THE REPUBLIC OF UGANDA

Ministry of Health

World Breastfeeding Trends Initiative (WBT*i*)

Uganda Assessment Report

October 2015

IBFAN defending breastfeeding

bpni putting child nutrition at the forefront of social change

IBFAN UGANDA

Protect Promote Support Breastfeeding

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Uganda

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Executive Summary

This assessment report 2015 highlights the state of implementation of the Global Strategy for Infant and Young Child Feeding in Uganda, and accomplished under the World Breastfeeding Trends Initiative (WBTi) of IBFAN Asia. It is a reassessment that has been conducted following a similar assessment conducted in 2008 and 2012.

The Ministry of Health Uganda in collaboration with IBFAN Uganda jointly coordinated this assessment. The report has been developed after a detailed study and analysis of existing policy and programme documentation. The process was highly consultative with key nutrition stake holders and several key documents were reviewed to obtain the require information. From the assessment findings, Uganda scored 95.0 out of total of 150 and was classified in the BLUE category according to the WBTi coding.

Assessment findings were discussed by Nutrition Stakeholders and consensus was reached on the existing gaps and recommendations for addressing them. The table below summarises the performmance of the two sets of indicators related to policy and programmes, and feeding practices and compares results from the three assessments.

Part I: IYCF Polices and Programmes

Indicator	Score (Out of 10)		
	2008	2012	2015
1. National Policy, Programme and Coordination	7.5	8.0	5.0
2. Baby Friendly Health Facility Initiative	2.5	6.0	4.0
3. Implementation of the International Code of Marketing of Breastmilk Substitutes	8	8	7.5
4. Maternity Protection	1.5	1.5	3.5
5. Health and Nutrition Care System	5.5	7	6
6. Mother Support and Community Outreach	4	5	6
7. Information Support	6	6	5
8. Infant Feeding and HIV	8	9	9
9. Infant Feeding during Emergencies	4	2	7
10. Monitoring and Evaluation	4	6	6
Score Part 2 (Total)	51/100	58.5/100	59.0/100

Part 2: Infant and Young Child Feeding (IYCF) Practices

IYCF Practice	2008		2012		2015	
	Result	Score	Result	Score	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	42%	6	52.5%	9	52.5%	9
Indicator 12 Exclusive Breastfeeding for first 6 months	60.1%	9	63%	9	63%	9
Indicator 13 Median Duration of Breastfeeding	20.4 months	6	19 months	6	19 months	6
Indicator 14 Bottle-Feeding	11.4%	6	15.3%	6	15.3%	6
Indicator 15 Complementary Feeding	77.3%	6	68%	6	68%	6
Score Part 1 (Total)		**33/50**		**36/50**		**36/50**

	2008	2012	2015
Total (Part 1 and Part 2)	**84/150**	**94.5/150**	**95/150**

There was slight improvement in performance from 94.5 in 2012 to 95 in 2015.This may be attributed to a revision of the WBTi tool which provided for a more rigorous assessment in 2015. Details of the performance on each indicator, gaps and recommendations are highlighted in the report. The gaps and recommendations will be the basis for the development of a comprehensive work plan on Maternal Infant and Young Child Feeding.

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
APPAR	Asia Pacific Participatory Action Research
ARVs	Antiretrovirals
BFHI	Baby Friendly Health Facility Initiative
BMI	Body Mass Index
CSS	Child Survival Strategy
EID	Early Infant Diagnosis
FAO	Food and Agricultural Oraganisation
GAIN	Global Alliance on Nutrition
GBICS	The Global Breastfeeding Initiative For Child Survival
GLOPAR	Global Participatory Action Research
HBB+	Helping Babies Breathe Plus
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSSP	Health Sector Strategic Plan
IBFAN	International Baby Food Action Network
IEC	Information, Education and Communication
IFE	Infant Feeding in Emergencies
ILO	International Labor Organization
IMAM	Integrated Management of Acute Malnutrition
IYCF	Infant and Young Child Feeding
MDGs	Millenium Development Goals
MIS	Management Information System
MIYCF	Maternal Infant and Young Child Feeding
MHN	Mental Health Nursing
MOGLSD	Ministry of Gender Labour and Social Development
MoH	Ministry of Health
MPC	Maternity Protection Convention
MSG	Mother Support Group
NACS	Nutrition Assessment, Counseling and Support

NCDs	Non Communicable Diseases
NGOs	Non Governmental Organisations
NOTU	National Organisation of Trade Unions
OPD	Out Patient Department
PD	Positive Deviance
PIF	Powdered Infant Formula
PIHTC	Provider Initiated HIV Testing and Counselling
PMTCT	Prevention of Mother to Child Transmission of HIV/AIDS
SDGs	Sustainable Development Goals
TAM	Tracking and Monitoring
UDHS	Uganda Demographic and Health Survey
UN	United Nations
UNICEF	United Nations Children Fund
VCCT	Voluntary and Confidential Counseling and Testing
VHT	Village Health Team
WABA	World Alliance of Breastfeeding Associations
WBTi	World Breastfeeding Trends Initiatives
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization
YCC	Young Child Clinic

1.0 Introduction

Uganda suffers from the double burden of malnutrition, both undernutrition (stunting, underweight, wasting and micronutrient deficiencies) and over nutrition (overweight/obesity). Malnutrition is high among children under age 5: 33% are stunted, 4.8% are wasted, 16% are underweight, 49% are anaemic, 38% are Vitamin A Deficient, 10.2 % are born with low birth weight, 3% are obese/overweight (UDHS, 2011). Vulnerability to stunting varies from region to region; stunting is much higher in rural areas with 18.65 stunted in the urban areas compared to the 35.6% stunted in the rural areas. Similarly, women's nutritional status has worsened over the years: 12% of women aged 15-49 years are undernourished (BMI <18.5) and 19% are overweight/obese (BMI ≥25).

Optimal Maternal, Infant and Young Child feeding (MIYCF) is increasingly recognized as one of the most effective interventions for reducing maternal and infant mortality. Although Uganda has a strong breastfeeding culture, 40% of the children under 6 months of age have not been exclusively breastfed and only 52.5% were breastfed within an hour of birth, 41.1% were given prelacteal feeds. Compared to the UDHS of 2006, 15% was bottlefed. Regarding timely and appropriate feeding, 24% of Ugandan children aged 6 – 24 months met the minimum standards.

In effort to address the high burden of malnutrition in the country, the government has put in place various policies and programs to create an enabling environment to support, promote and protect optimal MIYCF. Detailed policies and strategies will be highlighted during the assessment of the various indicators below. Capacity building efforts have been put in place to ensure that service providers acquire the necessary knowledge and skills to support optimal MIYCF. Mainstreaming MIYCF into the various sector ministries is being undertaken but needs further strengthening.

A situation analysis (WBTi assessment) was done in Uganda by Ministry of Health in collaboration with IBFAN Uganda in 2008 and 2012, gaps were identified and recommendations made to help improve on the performance. Since then, Uganda has been implementing IYCF interventions, however, progress on recommendations from the previous assessments has not been documented. It is against this background that the Ministry of Health in collaboration with IBFAN Uganda conducted this assessment to evaluate the current situation on policies, programmes and practices related to maternal, infant and young child feeding. The findings from the assessment will be used to finalise the draft MIYCF roadmap taking into consideration post MDGs and Sustainable Development Goals (SDGs).

1.1 Justification

The Global Strategy calls for urgent action by all member states to develop, monitor and evaluate a comprehensive policy and a plan of action on infant and young child feeding to achieve reduction in child malnutrition and mortality. The WHA further adopted Resolution 58.32 in May 2005 that calls on Member States to assure resources for plans of action for improving infant and young child feeding practices.

The WBTi assessments for 2008 rated Uganda yellow (84/150) while in 2012 Uganda was rated blue (94.5/150), which showed a slight improvement in performance. It was deemed necessary to conduct the WBTi reassessment because three years have elapsed since the last assessment was

done. The WBTi model will help us track, assess, and monitor our performance in relation to the Global Strategy and the findings will be used to develop a comprehensive plan for implementation, monitoring and evaluation of MIYCF.

1.2 Goal

This situation analysis was carried out so as to provide guidance to the country in understanding the current gaps to help government, donors, bilaterals, and UN agencies to commit resources where they are most needed. It will help NGOs to define areas for advocacy and thus focus their efforts. It will also help to effectively target strategies that can improve maternal, infant and young child nutrition.

1.3 Objectives

The overall objective was to conduct a situational analysis and provide information for planning and implementation of MIYCF activities.

Specific Objectives of the WBTi assessment were to:

1. Review current policies, plans, activities by sector ministries, donors, institutions, government, bilaterals, UN agencies whether they address MIYCF
2. Analyse and compile the findings on implementation of MIYCF
3. Share the WBTi findings with key stakeholders
4. Publish the report of the assessment.

2.0 Methodology

2.1 Process

A core group of 7 persons, including representatives from the Government and IBFAN Uganda was identified. During the first meeting of the identified key persons, an orientation was done by one of the core group members who had undertaken an international training course on WBTi. During the orientation, data sources were identified per indicator. A consensus was reached on roles and responsibilities of the team members regarding data collection on the 15 indicators. Data collection on indicators 1, 2 and 3 was to be undertaken collectively. Core team members were given letters of introduction from the Ministry of Health to access the required information from the identified data sources. The core team then held meetings to compile and rate the country performance on the various indicators.

2.2 WBTi methodology

The WBTi monitoring and evaluation tool initiated in Asia was used. This tool uses the methodology and philosophy of Global Participatory Action Research (GLOPAR)1993 developed by the World Alliance for Breastfeeding Action (WABA) to track targets set by the Innocenti Declaration of 1990. WBTi also adopted the WHO (2003) monitoring and evaluation tool on Infant and Young Child Feeding for assessing national practices, policies and programmes.

2.3 WBTi indicators

The WBTi is based on a wide range of indicators, which provide an impartial global view of key factors. The WBTi identified 15 indicators which were divided into two parts: Part I, IYCF Policies and Programmes and Part II deals with Infant and Young Child Feeding Practices. Each indicator has its specific significance.

2.3.1 Part I: IYCF Policies and Programmes

Part I deals with policy and programmes and has 10 indicators (Table 1). The description of indicators begins with a key question and its background and it is followed by a result that is given in the table format which depicts a subset of questions that have been answered using the available information, documentation and sometimes observations. Another column shows the relevant result checked in the column opposite the subset of questions. This result is then scored and rated according to the 2014 updated WBTi guidelines. Each indicator has a maximum score of ten.

Table 1: IYCF Policies and Programmes Indicators

No	Indicator
1.	National Policy, Programme and Coordination
2.	Baby Friendly Health Facility Initiative (Sixteen Requirements to Successful Infant and Young Child Feeding)
3.	Implementation of the International Code (Regulations on Marketing of Infant and Young Child Foods)
4.	Maternity Protection
5.	Health and Nutrition Care
6.	Community Outreach
7.	Information Support
8.	Infant Feeding and HIV
9.	Infant Feeding During Emergencies
10.	Monitoring and Evaluation

Some subsets of questions are subjective in nature and were answered using available information and consensus among the core group. The achievement is given a tick in the results column. Total score of each indicator is given at the end of the table and the areas where gaps have been found and recommendations to bridge them identified for discussion with the stakeholders. The sources of these findings are then provided at the end of the Part-II findings. Summary comments in the end provide other relevant information and progress on these indicators.

2.3.2 Part 2: Infant and Young Child Feeding Practices

Part-2 has 5 indicators, based on the WHO tool and deals with infant feeding practices. The five indicators (1-5) are dealt with separately (Table 2). In the description of each indicator, there is a key question addressing the indicator itself followed by its background. Then the result of the indicator is expressed in numeric value, with percentage along with a graph. Thereafter, the rating and grading system is as per WBTi guidelines. The indicator results are given in the first column, the WHO's key to rating and WBTi guidelines in the next column. WBTi tool kit helps to provide this scoring as well as color rating and grading. Source of this result, year and its scope has been mentioned. Summary comment is given in end of each 11-15 indicator, which provides its progress, as well as any other important related information.

Table 2: Infant and Young Child Feeding (IYCF) Practices Indicators

No	Indicator
11	Percentage of babies breastfed within one hour of birth
12	Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours
13	Babies are breastfed for a median duration of how many months
14	Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles
15	Percentage of breastfed babies receiving complementary foods at 6-9monthsof age

A set of criteria has been developed for each target based on the Innocenti Declaration and beyond, i.e. considering most of the targets of the Global Strategy. For each indicator, there is a subset of questions leading to key achievement, indicating how Uganda is doing in a particular area. Each question had a possible score of 0-3 and the indicator had a maximum score of 10. Once information about the indicators was entered, the achievement on the particular target indicator was then rated and graded i.e. Red or grade 'D', Yellow or grade 'C', Blue or grade 'B' and Green or grade 'A' (Table 3). The details are as indicated in Table 3. After the tool kit provides the scores, it uses the following guidelines for rating.

Table 3: WBTi Guidelines Scores, Colour rating and Grading the IYCF Policies and Programmes

Scores	*Colour- rating*	*Grading*
0 – 3	Red	D
4 – 6	Yellow	C
7 – 9	Blue	B
more than 9	Green	A

Once assessment of gaps was carried out and data verified, scoring and colour-rating was done for each individual indicator as well as the entire set of indicators. For the indicators, the scores were coded Red (Bad), Yellow (Insufficient), Blue (Needs improvement) and Green (Acceptable). The performance of the country was colour coded through objective scoring for each achievement.

The tool kit uses the data that is fed into it, rates it into any colour i.e. Red , Yellow, Blue and Green. The cut off points for each of these levels of achievement were selected systematically, based on the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". WBTi used the key to rating of WHO's tool.

3.0 Assessment Findings

Part 1: IYCF Policies and Programs Indicators

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 ?*

Criteria	Scoring	Results
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	0
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	0
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5	0
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	0
Total Score	**5/10**	

* Draft IYCF Roadmap was referred to

** Nutrition Technical Working Group serves the functions of the Breastfeeding Committee

Information Sources Used:

1. National Policy Guidelines on IYCF, 2012
2. Integrated ART /PMTCT and Infant Feeding Guidelines, 2012
3. Regulations on Marketing of Infants and Young Child foods, 1997
4. Guidelines on Management Structures, Ministry of Health, 2012

Conclusions:

A national Infant and Young child feeding/breastfeeding policy has been officially adopted/approved by the government. It recommends exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond. However, the national IYCF Policy Guidelines 2012 are not aligned to the 2010 WHO Guidance on HIV and Infant Feeding. Use of regional and district based mentors help improve sense of ownership of the IYCF programme. The MIYCF component is integrated in the partner plans.

Gaps:

1. There is no recognized core team for IYCF
2. The IYCF TWG does not link to other relevant sectors such as Agriculture, Labour and Gender, etc
3. There is no official IYCF workplan
4. High staff turn-over of the trained health workers

Recommendations:

1. The Ministry of Health should constitute a multisectoral IYCF working core group that reports to the Nutrition Technical Working Group. This committee can perform the same functions as those stipulated for the Infant and Young Child Nutrition Committtee under the Regulations on Marketing of Infant and Young Child Foods.
2. IYCF road map should be finalized and launched
3. The IYCF Policy Guidelines 2012 should be updated and aligned to the 2010 WHO Guidance on HIV and Infant Feeding
4. Building the capacity VHTs on IYCF
5. Institutionalized training of health workers on IYCF

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (16 Requirements to Successful Infant and Young Child Feeding)

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) 11 out of 1,687 health facilities (both public & private)and maternity facilities offering maternity services have been designated or reassessed as "Baby Friendly"in the last 5 years 0.1 %

Criteria	Scoring	Results
0	**0**	
0.1 - 20%	1	✓
20.1 - 49%	2	
49.1 - 69%	3	
69.1-89 %	4	
89.1 - 100%	5	
Total rating	**1 / 5**	

Guidelines – Qualitative Criteria

Quality of BFHI programme implementation:

Criteria	Scoring	Results
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme[1]	1.0	✓
2.3) A standard monitoring[2] system is in place	0.5	0

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

[2] ***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.

Criteria	Scoring	Results
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[3] systems have been incorporated in national plans with a time bound implementation	1.0	0
2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5	0
2.8) HIV is integrated to BFHI programme	0.5	✓
2.9) National criteria are fully implementing Global BFHI criteria	0.5	✓
Total Score	**3/5**	**3**
Total Score	**4/10**	

Information Sources Used:

1. External BFHI assessment reports
2. BFHI training course
3. Health Sector Strategic Plan (HSSP) III

Conclusions:

BFHI Guidelines and Training Packages exist and have been recently updated; Tools for monitoring and assessment are also available and have been revised. Much as the country has embraced the BFHI approach as a means of improving the IYCF practices, implementation has been limited to few areas where there is partner support. Besides the quality of BFHI implementation has been compromised by lack of commitment from the health workers, coupled with weak monitoring and supervision.

Gaps:

1. Health facilities recommended for designation as Baby Friendly have not been designated
2. There is no routine monitoring plan for BFHI
3. There is no time bound programme to increase the number of BFHI institutions
4. Reassessments have not been incorporated into the National plan

Recommendations:

[3] ***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.

1. The Ministry of Health should take steps to ensure designation of health facilities that were recommended in the External Assessment Reports.
2. The Ministry of Health should finalise and launch the MIYCF road map that incorporates routine monitoring of BFHI, has a time bound programme to increase the number of BFHI institutions, and incorporates BFHI reassessment into the national plan
3. The Ministry of Health should incorporate BFHI Assessment as part of the MoH Quality Assurance Programme
4. Advocacy and sensitization of District Local Governments and other stakeholders to support BFHI

Indicator 3: Implementation of the International Code of Marketing of Breastmilk Substitutes (National Regulations on Marketing of Infant and Young Child Foods)

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

Criteria (*Legal Measures that are in Place in the Country*)	**Scoring**	**Results**
3a: Status of the International Code of Marketing		
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[4] 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	✓
3b: Implementation of the Code/National legislation		
3.10 The measure/law provides for a monitoring system	1	✓
3.11 The measure provides for penalties and fines to be imposed to violators	1	✓
3.12 The compliance with the measure is monitored and violations reported to concerned agencies	1	0
3.13 Violators of the law have been sanctioned during the last three years	1	0
Total Score (3a + 3b)	**7.5/10**	

[4] 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)
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)

Information Sources Used:

1. Statutory Instruments Supplement No. 23 of 31st October 1997 to the Uganda Gazette No. 70 Volume XC: The Food and Drugs(Marketing of Infant and Young Child Foods) Regulations, 1997.
2. WHA Resolutions 47.5, 49.15, 58.32, 61.20 that are relevant to the Code

Conclusions:

Aspects of the code that have been achieved are: all provisions of the original Code are captured in the national legislation including WHA resolutions 47.5 and 49.15. The 1997 Regulations is obsolete, and attempts to update it have been hampered by legalities.

Gaps:

1. Legislation does not cover the provisions of the WHA resolutions 58.32 and 61.20
2. Lack of enforcement of the Regulations and monitoring of violations.
3. The legislation is obsolete and the penalties it provides have become meaningless

Recommendations:

1. The Ministry of Health Nutrition Programme, Development partners and CSOs should advocate for inclusion of The Regulations in the proposed Food and Medicines Act
2. Operationalise the monitoring and enforcement of the existing legislation

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?*

Criteria	Scoring	Results
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	 0 0
4.3) Legislation obliges private sector employers of women in the country to a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	 0.5 0.5	 0 0
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. a. Space for Breastfeeding/Breastmilk expression b. Crèche	 1 0.5	 0 0
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) . 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	0 ✓
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	✓

Criteria	Scoring	Results
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	0
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	✓
Total Score:	**3.5/10**	

Information Sources Used:

1. Employment Act of 2006
2. Labour Department Form 1(Check list)
3. Interviews with Principal Labour Officer/Productivity, Ministry of Gender
4. Director for Women and Youth, National Organisation of Trade Unions (NOTU)

Conclusions:

The Employment Act provides for Paternity and Maternity leave, although the maternity leave is short of the ILO recommendation of 14 weeks

Gaps:

1. Maternity leave of 12 weeks does not measure up to the ILO recommendation of 14 weeks
2. There are no guidelines or regulations to operationalize the Employment Act
3. The ILO Convention 183 of 2000 has not been ratified by the Country
4. There is lack of awareness about maternity protection in the both formal and informal sectors.

Recommendations:

1. The Department of Labour in the Ministry of Gender, Labour and Social Development should take lead to ensure that the country ratifies the ILO Convention 183 of 2000
2. The Department of Labour in the Ministry of Gender, Labour and Social Development should take lead to ensure that Guidelines/Regulations are developed for Part 6 of the Employment Act 2006
3. Advocacy and Social mobilization is required to bring together all stakeholders to promote maternity and paternity protection.
4. Strengthen awareness on maternity protection

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*?

Criteria	Scoring		
	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[5] 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.[6]	2	1	0
	✓		
5.4) Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country.	1	0.5	0
		✓	
5.5) Infant and young child 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	1	0.5	0

5 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.

6 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.

Criteria	Scoring		
	Adequate	Inadequate	No Reference
being provided throughout the country.[7]		✓	
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:	**6/10**		

Information Sources Used:

1. Curriculum Training Agenda for Makerere Medical School
2. Curriculum Training Agenda for Nurse/Midwifery School
3. BFHI Training Package
4. Integrated Management of Childhood Illnesses Manual
5. Helping Babies Breath (HBB+) Curriculum
6. Policy Guidelines for Infant and Young Child Feeding 2012
7. Interviews with Tutors and Lecturers
8. IMAM Guidelines, February 2015
9. Curriculum for Diploma in Mental Health Nursing (MHN) (Direct) Program, July 2007

Conclusions:

The inservice training packages deal with IYCF knowledge and skills adequately. The preservice packages do not adequately address IYCF and have no concrete plans for skills acquisition. Attemts have been made by the Ministry of Education, Sports, Science and Technology to incorporate IYCF into Primary and Secondary school syllabus. Some Universities and tertiary institutions are offering nutrition courses which cover some components of IYCF. Drama and Science Fair that focus on IYCF are being encouraged by some primary and secondary schools.

Gaps:

1. Curicula in the health training institutions do not specify IYCF topics
2. Skills development in the preservice training curriculum is inadequate
3. Coverage for inservice training programmes is very low

Recommendations:

1. Ministry of Education, Sports, Science and Technology in collaboration with the Ministry of Health Nutrition Programme should ensure that IYCF knowledge and skills training are integrated into the curricula of Tutors and lecturers in the health training institutions
2. IYCF should be included in teaching schedules/agendas of all the health training institutions

7 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 .*

Criteria	Scoring		
	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:	**6/10**		

Information Sources Used:

1. Interview with Principal Community Development Officer, MOGLSD; Nursing Officer, Mulago National referral Hospital, Mother Support Group; Nutritionist, Feed the Children Uganda
2. Policy Guidelines on Infant and Young Child Feeding 2012
3. Uganda Nutrition Action Plan 2011-2016
4. Training Package on Community Nutrition
5. PD Hearth Guidelines and Training Package
6. NACs Training Package
7. IMAM Guidelines and Training Package

Conclusions:

Relevant sector Policies incorporate community structures and clearly stipulate their roles and responsibilities. An integrated training package for community volunteers covering some key sectors has been developed

Community structures are in place, and in a few places capacities have been built.

Gaps:

1. Few community based volunteers have been trained on counselling and support to mothers on isues of IYCF
2. Support supervision for community structures is inadequate
3. Support and funding for community structures on IYCF are mainly donor driven
4. Monitoring of Community IYCF interventions is very weak.

Recommendations:

1. Central and Local governments and partners should allocate more resources to cater for the community component on IYCF
2. Regular review meetings that can be used to monitor performance at various levels
3. Strengthen the capacity of existing community structures on IYCF
4. Advocate for the VHT structure to be mainstreamed into the local government system

Indicator 7: Information Support

Key question: *Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?*

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

Information Sources Used:

1. Nutrition Communication Strategy and Mobilisation Handbook
2. Division of Health Promotion and Education at Ministry of Health
3. Integrated Antenatal and Postnatal register
4. Nutrition and HIV Communication Strategy

Conclusions:

[8] 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;

Individual counseling on IYCF is promoted; Group counseling and Education on IYCF is available; Available IYCF IEC materials are appropriate. IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are not being implemented in most districts. Nutrition Communication Strategy and Mobilisation Handbook has been finalized and will soon be launched.

Gaps:

1. IEC programmes such as World Breastfeeding Week (WBW) are limited in scope and geographic coverage
2. There are no IEC materials on risks of artificial feeding

Recommendations:

1. IEC programmes should be scaled up to cover the whole country
2. The Ministry of Health and partners should develop IEC materials on the risks of artificial feeding

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?

Criteria	Results		
	Yes	To some degree	No
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV	2	1	0
		✓	
8.2) The infantfeeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0
	✓		
8.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5	0
	✓		
8.4) HIV Testing and Counselling (HTC)/ Provider 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:	**9/10**		

Information Sources Used:

1. Integrated ART/PMTCT and IYCF Guidelines, 2012
2. National IYCF Policy Guidelines, 2012
3. Early Infant Diagnosis(EID) Registers
4. ART Client Cards

Conclusions:

Overall, Infant Feeding in the context of HIV is well catered for both in terms of policies and programs. However, there is need to review the IYCF guidelines to align it with the WHO recommendations taking into consideration the local context.

Integration of IYCF and maternal nutrition has improved nutrition assessments and referral from ANC, YCC and OPD.

Gaps :

1. Some components of the WHO recommendations are not well addressed in the national IYCF policy Guidelines.

Recommendations:

1. The national IYCF Policy guidelines should be reviewed to align it with the WHO recommendations taking into consideration the local context

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?*

Criteria	Scoring		
	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 environement 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 unsollicited 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)	1	0.5	0
a) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.			✓
	1	0.5	0
b) Orientation and training is taking place as per the national emergency preparedness and response plan		✓	
Total Score:	**7/10**		

Information Sources Used:

1. Policy Guidelines on Infant and Young Child Feeding 2012
2. OPM Department of Relief, Disaster Preparedness, and Management
3. Emergency Field Handbook, A guide for UNICEF Staff, July 2005

Conclusions *:*

Policy guidelines on IYCF cover issues of feeding in emergencies. National and district task forces on emergency preparedness and response are available. Partners and donor agencies are available to support emergencies

Gaps:

1. Measures to minimize the risk of artificial feeding in emergencies are inadequate
2. IYCF during emergencies has not been integrated in the pre and inservice national training packages
3. Funding and support for IYCF in emergencies is mainly donor driven

Recommendations*:*

1. The Office of the Prime Minister and stakeholders should develop guidelines on IYCF in emergencies to include measures that minimize risks of artificial feeding
2. Training schedules and agendas for health training institutions should be updated to include issues of IYCF in emergencies

Indicator 10: Mechanisms of Monitoring and Evaluation System

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

Guidelines for scoring			
Criteria	**Scoring**		
	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:	**6/10**		

Information Sources Used:

1. HMIS Form 077: Integrated Nutrition Register
2. HMIS Form 105: Health Unit Outpatient Monthly Reporting Form
3. Uganda Demographic and Health Survey 2011
4. Nutrition and Food Security Surveillance Reports
5. Policy Guidelines on Infant and Young Child Feeding
6. Uganda Nutrition Action Plan 2011-2016
7. Ministry of Health HMIS Database

Conclusions*:*

Monitoring and evaluation components are built into major infant and young child feeding programme activities such as BFHI, NACS, IMAM etc

Some of the IYCF indicators are captured into the HMIS and are being collected routinely at subnational and national levels.

Gaps :

1. Use of data for planning is inadequate at all levels
2. Key decision makers have limited access to data on IYCF programmes
3. Monitoring of key infant and young child feeding practices is not adequately integrated into the health information system

Recommendations:

1. The Ministry of Health should develop mechanisms for analysis, reporting back and use of the collected information on IYCF programmes
2. The nutrition unit of Ministry of Health to share quarterly reports on IYCF indicators to the Nutrition TWG and other stakeholders

Indicator 11: Early Initiation of Breastfeeding

Key question: *What is the percentage of babies breastfed within one hour of birth? 52.5%*

Guideline:

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

Data Source (including year): UDHS 2011

Summary Comments :

The data source for this indicator is not current

There are no other plausible sources of this information

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: *What is the percentage of babies 0<6 months of age exclusively breastfed*[9] *in the last 24 hours?* ***63.2%***

Guideline:

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

Data Source (including year): UDHS 2011

Summary Comments :

The data source for this indicator is not current and the methodology used over estimates exclusive breastfeeding rates

There are no other plausible sources of this information

[9] 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?* ***19.0 months***

Guideline:

Indicator 13	***Key to rating adapted from WHO tool***	**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:
UDHS 2011

Summary Comments :
The data source for this indicator is not current
There are no other plausible sources of this information

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?* ***22% (0-23 months)****

Guideline:

Indicator 14	*Key to rating adapted from WHO tool*	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**

*Disagregated data for 0-12 months was not accessed

Data Source (including year): UDHS 2011

Summary Comments :

The data source for this indicator is not current

There are no other plausible sources of this information

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?*
68%

Guideline

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

Data Source:
UDHS 2011

Summary Comments :
The data source for this indicator is not current
There are no other plausible sources of this information

Summary Part I: IYCF Policies and Programmes

Targets:	Score **(Out of 10)**
11. National Policy, Programme and Coordination	5
12. Baby Friendly Hospital Initiative	4
13. Implementation of the International Code	7.5
14. Maternity Protection	3.5
15. Health and Nutrition Care Systems	6
16. Mother Support and Community Outreach	6
17. Information Support	5
18. Infant Feeding and HIV	9
19. Infant Feeding during Emergencies	7
20. Monitoring and Evaluation	6
Part 1: Total score	**59**

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.

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

Conclusions*:*

Indicators on Infant feeding and HIV, Infant feeding in Emergencies show acceptable performance . areas which require more emphasis are: National Policy, Programme and Coordination, Baby Friendly Health Facility Initiative, Maternity Protection, Information Support and monitoring and Evaluation. Whereas legislation on the Regulations/CODE exists, enforcement and monitoring are practically weak.

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

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	52.5 %	9
Indicator 12 Exclusive Breastfeeding for first 6 months	63.2 %	9
Indicator 13 Median duration of Breastfeeding	19 months	6
Indicator 14 Bottle-feeding	22 %	6
Indicator 15 Complementary Feeding	68 %	6
Score Part II (Total)		**36**

IBFAN Asia Guidelines for WBT*i*

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

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

Conclusions *:*

Indicators on initiation within an hour and exclusive breastfeeding show acceptable performance, although the method of data collection over estimates exclusive breastfeeding rates. Indictors on bottle feeding, complementary feeding and median duration of breastfeeding show inadequate performance.

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

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

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

Key Gaps

1. The IYCF TWG does not link to other relevant sectors such as Agriculture, labour and gender, etc and does not have an official IYCF workplan
2. There is no routine monitoring plan for BFHI
3. Legislation does not cover the provisions of the WHA resolutions 58.32 and 61.20
4. Lack of monitoring and enforcement of violations
5. There are no guidelines or regulations to operationalize the Employment Act
6. The ILO Convention 183 of 2000 has not been ratified by the Country
7. IYCF skills development in the preservice training curriculum is inadequate
8. Few community based volunteers have been trained on counselling and support to mothers on isues of IYCF and support supervision for community structures is inadequate
9. IEC strategy for IYCF has not been finalised
10. Measures to minimize the risk of artificial feeding in emergencies are inadequate
11. Key decision makers have limited access to data on IYCF programmes
12. Monitoring of key infant and young child feeding practices is not adequately integrated into the health information system

Key Recommendations

1. The Ministry of Health should constitute a multisectoral IYCF working core group that reports to the Nutrition Technical Working Group. This committee can perform the same functions as those stipulated for the Infant and Young Child Nutrition Committtee under the Regulations of Marketing of Infant and Young Child Foods.
2. IYCF road map should be finalized and launched
3. The IYCF Policy Guidelines 2012 should be updated and aligned to the 2010 WHO Guidance on HIV and Infant Feeding
4. The legislations should be updated and included in the proposed Food Safety Act
5. Operationalise the monitoring and enforcement of the existing legislation
6. The Department of Labour in the Ministry of Gender, Labour and Social Development should take lead to ensure that the country ratifies the ILO Convention 183 of 2000 and Guidelines/Regulations are developed for the Employment Act No. 6 of 2006
7. Training schedules and agendas for health training institutions should be updated to include issues of IYCF including IYCF in emergencies
8. Government should allocate adequate resources to cater for community component on IYCF
9. Ministry of Health and partners should finalise the IEC Strategy for IYCF that includes IYCF during emergencies
10. The Ministry of Health and Partners should develop mechanisms for routine data collection, analysis, reporting back and use of the collected information on IYCF programmes

Annexes

Annex 1: List of the partners for the assessment process

1. Ministry of Health (MoH)
2. Ministry of Gender, Labour and Social Development
3. Ministry of Agriculture, Animal Industry and Fisheries
4. Ministry of Education, Sports, Science and Technology
5. Office of the Prime Minister (OPM)
6. United Nations Children's Emergency Fund (UNICEF)
7. World Health Organisation (WHO)
8. International Baby Food Action Network (IBFAN) Uganda
9. National Organisation of Trade Unions (NOTU)
10. Uganda Bureau of Statistics (UBOS)
11. Bishop Danstan Nsubuga Memorial Community Centre
12. Baylor Uganda
13. Food and Nutrition Technical Assistance (FANTA) 3
14. Strengthening Partnership Results Innovations in Nutrition Globally (SPRING)
15. Uganda AIDS Commission (UAC)
16. Elizabeth Glasier Paediatric AIDS Foundation (EGPAF)
17. World Food Programme (WFP)
18. Mulago National Referral Hospital (Department of Maternal and Child Health, Paediatrics and Child Health, Nursing and Midwifery School)