World Breastfeeding Trends Initiative (WBTi)

Assessment Report

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World Breastfeeding Trends Initiative (WBT*i*)

Report

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The World Breastfeeding Trends Initiative (WBT*i*)

Name of the Country: Sri Lanka

Year: 2018

Introduction

Nutrition is a key component of health throughout the life cycle. A strong foundation laid in infancy and young childhood in terms of health and nutrition is essential for a healthy life. Sri Lanka has a well established maternal and child health programme to which Infant and Young Child Feeding (IYCF) is integrated as a vital component and delivered as a package by the government healthcare system. The National Nutrition Policy 2010 and the Maternal and Child Health Policy 2012 clearly state key IYCF components. Further, Sri Lanka is strongly committed to promote breastfeeding and is implementing the Sri Lanka Code for Promotion, Protection and Support of Breastfeeding and Marketing of Designated Products - Amended Code 2002 (BF Code). Infant and Young Child Feeding Strategy for Sri Lanka (2015-2020) provides guidance for action and is based on the Global Strategy for Infant and Young Child Feeding (WHO & UNICEF 2003) and related documents. The essential components of the policy and programme implementation along with the practices on infant feeding in Sri Lanka are stated in this report. Objective scoring and colour coding to it's 15 indicators guide the national and regional level programme managers and implementers to identify the gaps and take necessary action.

World Breastfeeding Trends Initiative (WBT*i*)

Background

The World Breastfeeding Trends Initiative (WBT*i*) 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 ,The Global Participatory Action Research and the second the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". The WBT*i* 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 WBT*i* 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)
1. National Policy, Programme and Coordination 2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding) 3. Implementation of the International Code of Marketing of Breastmilk Substitutes 4. Maternity Protection 5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF) 6. Mother Support and Community Outreach 7. Information Support 8. Infant Feeding and HIV 9. Infant Feeding during Emergencies 10. Mechanisms of Monitoring and Evaluation System	11. Early Initiation of Breastfeeding 12. Exclusive breastfeeding 13. Median duration of breastfeeding 14. Bottle feeding 15. Complementary feeding

Once assessment of gaps is carried out, the data on 15 indicators is fed into the questionnaire using the WBT*i* 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 ' WBT*i* Questionnaire'. Further, the toolkit scores and colour- rate each individual indicator as per **IBFAN Asia's Guidelines for WBT*i***

Background

Sri Lanka is a lower middle income country with a well established and extensive health service delivery network developed more than four decades ago. Approximately 100 percent of women receive antenatal care and over 99.9 percent deliver in a health facility. Under-five, infant and maternal mortality rates have dropped significantly in the country. Neonatal mortality now accounts for nearly 84 percent of all infant deaths.

Indicator	Data	Year	Source
Total population	21.4 Million	2017	Registrar General's Department
Live births Total Male Female	328112 166946 161166	2018	Registrar General's Department (Provisional data)
Child population (<5 year) %	8.0	2016	Registrar General's Department
Neonatal Mortality Rate (per 1000 live births)	5.6	2014	Registrar General's Department
Infant Mortality Rate (per 1000 live births)	8.5	2015	Registrar General's Department
Under five Mortality Rate (per 1000 live births)	10.1	2015	Registrar General's Department
Low birth weight per 100 live births	16	2016	DHS 2016

Sri Lanka was one of the first countries, globally, to develop supportive policies, including maternity protection legislation and a code of marketing of breastmilk substitutes prior to the formulation of the international code. Second revision of the code is also undergoing. The Baby–friendly Hospital Initiative was launched in Sri Lanka in 1992 with great political support and attention, but lacked Internal and external assessment and accreditation. Since 1990s Sri Lanka invested heavily in 40 hours breastfeeding counselling course. Public Health midwives provide the link between the community and health services. Maternal and Child health, multi- sectoral nutrition, and early childhood development programmes have been the major vehicles for IYCF promotion in the past years. The Family Health Bureau of the Ministry of Health is the focal point for implementation of IYCF Programme.

Assessment process followed by the country

The Sarvodaya Women's movement has made a request to the Ministry of Health to make the assessment. The Family Health Bureau as the national focal point for IYCF, a desk review of all the policy documents (Nutrition policy, MCH policy), strategic plans (MNH strategic plan, IYCF strategy), annual plans (of the MoH, FHB, Nutrition Divisions), current relevant surveys (EmONC survey, Demographic Health Survey, Nutrition month information, Routine MIS of the Family

Health Bureau) were reviewed prior to preparation of the report. Also the minutes of the Technical Advisory Committee on Newborn and Child Health, Maternal and Child Nutrition Subcommittee, Nutrition Steering Committee, Breastfeeding Code Monitoring Committee were perused where relevant. Family Health Bureau is the focal point for IYCF in Sri Lanka, hence this report was prepared by the Family Health Bureau with contributions of the development partners and relevant departments of the Ministry of Health via several consultative meetings at the national level.

List of the partners for the assessment process

Collaborating Organizations

Ministry of Health, Nutrition and Indigenous Medicine
http://www.health.gov.lk/moh_final/english/

Family Health Bureau
http://fhb.health.gov.lk/index.php/en/

Health Promotion Bureau
http://www.hpb.health.gov.lk/web/index.php/en/

Nutrition Division

Estate and Urban Health Unit

Department of Nutrition, MRI

World Health Organization

UNICEF

Sarvodaya Women's Movement

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 ?*

Guidelines for scoring		
Criteria	**Scoring**	**Results** ✓ ***Check any one***
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	**10/10**	

Information Sources Used (please list):

1. *National Nutrition Policy, Ministry of Health, (2010)*
2. *National MCH Policy; Family Health Bureau, Ministry of Health, (2012)*
3. *National Strategic Plan on IYCF in Sri Lanka, Family Health Bureau, Ministry of Health, (2015)*
4. *Annual Family Health Report, Family Health Bureau, Ministry of Health, 2016*

Conclusions ***(****Summarize which aspects of IYCF policy, program and coordination are appropriate; which need improvement and why; and any further analysis needed ****):***

IYCF policy framework is strong in Sri Lanka, there is a well organized programme from the national level that communicates well with the district level. The Maternal and Child Nutrition Sub Committee chaired by the Deputy Director General Public Health Services (www.fhb.health.gov.lk) meets once in two months. The Technical Advisory Committee on Newborn and Child Health (www.fhb.health.gov.lk) meets every other month under the chairmanship of Deputy Director General Public Health Services. There is provision to include other sectors important for infant and young child feeding at the Nutrition Steering Committee (www.fhb.health.gov.lk) which is the highest body chaired by the Secretary Health, that meets quarterly. Implementation of the policy and programme needs to be strengthened.

The work is ongoing to obtain a separate budgetline for the MCH programme to sustain, finance for MCH services.

Cadre revisions, projections, recruitment and training are being streamlined to ensure adequate healthcare providers at community level.

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding[1])

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) 530 out of 562 total hospitals (both public & private)and maternity facilities offering maternity services have been designated or reassessed as "Baby Friendly" in the last 5 years 94 %

Note; 94% of deliveries take place in 530 public hospitals where all the ten steps of BFHI are practiced. BFHI assessment and accreditation is done according to the countries system of assessment.

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	**5 / 5**	

Guidelines – Qualitative Criteria

[1] **The Ten Steps To Successful Breastfeeding:** The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful

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

Quality of BFHI programme implementation:

Guidelines for scoring		
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	**5/5**	
Total Score	**10/10**	

Information Sources Used (please list):

1. *Strategic plan on Maternal and Newborn Health, Family Health Bureau, Ministry of Health (2017-2025)*
2. *Labour Room Management Guidelines, 2006, Family Health Bureau, Ministry of Health (supervision check lists and process is given here)*
3. *Neonatal Intensive Care unit, Special Care Baby Unit, Mother Baby Centre Guideline, 2006, Family Health Bureau, Ministry of Health (supervision check lists and process is given here)*

[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.

4. *Annual Report on Family Health, 2016, Family Health Bureau, Ministry of Health*
5. *Sri Lanka National Maternal and Newborn Care Quality Assessment Tools: Antenatal ward, postnatal ward tool, Labour room, Neonatal Unit*
6. *Personal communication – Medical Statistics Unit, Ministry of Health, Sri Lanaka*
7. *Personal communication –Director/ Private Health Sector, Ministry of Health, Sri Lanaka*

Conclusions ***(****Summarize how the country is doing in achieving Baby Friendly Hospital Initiative targets (implementing ten steps to successful breastfeeding) in quantity and quality both. List any aspects of the initiative needing improvement and why and any further analysis needed):*

40 hr breastfeeding counselling course is the standard course for hospital staff and five and a half days IYCF course is the standard course for the field staff. It is mandatory that all staff caring for mothers and newborns in the hospital are trained in 40hr breastfeeding counselling course and in the field in IYCF course.

All 10 steps of BFHI, including mother friendly initiative components, baby friendly field clinics have been incorporated in to the system in Sri Lanka. It is not practical and cost effective to have only a BFHI assessment and accreditation system for Sri Lanka. Therefore the country has decided to monitor it along with usual hospital monitoring system by the Hospital Directors which are monitored at the Hospital Director's meeting (monthly chaired by the Director General Health Services), MCH supervision in the Hospitals by the MOMCH (District MCH Manager) and are reviewed at the Maternal Child Health Reviews of the Districts that are conducted quarterly by the districts and annually by the national level staff.

In addition to this a quality assessment tools for a quality assurance system for hospitals are being developed and it would include BFHI as an essential component in the assessment.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. *System for external assessment not fully systematized*
2. *This is already included into the hospital accreditation system. It has to be nationally scaled up.*

Recommendations *(List action recommended to bridge the gaps):*

1. *Hospital accreditation along with BFHI accreditation has to be streamlined*

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?*

Guidelines for scoring		
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 b) Provisions based on all 4 of the WHA resolutions as listed below are included	 5.5 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		✓ *Check that apply*
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	✓
3.12The 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)	**7/10**	

Information Sources Used (please list):

1. *Sri Lanka Code for Promotion, Protection and Support of Breastfeeding and marketing of designated products, 2002*
2. *Implementation of the Sri Lanka Code for the Promotion, Protection and Support of Breastfeeding and Marketing of Designated Products, General Circular No 01-15/2012 of the Ministry of Health www.fhb.health.gov.lk*
3. *Promotion of Branded Milk Powder within the Health Institutions and to the staff of the Ministry of Healthcare and Nutrition, General Circular No; 01-15/2010 www.fhb.health.gov.lk*
4. *Promotion of Branded Milk Powder within Health Institutions and to Staff of the Ministry of Health, Circular letter FHB/INBU/2015/30 www.fhb.health.gov.lk*
5. *Compliance with the Sri Lanka code of Promotion, Protection and support of Breastfeeding and Marketing of Designated Products (2003) and world Health Assembly resolutions by health care service providers , General Circular no 01-28/2018 www.health.gov.lk*

Conclusions: *(Summarize which aspects of Code implementation have been achieved, and which aspects need improvement and why. Identify areas needing further analysis)*

The Sri Lanka Code for Promotion, Protection and Support of Breastfeeding and marketing of designated products has been in operation since 1983, it has been revised once in 2002 and is currently undergoing a revision to include the current needs of the programme. All health care providers in maternal and newborn care in the hospital and field are made aware of the provisions of the code and are compelled to abide by the code. Time to time new circulars too are issued to emphasis the important issues. On report of violations, the Director General Health Services or the Secretary Ministry of Health take action. The Ministry is working on revising the code, so that it

gives effect to all the policies and subsequent WHA resolutions covering breastfeeding and to make all required articles of the code to be law.

Gaps: *(List gaps identified in the implementation of this indicator)* **:**

1. *All articles of code are not law*
2. *Code violations need to be sanctioned regularly*

Recommendations: *(List action recommended to bridge the gaps):*

1. *Code to be made law by an act of Parliament under the Ministry of Health*
2. *Regular actions need to be taken against violations*

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	 ✓ #
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 *(more than one may be applicable)* 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. *(more than one may be applicable)* 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) . *(more than one may be applicable)* a. Information about maternity protection laws, regulations, 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 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:	**6/10**	

[#] MATERNITY BENEFITS (AMENDMENT) ACT, No. 15 OF 2018 section 5 by the insertion immediately after subsection (4) of that section of the following new subsection:— "(5) The leave to which a woman worker is entitled under this Act in consequence of any confinement shall be in addition to any holiday[*] or leave to which she is entitled under any other law or regulation.".

*holidays include Sundays and public holidays which include a poya day every month

Information Sources Used (please list):

1. *Establishment Code, Chapter XIII (Maternity and Paternity benefits for the Public Sector)*
2. *The Maternity benefits ordinance, No 15 of 2018*
3. *Shop and office employees act, 1954*
4. *Personal communication from the Commissioner of Labour*

Conclusions *(*Summarize which aspects of the legislation are appropriate, and which aspects need improvement and why. Identify areas needing further analysis*)* **:** Public and private sector and the workers covered by the maternity benefits ordinance are entitled to paid maternity leave and one hour paid break until 6months. Workers governed by the Shop and Office Employees Act are also entitle for 84 days paid maternity leave for any number of children as per a recent amendment. However, they do not have the benefit of one hour paid break until 6 months. Creche facilities are endorsed only for the workers covered by the Maternity Benefits Ordinance. A request to provide creshe facilities for all government sector workers were requested in Breastfeeding Week of 2013 (Facilitation of practice of national infant and young child feeding recommendation on breastfeeding within government institutions, establishment of breastfeeding rooms. Circular Letter FHB/EB/BF week/2012 www.fhb.health.gov.lk) and are gradually being implemented in the organizations. Some

private sector organizations also are implementing cresh facilities though it is still not a provision under the Shop and Office Employees Act.
However, still there are no maternity benefits for the workers in the informal sector.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. *Discrepancies in the maternity leave in the public and private sector (***The discrepancy we are highlighting here is the 84 days half pay and no pay in addition to 84 working days full pay leave that is available for the government sector not being available for the private sector.)**
2. *No laws for the informal sector*

Recommendations *(List action recommended to bridge the gaps):*

1. *Discrepancies in the maternity leave for all sectors need to be addressed*
2. *Laws need to be made to the informal sector workers*

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*?

Guidelines for scoring			
	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
	✓		

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.

5.5) Infant feeding and young feeding information and skills are integrated, as appropriate, into training programmes 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.)	1	0.5	0
	✓		
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:	**10/10**		

Information Sources Used (Please list):

1. *Emergency Obstetric and Newborn Care needs assessment Survey, 2012, Family Health Bureau, Ministry of Health.*
2. *Standards for Newborn Care, 2012, Family Health Bureau, Ministry of Health*
3. *Standards for Maternal Care, 2015, Family Health Bureau, Ministry of Health*
4. *Maternal Care Guidelines Volume I, 2013, Family Health Bureau, Ministry of Health*
5. *Newborn Care Guidelines Volume I, 2014, Family Health Bureau, Ministry of Health*
6. *Guidelines for management of HIV infection in Pregnancy in Sri Lanka, June, 2008, National STD/AIDS control programme, Ministry of Health*
7. *Neonatal Intensive Care Unit, Special Care Baby Unit and Mother Baby Centre Guidelines, 2006, Family Health Bureau, Ministry of Health*

Conclusions: (Summarize which aspects of health and nutrition care system are appropriate and which need improvement and why. Identify areas needing further analysis.)

This aspect is well institutionalized. It is required to maintain the standards and to ensure that all meembers of the staff adhere to guidelines at all times. HIV and infant feeding it addressed in all the in-service training programmes (40hr breastfeeding counselling course, IYCF course, Essential Newborn Care Course). Mother Baby Centre is the place made available for the mothers and babies to be together when one of them is sick, the guidelines for the same are available.

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 .*

Guidelines for scoring			
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 recieve 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:	**10/10**		

Information Sources Used (please list):

1. *Maternal Care Package, 2012, Family Health Bureau, Ministry of Health*
2. *Postnatal Care Guide, 2007, Family Health Bureau, Ministry of Health*

3. *Emergency Obstetric and Newborn Care Needs assessment survey, 2012, Family Health Bureau, Ministry of Health*
4. *Annual Family Health Report, 2015, Family Health Bureau, Ministry of Health*

Conclusions *(Summarize which aspects of a health and nutrition care system are adequate and which need improvement and why. Identify areas needing further analysis)* **:**

All women have access to good community based antenatal and postnatal care services that addresses breastfeeding and support in the hospital at the time of birth and for establishment of breastfeeding at the time of discharge. We need to maintain the services and if possible improve the quality of services in the antenatal, intranatal and postnatal period in the field as well as in the hospitals. Mother Support Groups are established by the Health Promotion Bureau (HPB) of the Ministry of Health, and their activities are monitored by the HPB. HPB conduct in-service training on counselling with special emphasis on nutrition counselling on a regular basis.

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?*

Guidelines for scoring			
Criteria	**Scoring** √ ***Check that apply***		
	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 (e.g. 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**		

[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;

* Risks of artificial feeding is discussed (refer poster on 'danges of artificial feeding').
Preparation of powdered infant formula is discussed at individual level where necessary.

Information Sources Used (please list):

1. *Guidelines on Infant and Young child feeding, Circular Letter FHB/FD/WHO/01-P (2007)* *www.fhb.health.gov.lk*
2. *Protocol on managing nutritional problems among under five children in the community. Circular Letter No 02-18/2008* *www.fhb.health.gov.lk*
3. *Poster on risks of Infant Formula* *www.fhb.health.gov.lk*

Conclusions *(Summarize which aspects of the IEC programme are appropriate and which need improvement and why. Identify areas needing further analysis)* **:**
Individual nutrition counselling is done at home visiting by the PHM and the children who need specialized care are referred to a Nutrition clinic conducted regularly at the Medical Officer of Health and are referred to specialized care if necessary to the hospital with a Paediatrician/ hospital nutrition clinic conducted by Medical Officer qualified in MSc Human Nutrition. IEC material appropriate for IYCF counselling are available. The behavior change counselling strategies do not recommend discussions on negative messages, hence preparation and handling of infant formula are not addressed in IEC material.
Breastfeeding week is annually celebrated with state patronage giving advocacy to the them of the BF week every year.

Gaps

1. Financial constraints in counteracting adverse media influence by advertising proper IYCF practices.
2. Human Resource constraints and work overload of primary healthcare staff involved in IYCF counseling
3.

Recommendations

1. Adequate financial allocation for an extensive mass media campaign on IYCF
2. Streamline human resource management via cadre projection, approval, regular intake and appraisal

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?

Guidelines for scoring			
Criteria	**Results** ✓ *Check that apply*		
	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 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)/ 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 management of HIV infection in Pregnancy in Sri Lanka, June, 2008, National STD/AIDS control programme, Ministry of Health*
2. *Maternal Care Package, 2012, Family Health Bureau, Ministry of Health*

Conclusions *(Summarize which aspects of HIV and infant feeding programming are appropriate, and which aspects need improvement and why. Identify areas needing further analysis) :*Sri Lanka is a low prevalent country for HIV/AIDs. Anti retroviral therapy is initiated in all the known pregnant mothers with HIV. These mothers are counselled on breastfeeding and are supported on their chosen method of feeding. From about a year, blood for HIV is routinely tested in the antenatal mothers, and antennal clinic attendance is 100% among antenatal mothers.

Recommendations

1. Continous capacity building of health workers and ensure adequate and sustained financing

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?*

Guidelines for scoring			
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:	1	0.5	0
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
	✓		
9.4) Resources have been allocated for implementation of the emergency preparedness and response plan	2	1	0
	✓		

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. b) Orientation and training is taking place as per the national emergency preparedness and response plan	1	0.5	0
	✓		
	1	0.5	0
	✓		
Total Score:	**10/10**		

Information Sources Used (please list):

1. *Infant and young child feeding strategic plan, 2015, Family Health Bureau, Ministry of Health*
2. *Support and ensure appropriate and adequate infant feeding during emergencies. General Circular Letter, 01-11/2009 www.fhb.health.gov.lk*
3. *Guidelines for feeding infants and preschool children (1-5years) including orphans and those not living with mothers during an emergency situation. Circular Letter FHB/FD/Circular/01/2009 www.fhb.health.gov.lk*
4. *Circular guidelines for the health staff for ensuring continuity of health service provision and promoting health of communities during drought situations. General circular letter , 01-42,2017www.health.gov.lk*

Conclusions *(Summarize which aspects of emergency preparedness and response are appropriate and which need improvement and why. Identify areas needing further analysis)* **:**

All aspects of emergency preparedness and response are appropriate. Guidelines on Infant feeding in emergency are well addressed in the community. Staff are trained on management of nutrition in emergencies in all the standard training programmes on infant and young children.

Indicator 10: Mechanisms of Monitoring and Evaluation System

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

Guidelines for scoring

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:	**10/10**		

Information Sources Used (please list):

1. *Annual Family Health Report, 2015.Family Health Bureau, Ministry of Health*
2. *Family Health statistics 2017* www.fhb.health.gov.lk

Conclusions *(Summarize which aspects of monitoring and evaluation are appropriate and which need improvement and why. Identify areas needing further analysis)* **:**

Nutrition information systems are in place and are part of the routines RH MIS of the Family Health Bureau. All nutritional information are integrated into the national RH MIS system. Key information required are communicated to the key decision makers at the routine Maternal and Child Nutrition subcommittee meetings and at the Nutrition Steering Committee meetings. .

Indicator 11: Early Initiation of BreastfeedingIn

Key question: *What is the percentage of babies breastfed within one hour of birth?* ***90.3%***

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): Sri Lanka Demographic and Health Survey 2016

Summary Comments : Early initiation of breastfeeding has improved over the years 90.3% in DHS 2016. In 2015, data obtained by an assessment done during 'Nutrition Month 2013' has been reported (92.3%), since the last available DHS was in 2006, where early initiation was reported as 79.9%. Since for this assessment, the data of DHS 2016 is currently available and reported as 90.3%, we have compared the two DHS surveys.

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: *What is the percentage of babies 0<6 months of age exclusively breastfed[10] in the last 24 hours? 82%*

Guideline:

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

Data Source (including year): Sri Lanka Demographic and Health Survey 2016

Summary Comments : Breastfeeding gradually declines over the months since birth. In the first two months it is more than 90% and gradually declines to 63.8% in (4-5 Months) age group. It has increased since the 2015 assessment from 75.2% to 82%.

[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?* ***30 months***

Guideline:

Indicator 13	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBT*i***	
		Scores	***Colour-rating***
Median Duration of Breastfeeding	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): Sri Lanka Demographic and Health Survey 2016

Summary Comments : The policy is to continue breastfeeding upto 2 years or beyond. It has increased since the 2015 assessment from 29.3 months to 30 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?* ***36 %***

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): Reanalysis of DHS 2016 by Faculty of Medicine Colombo. Family health Bureau has commissioned Faculty of Medicine Colombo with WHO support for an in-depth analysis. The report will be published in due course. This figure includes both breastfed (1513) and non breastfed (23) infants.

Summary Comments : This is very high compared to other indicators for brestfeeding. It has increased since the 2015 assessement from 27% to 36%. However, further analysis showed that among breastfed infants, mainly plain water (26.8%) was given by a bottle.

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

Key question: *Percentage of breastfed babies receiving complementary foods at 6-8 months of age?*
88.9 %

Guideline

Indicator 15	WHO's	IBFAN Asia Guideline for WBTi	
	Key to rating	***Scores***	***Colour-rating***
Complementary Feeding (6-8 months)	0.1-59%	3	**Red**
	59.1-79%	6	Yellow
	79.1-94%	9	**Blue**
	94.1-100%	10	Green

Data Source (including year): Sri Lanka Demographic and Health Survey 2016

Summary Comments : Since this indicator is obtained from 24 hour dietary recall this may have contributed to the 11% of infants (6-8 months) not consumed solid, semisolid or soft food. It has decreased since 2015 assessment from 91.6% to 88.9%.

Summary Part I: IYCF Policies and Programmes

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

IBFAN Asia Guidelines for WBT*i*

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated out of 100 – 91/100

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] **:**

Though the policies, strategies and plans in place still there are many areas that need to be addressed. It is important to ensure the continuation of good practices in health care provision in the community and hospital as well as in emergency situations and for HIV positive mothers and infants.

It is required to address the discrepancies in maternity benefits including benefits for the informal sector as well.

Breastfeeding code implementation and monitoring needs to be strengthened.

[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)	90.3 %	10
Indicator 12 Exclusive Breastfeeding for first 6 months	82.0 %	9
Indicator 13 Median duration of Breastfeeding	30 months	10
Indicator 14 Bottle-feeding	36 %	3
Indicator 15 Complementary Feeding	88.9 %	9
Score Part II (Total)		41

IBFAN Asia Guidelines for WBT*i*

Total score of infant and young child feeding Practice (indicators 11-15) are calculated out of 50 – 41/50.

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] *:*

Early initiation of Breastfeeding and exclusive breastfeeding has improved over the years. Initiation of complementary feeding at 6 months and continuation of breastfeeding up to 2 years or beyond is also satisfactory. However the bottle feeding rate is comparatively very high showing a susceptibility to formula feeding. It is required to explore the reasons for bottle usage and this needs to be addressed to ensure continuation of good breastfeeding 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: 132/150

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

Key Gaps

- There are discrepancies in maternity benefits among the government sector, private sector, formal sector and informal sector, thus affecting excluding breastfeeding for 6 months and continuation of brestfeeding.
- Breastfeeding code enforcement is inadequate.
- Higher bottle feeding rate among infants despite high breastfeeding rates warrants exploration of causes and intervening.
- Information Education and Communication (IEC) material on breastfeeding are not adequately targeted. e.g.: working mothers

Key Recommendations

- Discrepancies in maternity benefits among the government sector, private sector, formal sector and informal sector has to be addressed and rectified via liaison with the Department of Labour, Employer Federation, private sector partners and community organizations.
- Law enforcement of Breastfeeding code needs to be strengthened.
- Development of IEC material of all suitable forms (video, audio, web sites, facebook posts, leaflets, posters etc.) on breastfeeding and complementary feeding, based on the requirements of the clientele.
- BFHI assessment and accreditation is already incorporated in to the hospital accreditation system. This system should be scaled up nationally and annually reviewed under the quality improvement programme.