

The World Breastfeeding Trends Initiative (WBTi)

Mozambique, 2012



WBTi Reassessment Core Team

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Acronyms

IYCF- Infant and Young Child Feeding
ANSA – The Association of Food and Nutrition Security
RHM – Rural Health Motivator
HIV – Human Immunodeficiency Virus
IBFAN – International Baby Food Action Network
WBTi-World Breastfeeding Trends initiative
DHS- Demographic and Health Survey
BFHI-Baby Friendly Hospital Initiative
ILO – International Labour Organization
MICS - Multiple Indicators Survey
MOH– Ministry of Health
WHO- World Health Organization
TBA – Traditional Birth Attendance
PLHIV/Aids – People Living with HIV/Aids
UNICEF- United Nations Children’s Fund
WABA –World Alliance for Breastfeeding Action
BF-Breastfeeding
VCT- Voluntary Counselling and Testing

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Introduction

The Nutrition Department of the MoH-Mozambique conducted in 2009, its first WBTi assessment. After 3 years the Ministry is keen in conducting the reassessment to gauge the progress of the indicators and how this initiative influence programmes and practices.

The task was conducted by a multidisciplinary team coordinated by the Nutrition Department of the MoH with technical support of the IBFAN Africa Programme Officer for Lusophone countries of the Network.

The Aim was:

- To review progress in programs and practices influenced by WBTi since its insertion in the country, to date.
- To identify areas that are still requiring improvements, the possible enabling factors and potential threats.
- To provide recommendations for follow up actions.

The re-assessment process followed by the country

The technical working group was comprised of 8 members from different sectors. Among them 5 were permanent task members and others were providing their input on request depending on the subject matter related to specific department. Given that some departments (e.g. Dep. of Infant and Maternal Health and the National Emergency Coordinating Institute) have shortage staff, their presence was upon request.

Sometimes the core task team members had to split tasks in order to interview relevant stakeholders or to collect data concerning to certain indicators. This was for the case of ANSA and Universidade Unilúrio (the Unilúrio University). In order to maximize participation of all core task team members, it was agreed to work from 8:30h to 13:00h, so that thereafter, members could have opportunity to work on their own institutions, or gather more information needed for reporting.

On the first day, background information on WBTi was provided to all invited guests and the team task members. The scope covered historical background, the objectives and relevance of this Initiative in evaluating IYCF policies and programmes, as well as the feeding practices.

The 15 Indicators (Qualitative 1-10) and Quantitative (11-15) were discussed in order to provide a better understanding to the participants and allow input.

WHO and IBFAN Asia guidelines for WBTi were the key assessment tools used in this exercise. The discussion was undertaken considering the 2009 score, gaps and recommendations.

Based on the progress achieved in November 2012, the indicators were scored, colour rated and the class was determined. Finally the total score of the Qualitative and Quantitative Indicators determined the country's current IYCF status.

List of participating organizations for the re-assessment process

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Assessment Findings**1. Part - I : Policy and Programmes (Indicator 1-10)****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 1	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	2/ 10	2		D

Information and Sources Used:

The Code of Marketing Breastmilk Substitutes - Ministerial Decree n° 129/2007 of 3rd October, Articles 32^o and 35^o. Ministry of Health, Nutrition Department, 2012.

Gaps:

- The National IYCF Policy has not been approved yet;
- No regular meetings of the National Breastfeeding Committee.

Comment

The National IYCF Policy is being updated to accommodate the new WHO recommendations on HIV and Infant Feeding, 2010. The next step will be to get input from all concerned partners and then to submit to the MoH for approval.

Recommendations:

- To finalize and submit for approval the national IYCF policy;
- To develop a sound implementation plan based on the national policy;
- To revitalize the National Breastfeeding Committee and have regular meetings in order to fulfil the implementation plan.
- To review the Terms of Reference of the National Coordinator of the Breastfeeding Committee.

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? - (0 %)*

Criteria	Score	Results ✓ Check any one	Colour	Grade
0	0	✓		
0.1 - 7%	1			
8 - 49%	2			
50 - 89%	3			
90 - 100%	4			
Rating on BFHI quantitative achievements	0/4			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 its entire staff working in maternity services **(0%)**

Criteria	Score	Results ✓ Check any one	Colour	Grade
0	0	✓		
0.1-25%	1			
26-50%	1.5			
51 -75%	2.5			
75% and more	3.5			
Total Score	0/3.5			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	✓		
2.4) A standard monitoring system is in place	.5	✓		
2.5) An assessment system relies on interviews of mothers	.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 e 2C	2.5/10			C

Information and Sources Used:

BFHI Training of Trainer’s Reports, 2010 and 2011
 BFHI Pre-assessment Reports, 2012
 Five years (2010-2014) government implementation Plan
 The Economic and Social Plan for Nutrition, 2013

Gaps:

- Inadequate counselling provided to mothers and sometimes not available at all;
- Inadequate follow up of activities after trainings;
- The physical structure of some hospitals makes difficult to implement BFHI practices (e.g : having the newborn unit separated from the maternity facility).
- Staff turnover –trained personnel being transferred to other health facilities and sometimes brain drain of skilled personnel;
- Reduced number of Paediatricians and Gynaecologists attending BFHI trainings.

Comments

BFHI was revitalized in 2010 mainly targeting the main hospitals in the capital and at province level.

Currently, the MoH has the Modules for BFHI training for implementers, managers and assessors, all adapted in Portuguese, the official language.

In 2012, the 1st national BFHI Assessors Training took place and 3 hospitals (Hospital Geral José Macamo, Mavalane and Hospital Provincial de Xai-Xai) were pre-assessed and recommendations were provided for improvement.

Recommendations:

- To widely sensitize national medical doctors and other health staff to attend BFHI trainings courses.
- To harmonize training plans according to health professionals time availability, in order to maximize their participation.
- For future health facilities’ constructions appropriate and user Baby Friendly physical structure should be taken into consideration, so that mother and baby can be kept together, or at least in the same floor, for easy access to both.
- To encourage routine self-evaluation (at least every 6 months), to hospitals implementing BFHI.

Indicator 3: Implementation of the International Code
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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 ✓ <i>Check those apply. If more than one is applicable, record the highest score.</i>	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:	8/10			B

Information and Sources Used:

The Code of Marketing Breastmilk Substitutes - Ministerial Decree nº 129/2007 of 3rd October, Articles 32º and 35º. Ministry of Health, Nutrition Department, 2012.

Gaps:

- The Ministerial Decree that determines competency for inspection and penalties to the infractions has not been approved yet.
- Code Monitoring reports from the provinces are not been sent periodically to the central level.
- Weak dissemination of the National Code of Marketing Breastmilk Substitutes across the country.

Comments

Mozambique approved the Code of Marketing BMS in 2005 and on the 3rd of October 2007 this was published in the Republic Bulletin nº 129/2007.

After that, a tripartite Ministerial Decree was drafted, involving the MOH, Ministry of Industry and the Ministry of Finances. This norm determines competencies for carrying out inspections and charges the infractions. However, the proposal has not been approved yet. Nevertheless, the MOH is in process of establishing a registry system for all products under the scope of the Code.

Recommendations

- To strengthen advocacy efforts in order to get approval of the Ministerial Decree on inspection and charges.
- To provide clear instructions to the province health institutions in order for them to send Quarterly Code Monitoring Reports.
- To disseminate across the country, every six months the results of Code Monitoring. The information must be shared with all concerned partners at national (including those at province level), regional and international level.
- To disseminate at all levels the National Code of Marketing BMS.

Indicator 4: *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 <input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/>		
b. 14 to 17weeks	1			
c. 18 à 25 weeks	1.5			
d. 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.	1			
a. Unpaid break	0.5			
b. Paid break	1	<input checked="" type="checkbox"/>		
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) 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	✓		
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:	3.5/10			C

Information and Sources Used:

Labour Law N^o 23/2007, August 1st (Article 10 – Maternity Protection; Article 11 – Especial Rights for working women).

“Lei do Trabalho nr 23/2007 de 01 de Agosto (Artigo 10 - Protecção da Maternidade; Artigo 11 - Direitos especiais da mulher trabalhadora)”.

Gaps:

- Mozambique has not ratified yet the ILO convention 183. Therefore the Maternity Leave is only 8 weeks, and Paternity Leave is 1 day every 2 years if a baby is born.
- The government faces some financial limitations that constitute a barrier for extension of Maternity Leave.
- The current Work Law does not contemplate breastfeeding corners at working places.
- There is no a maternity protection monitoring system in place. However there is a telephone free line that allows workers to dial and express their concerns.

Comments

Although the country has not ratified yet the ILO 183 on Maternity Protection, there have been advocacy and sensitization activities in order to provide a friendly and favourable working environment for breastfeeding mothers.

In 2010, the MOH and UNICEF country office established breastfeeding corners in their premises in support breastfeeding.

Recommendations:

- To conduct advocacy in order to sensitize the Ministry of Labour, unions and civil society for the ratification of the ILO Convention 183.
- To disseminate at all levels the legislation and the rights of working women.
- Strengthen advocacy and sensitization of employers for the establishment of breastfeeding corners at work place.
- To strengthen partnership with Women Workers Union (COMUTRA) and other civil society sectors in demanding women worker's rights.
- To conduct advocacy in order to accelerate the establishment of an effective monitoring system for working women.

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			Colour	Grade
	Adequate	Inadequate	No Reference		
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		
	✓				

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.

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:	10/10				A

Information and Sources Used:

Literature review report on policies, strategies and IYCF Programmes in Mozambique, 2011

Training Curriculum of Nutrition Technicians (Bachelor Degree), 2011.

Nutritional Care package for People Living with HIV/AIDS; Training Guidelines and handouts for Community Health Care Providers (draft documents), 2010.

Training of Trainers Guideline on Community Nutrition, 2009.

Guideline on Infant Feeding and HIV, 2009.

Gaps:

- Weak collaboration between teaching institutions that offer Nutrition courses and the MoH as they do not share their Training Curriculum.
- Scarce availability of updated materials (manuals, norms and protocols) among nutrition teaching institutions.

Recommendations

- To improve collaboration among nutrition teaching institutions and the Nutrition Department of the MoH.
- Frequent refresher training courses and capacity building for teachers that deliver nutrition courses.

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.

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 ✓ <i>Check that apply</i>			Colour	Grade
	Yes	To some degree	No		
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 and intra-sectors).	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:	08/10				B

Information and Sources Used:

Literature Review Report on policies, strategies and programmes concerned to IYCF in Mozambique, 2011.

National Strategy for Health Promotion, 2010.

Trainers Manual– Mother to Mother Support Groups, 2012.

Training Package for the TBA's, 2012.

Strategy for Strengthening the Interventions of TBA's, 2009.

National Programme of the (RHM), 2010

Mother –to Mother Groups, 2010.

IYCF Community Counselling Package, 2011.

Recommendations:

- To evaluate the quality of support provided to the mothers in the community by the RHM as well as other community activists.
- To strengthen the role of TBA's in supporting Breastfeeding after delivering.
- To expand IYCF community counselling training of activists to other districts.

Indicator 7: Information Support

Criteria	Results			Colour	Grade
	Yes	To some degree	No		
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:	10/10				B

Information and Sources Used:

Communication and Social Mobilization Plan for Promotion, Protection and Support of BF, 2009-2013/15.
 Literature Review Report on policies, strategies and programmes concerned to IYCF in Mozambique, 2011.
 WBW Reports 2009 to 2012.

Training Report of activists on counselling package in IYCF 2011 and 2012.

National Strategy for Health Promotion, 2010.

Comments

The MoH has developed a Communication and Social Mobilization Plan for Promotion, Protection and Support of BF, 2009-2013/15. This advocacy tool has been disseminated across all provinces and partners in the country.

The WBW commemoration is held every year all over the country. Health professionals and communities are strongly involved. During the week celebrations, several activities take place: dissemination of messages both printed and verbal messages, debates at health centres and in community settings.

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).

Gaps:

- The workload and its demand is constrained by the insufficient human resources, contributing to inadequate quality of counselling at health centres. At community level, counselling is provided by activists during home based care visits.

Recommendations:

- To strengthen the health professionals' and community activists' capacity and abilities on IYCF counselling.

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			Colour	Grade
	Yes	To some degree	No		
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:	6/10				C

Information and Sources Used:

Ministry of Health, 2012 (verbal information from staff of the Nutrition Department, and from the Department of Child and Maternal Health).

Gaps:

- Lack of an approved national IYCF policy including Infant Feeding and HIV policy.
- Low adherence of peers to Voluntary Counselling and Testing services.

Comments:

The current WHO recommendations on infant feeding in the context of HIV states that countries must adopt a recommendation and support mothers to implement it. Thus, there is a need of reviewing and updating according to the new WHO recommendations, all documentation regarding infant feeding in context of HIV/AIDS.

The national Infant Feeding Policy is being finalized to be submitted for approval.

Recommendations:

- Seek approval and implement the national IYCF policy.
- To sensitize communities to adhere the available VCT services.
- To harmonize messages in all documents (guidelines, strategies, etc.), according the latest WHO Infant Feeding and HIV recommendations.

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			Colour	Grade
	Yes	To some degree	No		
9.1) The country has a comprehensive	2	1	0		

policy on infant and young child feeding that includes infant feeding in emergencies			✓		
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		
	✓				
9.3) 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::	8/10				B

Information and Sources Used:

Plano Sectorial para Resposta a Emergência, 2011/2012.
 ("Sector Plan for Emergency Response, 2011/2012")

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			Colour	Grade
	✓ 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) 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 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:

Inquérito de Indicadores Múltiplos (MICS, 2008). "Multiple Indicators Survey, (MICS, 2008)".

Inquérito Demográfico e de Saúde, 2011 (Resultados preliminares). "Demographic Health Survey, 2011 Preliminary Results".

Gaps:

- Lack of routine and systematic discussion of IYCF indicators in programmatic activity areas, at all levels.

Comments:

The monitoring of the main IYCF practices are conducted under the periodic national health surveys (DHS and MICS).

Recommendations:

The collection and analysis of data on IYCF at district level could be carried out initially at Sentinel Posts of Nutrition Surveillance.

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 %	Results			
		Current %	Score	Colour	Grade
Initiation of Breastfeeding (within 1 hour)	0-29%		3		
	30-49%		6		
	50-89%	63	9		B
	90-100%		10		

Information and Sources Used:

Inquérito de Indicadores Múltiplos (MICS, 2008). "Multiple Indicators Survey, (MICS, 2008)".

Summary Comments

The percentage of babies in the rural setting who were breastfed in the first hour and in first day after birth was greater (65%) than in the urban setting (60%).

According to MICS, 2008 illiterate mothers were more likely (70%) to breastfeed their babies in the first hour after birth than those with secondary or high school (60%) levels.

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?* 37%

Guideline:

Indicator 12	WHO's Key to rating %	Results			
		✓ Check that apply			
Exclusive Breastfeeding (for first 6 months)		Current %	Score	Colour	Grade
	0-11%		3		
	12-49%	37	6		C
	50-89%		9		
	90-100%		10		

Information and Sources Used:

Inquérito de Indicadores Múltiplos (MICS, 2008). "Multiple Indicators Survey, (MICS, 2008)".

Summary Comments:

The prevalence of Exclusive Breastfeeding rates in the first 6 months are slightly higher (38%) in rural areas than in urban settings (34%). Although the report does not state the reasons for this difference, it does mention however that exclusive breastfeeding rates in the first 3 months are lower in families falling in the quintile of wealthy people (41%) compared to those in the quintile of the poor (50%).

Additionally, the report informs that exclusive breastfeeding dropped rapidly in the first months of life. One in four babies less that 6 months old had received water in addition to breastmilk and about 6% of children of the same age group had received other liquids besides breastmilk and water.

According to the preliminary DHS report, 2011 about 41% of children below age of 6 months are exclusively breastfed.

Indicator 13: Median duration of breastfeeding

Key question: *Babies are breastfed for a median duration of how many months?* 18Meses

Indicator 13	WHO's Key to rating %	Results			
		✓ Check that apply			
Median Duration of Breastfeeding (Months)		Months (current)	Score	Colour	Grade
	0-17 Months		3		
	18-20 "	18	6		C
	21-22 "		9		
	23-24 "		10		

Information and Sources Used:

Inquérito de Indicadores Múltiplos (MICS, 2008). "Multiple Indicators Survey, (MICS, 2008)".

Summary Comments:

According to the DHS, 2003 the median duration of breastfeeding has reduced from 21.9 to 18 months, from 2003 to 2008, respectively. Although there is no clear reason to justify this reduction, one can speculate that is due to HIV pandemic and the fact that mothers have to resume working after 60 days of maternity leave.

Indicator 14: Bottle feeding

*Key question: What percentage of breastfed babies less than 6 months old receives other foods or drinks from bottles? 30%**

Indicator 14	WHO's Key to rating %	Results			
		✓ Check that apply			
Bottle Feeding (<6 months)		Current %	Score	Colour	Grade
	30-100%	30	3		D
	5-29%		6		
	3-4%		9		
	0-2%		10		

Information and Sources Used:

Demographic and Health Survey, 2011 (* Preliminary Results)

Summary Comments:

The current data are in the preliminary DHS report. The trend between rural vs urban is not available yet; therefore, we cannot comment.

Indicator 15: Complementary feeding
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Key question: Percentage of breastfed babies receiving complementary foods at 6-9 months of age? 64%

Indicator 15	WHO's Key to rating %	Results			
		✓ Check that apply			
Complementary Feeding (6-9 months)		Current %	Score	Colour	Grade
	0-59%		3		
	60-79%	64	6		C
	80-94%		9		
	95-100%		10		

Information and Sources Used:

Inquérito de Indicadores Múltiplos (MICS, 2008). "Multiple Indicators Survey, (MICS, 2008)".

Summary Comments:

As per MICS's classification, 2008 children aged 6-8 months are considered adequately fed if they are breastfeeding and receiving complementary foods at least twice a day. However, the criteria does not take into consideration the quality of diet.

Summary- Part I: IYCF Policies and Programms

Targets:	Score (0-10)
1. National Policy, Programme and Coordination	2
2. Baby Friendly Hospital Initiative	2.5
3. Implementation of the International Code	8
4. Maternity Protection	3.5
5. Health and Nutrition Care	10
6. Community Outreach	8
7. Information Support	10
8. Infant Feeding and HIV	6
9. Infant Feeding during Emergencies	8
10. Monitoring and Evaluation	6
TOTAL	64/100

Summary- Part II: Infant and young child feeding (IYCF) practices
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IYCF Practice	Results	Score
Indicator 11 Early Initiation of Breastfeeding	63%	9
Indicator 12 Exclusive Breastfeeding for first 6 months	37%	6
Indicator 13 Median duration of Breastfeeding	18 %	6
Indicator 14 Bottle-feeding	30 %	3
Indicator 15 Complementary Feeding	64 %	6
Score - Parte II (Total)		30

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

Indicators	Score	Colour	Grade
1-10	67		B
11-15	30		C
TOTAL	97		B

TOTAL OF THE COUNTRY (2012): 94/150

COMPARISON WITH 2009 ASSESSMENT

Table: Indicators 1-15: Trends in Infant feeding practices (2009 to November, 2012)

Indicator	Status in the last assessment in 2009	Current status 2012	Score	Colour	Grade
1. National Policy, Programme and Coordination	5/10	2/10	2	Red	D
2. Baby Friendly Hospital Initiative	2/10	4.5/10	2.5	Red	D
3. Implementation of the International Code	8/10	8/10	8	Blue	B
4. Maternity Protection	4/10	4.5/10	3.5	Yellow	C
5. Health and Nutrition Care	10/10	10/10	10	Green	A
6. Community Outreach	5/10	8/10	8	Blue	B
7. Information Support	8/10	10/10	10	Blue	B
8. Infant Feeding and HIV	6.5/10	6/10	6	Yellow	C
9. Infant Feeding during Emergencies	10/10	8/10	8	Blue	B
10. Monitoring and Evaluation	5/10	6/10	6	Yellow	C
11. Early Initiation of Breastfeeding	64.7%	63%	9	Blue	B
12. Exclusive Breastfeeding for first 6 months	30%	37%	6	Yellow	C
13. Median duration of Breastfeeding	21.9 (meses)	18 (meses)	6	Yellow	C
14. Bottle-feeding	8.3%	30%	3	Red	D
15. Complementary Feeding	79.7%	64%	6	Yellow	C

General discussion of the results

Indicators 1, 8 and 9 concerning policies and programmes scored lower in 2012 because in 2009 the draft policy was considered adopted given that the WHO recommendations on IYCF including in the context of HIV were included and the policy document was only pending formal approval, while the implementation of the recommendations was carried out across all health systems. In 2010, the new WHO directives called for revisiting the drafted IYCF 2009 policy, to accommodate new recommendation. In meantime, the policy

was being updated for subsequent submission for discussion and approval. Thus, it lowered the score of the concerned indicators.

Indicator 4 (*Maternity Protection*), did not show any improvement since the country has not ratified ILO Convention 183. Government budget limitation was the main reason pointed out for not ratifying the convention.

Indicators 2 and 6 (*Baby Friendly Hospital Initiative*, and *Community Outreach* respectively), have shown a significant improvement in 2012. The underlines factors were the revitalization of BFHI in 2010 and the capacity strengthening of the health workers of the key health facilities across the country as well as the training of community volunteers in counselling on Infant Feeding.

With regards to Infant and young child feeding practices, the trend varies being indicator 12 (*Exclusive Breastfeeding for first 6 months*) the most outstanding (with 7% increment rate). Nevertheless, it falls under the same class as in the previous assessment, in 2009).

Indicator 14 (*Bottle-feeding*), has increased dramatically compared to 2009 assessment. This could be attributed to the fact that preliminary DHS, 2011 data that was used by the time of the re-assessment.

Conclusion

In general, there was a positive trend from 2009 to 2012 as a result of government efforts in providing better health services. However, some areas need to be addressed by improving coordination, monitoring and evaluation framework.

An approved IYCF policy is crucial for protecting and supporting adequate IYCF practices, improving coordination and implementation of interventions among the different stakeholders.

The World Breastfeeding Trend Initiative has come to reinforce the need for putting more efforts in promoting, protecting and supporting IYCF in the country.

Recommendations

- National IYCF Policy should be approved, followed by the development of Action Plan for implementation.
- Advocacy actions for monitoring the implementation of the Code of Marketing Breastmilk Substitutes must be reinforced.
- The Code must be disseminated and monitored at all levels.
- Baby Friendly Hospital/Community Initiative actions must be reinforced and scaled up across the country.
- Collaboration among different sectors and stakeholders in IYCF must be strengthened and community IYCF interventions must be integrated and scaled up.
- The mechanisms of monitoring and evaluation of interventions must be strengthened at all levels.
- Advocacy efforts for ratification of ILO Convention 183 must be disseminated to all sectors of the society at all levels.
- Key IYCF policies, guidelines, strategies among others, must be harmonized according the current WHO recommendations.

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