. Lack of a Food Act or any such Law under which the regulation could be placed.
2. Since the Regulation is not under any parent law, any changes to the Regulation could be brought through Parliament which is a slow process.
3. Parallel importation of BMS products.
4. Inadequate funding.

Recommendations:

1. National Advisory Board for the promotion and Protection of Breastfeeding has been reinstated recently and needs to be continued.
2. Current plans developed to implement the BMS code BMS Regulation need to be carried out speedy.
3. Adequate funding to be provided by the government

Indicator 4: Maternity Protection

Key question: *Is there a 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?*

Guidelines for scoring		
Criteria	Scoring	Results Check ✓ that apply
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave a. Any leave less than 14 weeks b. 14 to 17weeks c. 18 to 25 weeks d. 26 weeks or more	0.5 1 1.5 2	✓ (12 weeks)
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. a. Unpaid break b. Paid break	0.5 1	✓
4.3) Legislation obliges private sector employers of women in the country to a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	0.5 0.5	✓
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. <i>(more than one may be applicable)</i> a. Space for Breastfeeding/Breastmilk expression b. Crèche	1 0.5	
4.5) Women in informal/unorganized and agriculture sector are: a. accorded some protective measures b. accorded the same protection as women working in the formal sector	0.5 1	
4.6) . <i>(more than one may be applicable)</i> a. Information about maternity protection laws, regulations,	0.5	✓

or policies is made available to workers.		
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	0.5	✓
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: 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.	1	✓
Total Score:	5/10	

Information Sources Used (please list):

1. Civil Service Regulation 2008
2. Employment Act 2008

Conclusions:

Under Civil Service Regulation and employment act, 60 days maternity leave excluding public holidays are granted for mothers and a three day paternity leave is allowed for fathers. One of the government organization of Maldives, Maldives Monetary Authority recently started giving 6 month maternity leave.

Gaps:

1. Maternity leave doesn't align with EBF policy as only 12 weeks of maternity leave is granted.

Recommendations:

1. To advocate for the paid maternity leave up to 6 months.
2. To advocate for the work flexibility.

Indicator 5: Health and Nutrition Care Systems (in support of breastfeeding & IYCF)

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?

<i>Guidelines for scoring</i>			
	Scoring ✓ Check that apply		
Criteria	Adequate	Inadequate	No Reference
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country ⁶ 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. (See Annex 5b Example of criteria for mother-friendly 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. ⁷	2	1	0
	✓		
5.4) Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country.	1	0.5	0
	✓		
5.5) Infant feeding and young feeding information and skills are integrated, as appropriate, into training programmes	1	0.5	0

⁶ 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.

⁷ 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.

focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women's health, NCDs etc.)	√		
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. ⁸	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:	8/10		

Information Sources Used (Please list):

1. Integrated National Nutrition Strategic Plan 2013-2017
2. Regulation on Reproductive Health Services. 2013

Conclusions:

Faculty of Health Sciences in Maldives provides an adequate level of session plans /curricula on infant and young child feeding. Throughout the country in service training programs are being conducted.

Gaps:

1. Comprehensive child health strategy is not in place.
2. Lack of policy for mother-friendly childbirth procedures.
3. Lack of trained professionals on different areas of IYCF.

Recommendations:

1. Development of child health strategy is in progress (to complete and implement earlier).
2. Develop a policy for mother-friendly childbirth procedures.
3. Provide refresher training to the trainers.
4. Train TOTs on IYCF counseling.

⁸ Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

Indicator 6: Mother Support and Community Outreach - Community-based support for the pregnant and breastfeeding mother

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

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	√ Check that apply		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based ante-natal and post -natal support systems with counseling services on infant and young child feeding.	2	1	0
	√		
6.2) All women receive support for infant and young child feeding at birth for breastfeeding initiation.	2	1	0
	√		
6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage.	2	1	0
		√	
6.4) Community-based counseling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/Nutrition Policy.	2	1	0
			√
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	1	0
	√		
Total Score:	7/10		

Information Sources Used (please list):

1. Integrated National Nutrition Strategic Plan 2013-2017
2. Infant Young Child Feeding Strategy 2006-2010

Conclusions:

According to MDHS 2009, almost all women (99 percent) received antenatal care from a skilled provider. Most women consult a gynecologist (92 percent) for antenatal care, while 7 percent of the remaining women report that they received care from a doctor other than a gynecologist, and less than 1 percent report that they received care from a trained nurse or midwife, a community health worker, or a traditional birth attendant.

Pregnant women receive IYCF information during ANC visits. Every year, IYCF counseling trainings are given to the health care providers, however only a limited number of counselors are trained due to lack of funds and facilitators. There is a need to train more trainers on IYCF counseling and also community based volunteers for the counseling and listening skills.

Gaps:

1. Inadequate counseling services on IYCF for mothers.

Recommendations:

1. Establish counseling services on IYCF
2. Strengthen maternal nutrition and child health services focusing on IYCF

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?

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	✓	<i>Check that apply</i>	
	Yes	To some degree	No
7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts or interest are avoided.	2	0	0
			✓
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1	.5	0
	✓		
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding	1	.5	0
	✓		
7.3) IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding	2	1	0
	✓		
7.4. IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence	2	1	0
	✓		
7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF). ⁹	2	0	0
	✓		
Total Score:	8/10		

Information Sources Used (please list):

⁹ to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;

1. *Nutrition Programme records*
2. *Integrated National Nutrition Strategic Plan 2013-2017*

Conclusions :

Although an IEC strategy is not in place, IEC materials regarding maternal and child nutrition are being developed and distributed throughout the countries. These materials are in line with the national and international recommendations. A Behavior Change Communication strategy for maternal and child nutrition was developed in 2011 and a campaign is planned to launch. This campaign includes a maternal and child nutrition guide for the mothers and a manual for the health care providers, video and audio spots, posters and leaflets.

Every year, World Breastfeeding Week is also celebrated across the country. During the week, information is provided to the caregivers by the health care providers and through media.

Gaps:

1. *Comprehensive IEC Strategy is not in place*

Recommendations:

1. *Development of an IEC strategy*

Indicator 8: Infant Feeding and HIV

Key question: Are policies and programmes in place to ensure that HIV - positive mothers are supported to carry out the national recommended Infant feeding practice?

<i>Guidelines for scoring</i>			
Criteria	Results		
	✓ <i>Check that apply</i>		
	Yes	To some degree	No
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV	2	1	0
	✓		
8.2) The infantfeeding 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)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ 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
	✓		
8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.	1	0.5	0
	✓		
8.6) Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible.	1	0.5	0
	✓		
8.7) HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake.	1	0.5	0
	✓		

8.8) 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
	✓		
8.9) 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
	✓		
Total Score:		10/10	

Information Sources Used (please list):

1. *Guidelines for the prevention of Mother to child transmission (PMTCT) of HIV 2013.*

Conclusions:

There is a comprehensive guideline for the prevention of Mother to child transmission (PMTCT) of HIV and health care providers are being trained on it. VCT is available and monitoring is in place to prevent transmission of the disease.

Gaps:

Infant Young Child Feeding Guideline is still at the draft stage

Recommendations:

1. *Train more health care providers on PMTCT guideline.*
2. *Finalization of IYCF Guideline*

Indicator 9: Infant and Young Child Feeding during Emergencies

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

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	✓	Check that apply	
	Yes	To some degree	No
9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance	2	1	0
			✓
9.2) Person(s) tasked with responsibility for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
			✓
9.3) An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers: a) basic and technical interventions to create an enabling environment for breastfeeding, including counseling by appropriately trained counselors, support for relactation and wet-nursing, and protected spaces for breastfeeding b) measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and procurement management and use of any infant formula and BMS, in accordance with strict criteria, the IFE Operational Guidance, and the International Code and subsequent relevant WHA resolutions	1	0.5	0
			✓
	1	0.5	0
			✓
9.4) Resources have been allocated for implementation of the	2	1	0

emergency preparedness and response plan			√
9.5)			
a) Appropriate orientation and training 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.	1	0.5	0
			√
b) Orientation and training is taking place as per the national emergency preparedness and response plan	1	0.5	0
			√
Total Score:	0/10		

Information Sources Used (please list):

1. *Integrated National Nutrition Strategic Plan 2013-2017*
2. *Infant Young Child Feeding Strategy 2006-2010*

Conclusions:

There is no policy on infant and young child feeding that includes infant feeding in emergencies.

Gaps:

1. There is no policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance.
2. No resources allocated
3. The draft IYCF guideline also does not address feeding during emergency adequately(Revision of this guideline is ongoing)

Recommendations:

1. Development of a policy on infant young child feeding which includes feeding during emergencies.
2. Ensure that breastfeeding and complementary feeding are addressed in all emergency plan.

Indicator 10: Mechanisms of Monitoring and Evaluation System

Key question: Are monitoring and evaluation systems in place that routinely collect, analyse and use data to improve infant and young child feeding practices?

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	✓ Check that apply		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
	√		
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions	2	1	0
	√		
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2	1	0
		√	
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2	1	0
	√		
10.5) Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2	1	0
	√		
Total Score:	9/10		

Information Sources Used (please list):

1. *National Nutrition Programme data*
2. *Integrated National Nutrition Strategic Plan 2013-2017*

Conclusions :

Monitoring is carried out during supervision trips to the health facilities. IYCF programme activities are incorporated into newborn care, IMCI and other maternal health programmes.

Gaps:

1. *Lack of an online system to monitor the IYCF programmes*

Recommendations :

1. *Strengthen the monitoring of IYCF programmes through an online system.*

Indicator 11: Early Initiation of Breastfeeding

Key question: What is the percentage of babies breastfed within one hour of birth? **64%**

Guideline:

Indicator 11	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
Initiation of Breastfeeding (within 1 hour)		Scores	Colour-rating
	0.1-29%	3	Red
	29.1-49%	6	Yellow
	49.1-89%	9	Blue
	89.1-100%	10	Green

Data Source (including year):

Maldives Demographic Health survey 2009

National Micronutrient Survey 2007

Summary Comments:

According to MDHS 2009, nearly all children (98 percent) born in the five years preceding the survey were breastfed regardless of their background characteristics. Slightly less than two-thirds of infants (64 percent) were put to the breast within one hour of birth, and 92 percent started breastfeeding within the first day. Although breastfeeding is widely practiced across all subgroups of women, the timing of initial breastfeeding varies by background characteristics. The proportion of children breastfed within one hour of delivery is higher in rural areas (66 percent) than in urban areas (60 percent).

The percentage of children breastfed within first hour of birth had decreased from 80.9% in 2007 to 64.3% in 2009.

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: What is the percentage of babies 0<6 months of age exclusively breastfed¹⁰ in the last 24 hours? **47.8%**

Guideline:

Indicator 12	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
Exclusive Breastfeeding (for first 6 months)		<i>Scores</i>	<i>Colour-rating</i>
	0.1-11%	3	Red
	11.1-49%	6	Yellow
	49.1-89%	9	Blue
	89.1-100%	10	Green

Data Source (including year):

Maldives Demographic Health survey 2009

Summary Comments:

Only 48% of the children were exclusively breastfed according to the Maldives Demographic Health Survey 2009.

¹⁰ Exclusive 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 (2)

Indicator 13: Median Duration of Breastfeeding

Key question: *Babies are breastfed for a median duration of how many months?* **25.3%**

Guideline:

Indicator 13	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
Median Duration of Breastfeeding		<i>Scores</i>	<i>Colour-rating</i>
	0.1-18 Months	3	Red
	18.1-20 "	6	Yellow
	20.1-22 "	9	Blue
	22.1- 24 or beyond "	10	Green

Data Source (including year):

Maldives Demographic Health survey 2009

Summary Comments:

According to MDHS 2009, the median duration of breastfeeding is 25.3 months. This indicator when measured in 2007 was 19 months.

Indicator 14: Bottle feeding

Key question: *What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles? 38.2%(this is for children under 3 years)*

Guideline:

Indicator 14	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
Bottle Feeding (0-12 months)		Scores	Colour-rating
	29.1-100%	3	Red
	4.1-29%	6	Yellow
	2.1-4%	9	Blue
	0.1-2%	10	Green

Data Source (including year):

Maldives Demographic Health survey 2009

Summary Comments:

The percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks from bottles is 38.2% which is higher compared to MNS 2007.

Indicator 15: Complementary feeding --- Introduction of solid, semi-solid or soft foods

Key question: *Percentage of breastfed babies receiving complementary foods at 6-9 months of age?*
81.6%

Guideline

Indicator 15	WHO's	IBFAN Asia Guideline for WBTi	
Complementary Feeding (6-9 months)	<i>Key to rating</i>	<i>Scores</i>	<i>Colour-rating</i>
	0.1-59%	3	Red
	59.1-79%	6	Yellow
	79.1-94%	9	Blue
	94.1-100%	10	Green

Data Source (including year):

Maldives Demographic Health survey 2009

Summary Comments:

According to MDHS 2009, 82 percent of breastfed babies received complementary foods at the age of 6-9 months. The percentage has improved since 2007, according to MNS 2007 the percentage was only 70%.

Summary Part I: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Programme and Coordination	9.5
2. Baby Friendly Hospital Initiative	3.5
3. Implementation of the International Code	9
4. Maternity Protection	5
5. Health and Nutrition Care Systems	8
6. Mother Support and Community Outreach	7
7. Information Support	8
8. Infant Feeding and HIV	10
9. Infant Feeding during Emergencies	0
10. Monitoring and Evaluation	9

IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated out of 100.

Scores	Colour- rating
0 – 30.9	Red
31 – 60.9	Yellow
61 – 90.9	Blue
91 – 100	Green

Conclusions (Summarize the achievements on the various programme components, what areas still need further work)¹¹ :

A lot of works are being carried out to improve the IYCF practices in the Maldives. However due to lack of funds and technical capacity at the national level, some of the interventions like BFHI and community outreach programmes are not taking place at an acceptable level. Maldives also need to increase the advocacy for paid maternity leave up to 6 months and work flexibility for mothers. There is also need to develop a policy on infant feeding practices during emergencies.

¹¹ In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

Summary Part II: Infant and young child feeding (IYCF) practices

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	64%	9
Indicator 12 Exclusive Breastfeeding for first 6 months	47.8 %	6
Indicator 13 Median duration of Breastfeeding	25.3%	10
Indicator 14 Bottle-feeding	30 %	3
Indicator 15 Complementary Feeding	81.8 %	9
Score Part II (Total)		37

IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding Practice (indicators 11-15) are calculated out of 50.

Scores	Colour-rating
0 – 15	Red
16 - 30	Yellow
31 - 45	Blue
46 – 50	Green

Conclusions (*Summarize which infant and young child feeding practices are good and which need improvement and why, any further analysis needed*)¹² :

Programmes and activities need to be further strengthened to improve the exclusive breastfeeding rate and to decrease the number of bottle fed babies. The enforcement of Breast Milk Substitute regulation and other policies need to be strengthened as well in order to establish correct IYCF practices.

¹² In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

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 rated as:

Scores	Colour- rating
0 – 45.5	Red
46 – 90.5	Yellow
91 – 135.5	Blue
136 – 150	Green

Key Gaps

1. IYCF strategy is out dated.
2. BFHI hospitals are not being reassessed.
3. Minimal Technical capacity at different levels.
4. Maternity leave doesn't align with EBF policy as only 12 weeks of maternity leave is granted.
5. Comprehensive child health strategy is not in place.
6. Inadequate counseling services on IYCF for mothers.
7. There is no policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance.
8. Lack of an online system to monitor the IYCF programmes

Key Recommendations

1. Revise the IYCF strategy and development of an IYCF implementation plan
2. Conduct regular meeting with the relevant members of national breastfeeding committee
3. Reassess the certified BFHI Hospitals and establish BFHI in new hospitals.
4. Current plans developed to implement the BMS code need to be carried out speedy.
5. Advocate for paid maternity leave up to 6 months and work flexibility for mothers.
6. Technical capacity development of the health care providers at different level.
7. Establish counseling services on IYCF.
8. Development of a policy on infant young child feeding which includes feeding during emergencies.
9. Strengthen the monitoring of IYCF programmes through an online system.