



# The World Breastfeeding Trends Initiative (WBTi)

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**Name of the Country: ZIMBABWE**

**Year: 2009**

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## **BACKGROUND**

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

The World Health Assembly (WHA) adopted the *Global Strategy for Infant and Young Child Feeding (IYCF)* in May 2002 and the UNICEF Executive Board in September 2002 endorsed it. The Global Strategy targets to achieve optimal Infant and Young Child Feeding and improve IYCF practices at the national level to contribute to the prevention of child malnutrition and reduce infant and young child morbidity and mortality; which are critical in Zimbabwe. The Zimbabwe Government through Ministry of Health and Child Welfare (Nutrition Unit) carried out an assessment of the status of the implementation of the Global Strategy using the WBTi tool in order to document the existing gaps in feeding practices, policy and programs. This is a report of the assessment which is also an attempt towards having a road map and action plan for Zimbabwe. In addition, the assessment report will contribute to informing nutrition programming in the country and define priorities in the area of Infant and Young Child Feeding for the next National Plan of Action for Nutrition.

## **OBJECTIVES OF THE WBTi**

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- To find out achievements and gaps in Zimbabwe's existing policy, program and practices in reference to Infant and Young Child Feeding
- To build a consensus among all the partners and key stakeholders
- To help in establishment of a practical baseline demonstrating to programme planners, policy makers where improvements are needed to meet the aims and objectives of the Global Strategy.
- To assist in formulating plans of action that is effective to improve infant and young child feeding practices and guide allocation of resources.

## **METHODOLOGY**

The WBTi assessment process is, action oriented, brings people together, enables consensus and commitment building, demonstrates achievements and gaps and helps improve programmes efficacy.

### **The WBTi assessment involved three-phase process:**

1. Phase 1: The first phase involved initiating a national assessment of the implementation of the *Global Strategy*. A meeting was held with all the key stakeholders invited to document gaps in existing practices, policies and programmes. This was done based on national documentation and available secondary data information by involving multiple partners. This process of analysis itself brought governments and other civil society partners together to analyze the situation in the country and find out gaps. The gaps identified were used for developing recommendations for priority action for advocacy and action.
2. Phase 2: The process used the findings of phase 1 to score, rate, grade and rank each country or region based on IBFAN Asia's Guidelines for WBTi and
3. Report writing was done and finalized by few members from UNICEF and Ministry of Health and Child Welfare

## Indicator 1: Early Initiation of Breastfeeding

**Key question:** Percentage of babies breastfed within one hour of birth

### Guideline:

Indicator 1	WHO's Key to rating %	Existing Status %
<i>Initiation of Breastfeeding (within 1 hour)</i>	0-29	
	30-49	
	50-89	✓ 69.2%
	90-100	

**Source of data:** ZDHS 2005 – 2006, Page 149 - 150

### Summary Comments

The Ministry of Health and Child Welfare promotes rooming in all new babies in maternity hospital and breastfeeding within the first hour of birth. In rural areas, a significant percentage of babies (31.1 %) are delivered at home and because of cultural beliefs in some areas, early initiation is delayed. Only 61.4% of babies born at home are breastfed within an hour of birth and 73.2% of those delivered at health facility are also breastfed within an hour. (Zimbabwe Demographic Health Survey 2005 – 2006)

In 1999 early initiation was at 63% (ZDHS 1999) and increased to 69.2 (ZDHS 2005 – 2006). There was also an improvement on early initiation especially on children delivered at home from 50 % to 61.4%. There is a marked difference in the percentages depending on the residence. 66.7% of those in rural areas are breastfed within an hour compared to 74.7% in urban settings. This can be because more children are delivered at home in rural areas than in urban areas.

## Indicator 2: Exclusive breastfeeding for the first six months

**Key question:** Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours?

**Guideline:**

Indicator 2	WHO's Key to rating %	Existing Situation %
<i>Exclusive Breastfeeding (for first 6 months)</i>	0-11	
	12-49	√27.4
	50-89	
	90-100	

**Source of data:** National Nutrition Survey 2008

**Summary Comments:** Exclusive Breastfeeding is promoted throughout the country through road shows with the support from UNICEF. This has resulted in the increase in % from 2005 – 2006 (22%) to 27.4% in 2008. There should be questionnaires developed that especially asked questions on breastfeeding.

## Indicator 3: Median duration of breastfeeding

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

**Guideline:**

Indicator 3	WHO's Key to rating	Existing Situation %
<i>Median Duration of Breastfeeding</i>		
	0-17 Months	
	18-20 "	✓ 18.8
	21-22 "	
	23-24 "	

**Source of data:** ZDHS 2005 – 2006 Page 151

### Summary Comments

Babies in rural areas are breastfed 2 1/2 months longer than in urban areas. The duration is also substantially shorter for children born from mother with at least secondary education and highest wealth quantile. There has been a slight decrease from the statistics in 1999 from 19,6 months to 18.8 in 2005 – 2006 report. This has been due to economic situation which forced most mothers to look for employment.

## Indicator 4: Bottle feeding

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

### Guideline:

Indicator 4	WHO's Key to rating	Existing Situation %
<b>Bottle Feeding</b> ( <u>&lt;6 months</u> )	30-100%	
	5-29%	
	3-4%	✓ 3%
	0-2%	

**Source of data:** ZDHS 2005 – 2006 Pg 151

### Summary Comments

The use of feeding bottles in Zimbabwe is discouraged on hygiene grounds. These are difficult to clean and lead to an increase in diarrhoeal diseases. Only 3% of Children below 6 months are bottle fed.

There are a lot of feeding bottles sold on the market most of contravening the Code of Marketing breastfeeding substitutes.

## Indicator 5: Complementary feeding

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

### Guideline:

Indicator 5	WHO's Key to rating %	Existing Situation %
<b>Complementary Feeding</b> (6-9 months)	0-59	
	60-79	✓ 76.6
	80-94	
	95-100	

**Source of data:** ZDHS (2005 – 2006)

### Summary Comments

There is need for scaling up on the training of health workers and mothers on the quality, quantities and frequency of complementary feeding.

## Indicator 6: National Policy, Programme and Coordination

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

Criteria of Indicator 6	Scoring	Results ✓ Check any one
6.1) A national Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2	
6.2) The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	2	
6.3) A National Plan of Action has been developed with the policy	2	
6.4) The plan is adequately funded	1	
6.5) There is a National Breastfeeding Committee	1	✓
6.6) The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	
6.7) The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5	
6.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	
<b>Total Score</b>	<b>1/ 10</b>	

**Information and Sources Used:** Minutes of the Infant and Young Child Feeding working group

### Gaps:

1. Lack of the comprehensive policy resulting in no clear national plan of action
2. No regular meetings held by the national IYCF committee
3. Weak linkages with other sectors
4. No clear terms of reference available for the IYCF committee

### Recommendations:

1. Comprehensive national IYCF policy to be developed
2. Develop national plan of action of based on the policy
3. Mobilisation of resources for IYCF program
4. Strengthen inter-sectorial participation in IYCF programming
5. Finalise clear terms of reference
6. IYCF breastfeeding committee to meet and review regularly

### Summary Comment

National IYCF policy still a zero draft. There are steps towards linkages that are being taken to improve linkages with other sectors.

**Indicator 7: Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)**

**Key Question:**

7A) What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?

7B) What is the skilled training inputs and sustainability of BFHI?

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

**7A) Quantitative**

7.1) What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria? -----(*write in %*)

<b>Criteria</b>	<b>Score</b>	<b>Results</b> ✓ <i>Check any one</i>
0 - 7%	1	
8 – 49%	2	✓ 22.5%
50 – 89%	3	
90 - 100%	4	
<b>Rating on BFHI quantitative achievements:</b>	<b>2/4</b>	

**7B) Qualitative**

7.2) What is the skilled training inputs and sustainability of BFHI? -----(*write in %*)

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

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

## Qualitative

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

Criteria	Score	Results ✓ Check that apply
7.3) BFHI programme relies on training of health workers	.5	✓
7.4) A standard monitoring system is in place	.5	✓
7.5) An assessment system relies on interviews of mothers	.5	✓
7.6) Reassessment systems have been incorporated in national plans	.5	✓
7.7) There is a time-bound program to increase the number of BFHI institutions in the country	.5	✓
<b>Total Score</b>	<b>2.5/2.5</b>	
<b>Total Score 7A, 7B and 7C</b>	<b>8-/10</b>	

**Information and Sources Used:** National Reports assessment 2006

#### Gaps:

Of all the 48 hospital (22.5% of all maternity hospitals) and maternity services designated (Baby friendly, there is only one hospital / maternity services from the private sector



#### Recommendations:

There is need for reassessment at almost all hospitals and maternity services designated 'Baby friendly' to check if they are still maintaining their status. With the current shortage of staff in our hospitals, it is highly likely that only a few more hospitals or maternity services can be labelled as 'baby friendly'. Focus, is also needed on the private sector since almost 20 % of babies born in health facilities are born in the private sector (ZDHS 2005 page 125)



## Indicator 8: *Implementation of the International Code*

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

Criteria	Scoring	Results  <i>Check those apply. If more than one is applicable, record the highest score.</i>
8.1) No action taken	0	
8.2) The best approach is being studied	1	
8.3) National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable	2	
8.4) National measures (to take into account measures other than law), awaiting final approval	3	
8.5) Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions	4	
8.6) Some articles of the Code as a voluntary measure	5	
8.7) Code as a voluntary measure	6	
8.8) Some articles of the Code as law	7	
8.9) All articles of the Code as law	8	
8.10) All articles of the Code as law, monitored and enforced	10	
<b>Total Score:</b>	<b>10/10</b>	

**Information and Sources Used:** Code monitoring report 2006

**Gaps:** 1. Monitoring at ports of entry is very weak

**Recommendations:**

1. Strengthen enforcement of the code

### Indicator 9: Maternity Protection

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

Criteria	Score	Results Check <input checked="" type="checkbox"/> that apply
9.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave		
a. Any leave less than 14 weeks	0.5	
b. 14 to 17 weeks	1	✓ 14 weeks
c. 18 to 25 weeks	1.5	
d. 26 weeks or more	2	
9.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.	1	
a. Unpaid break	0.5	
b. Paid break	1	✓
9.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	✓
9.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector.	1	
9.5) Women in informal/unorganized and agriculture sector are:	1	
a. accorded some protective measures	0.5	
b. accorded the same protection as women working in the formal sector	1	✓
9.6)		
a. Information about maternity protection laws, regulations, or policies is made available to workers	0.5	✓
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	0.5	✓
9.7) Paternity leave is granted in public sector for at least 3 days.	0.5	
9.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	
9.9) There is legislation providing health protection for	0.5	

pregnant and breastfeeding workers and the legislation provides that they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.		
9.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5	✓
9.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5	
9.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5	
<b>Total Score:</b>	<b>5.5/10</b>	

**Information and Sources Used:** Labour Act CAP 28.01  
Labour Act Sections 5, subsection 1

**Gaps:**

1. There is no provision by legislation that provides for work site accommodation for breastfeeding and/or child care in work places
2. There is no law for paternity leave
3. ILO MPC no 183 was not been ratified some steps have been taken towards its recommendation, 90 – 98 days

**Recommendations:**

1. Review of legislation to include some of the ILO provisions such as provision of accommodation at worksite for breastfeeding
2. Enforcement of legislation
3. More needs to be done so that all people know their rights concerning maternity protection

**Summary comments:**

1. The employment council and labour administration offices in all the districts handle complaints
2. There are regular and routine inspections done at workplace
3. Although there is no ratification of ILO MPC No 183, there has been some significant steps taken in incorporating some of its provisions into national legislations such as the 98 days paid maternity leave and paid breastfeeding breaks.

## Indicator 10: Health and Nutrition Care System

**Key Question:** Do care providers in these systems undergo *skills training*, and do their pre-service education curriculum support optimal infant and young child feeding; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to Code are in place?

Criteria	Results		
	Adequate	Inadequate	No Reference
10.1) A review of health provider schools and pre-service education programmes in the country <sup>1</sup> indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
			✓
10.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.	2	1	0
	✓		
10.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. <sup>2</sup>	2	1	0
	✓		
10.4) Health workers are trained with responsibility towards Code implementation as a key input.	1	0.5	0
	✓		
10.5) Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrhoeal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1	0.5	0
	✓		
10.6) These in-service training programmes are being provided throughout the country. <sup>3</sup>	1	0.5	0
		✓	
10.7) Child health policies provide for mothers and babies to stay together when one of them is sick	1	0.5	0
	✓		
<b>Total Score:</b>	<b>7.5/10</b>		

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

**Information and Sources Used:** Training reports, training manuals (PMTCT, IMCI, IYCF, BFHI) National reproductive health policy, patients' charter 1996

### **Gaps**

1. The curriculum of most of the staff does not have infant and young child feeding content.
2. In services training has been affected by staff attrition and inadequate funds

### **Recommendations**

All health professions and nutritionists play an important role in the implementation of good IYCF practices. There is need for their curriculum to include adequate IYCF information and for it to be considered as a core course in their pre-service training.

IYCF pre-service training is currently being done to nurses. Extending this to all health professional may help in achieving the targets for the Global Strategy for IYCF. The in-service training needs to be scaled up throughout the country. Though we have all the adequate information for in-service training, we have been greatly affected by lack of resources to train all health professionals in all provinces.

## Indicator 11: Mother Support and Community Outreach

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

Criteria	Results ✓ <i>Check that apply</i>		
	Yes	To some degree	No
11.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	2	1 ✓	0
11.2) All women have access to support for infant and young child feeding after birth.	2	1 ✓	0
11.3) Infant and young child feeding support services have national coverage.	2 ✓	1	0
11.4) Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectoral and intra-sectoral).	2	1 ✓	0
11.5) Community-based volunteers and health workers possess correct information and are trained in counselling and listening skills for infant and young child feeding.	2	1 ✓	0
<b>Total Score:</b>	<b>6/10</b>		

**Information and Sources Used:** Training reports, training manuals and annual plans and reports at all levels

### Gaps:

While women have access to community based support systems there are no adequate funds to continuously train all community health care workers in the country. Integration is there with continued challenges of non availability of harmonised training materials and guidelines at lower level.

### Recommendations:

Reinforce support systems VHWs and Health promoters should be equipped with relevant information and disseminate to mothers

## Indicator 12: *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	Results		
	Yes	To some degree	No
12.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.	2	1	0
			✓
12.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2	1	0
	✓		
12.3) Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.	2	1	0
		✓	
12.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2	1	0
	✓		
12.5) A national IEC campaign or programme <sup>4</sup> using electronic and print media and activities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months.	2	1	0
	✓		
<b>Total Score:</b>	<b>7/10</b>		

### Information and Sources Used:

Exclusive breastfeeding road shows reports, Child Health Card, IEC material available, minutes of the 3<sup>rd</sup> World Breast Feeding week committee (24 July 2009)

### Gaps:

1. No comprehensive national IEC strategy for nutrition
2. The counsellors are few due to staff attrition

### Recommendations:

1. Develop a comprehensive national IEC strategy for nutrition
2. Train more counsellors although there are a few staff at the health centres

### Summary Comments

1. Inadequate counsellors and follow up due to a high health worker client ratio due to staff attrition

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

### Indicator 13: *Infant Feeding and HIV*

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

<b>Criteria</b>	<b>Results</b>		
	Yes	To some degree	No
13.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2	1 ✓	0
13.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1 ✓	0.5	0
13.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1 ✓	0.5	0
13.4) Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1 ✓	0.5	0
13.5) Infant feeding counselling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.	1	0.5 ✓	0
13.6) Mothers are supported in making their infant feeding decisions with further counselling and follow-up to make implementation of these decisions as safe as possible.	1	0.5 ✓	0
13.7) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1 ✓	0.5	0
13.8) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5 ✓	0
13.9) The Baby-friendly Hospital Initiative incorporates provision of guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers.	1 ✓	0.5	0
<b>Total Score:</b>	<b>7.5/10</b>		

**Information and Sources Used:**



BFHI manual for decision makers, Draft IYCF Policy, Zimbabwe Infant and Young Child Feeding Policy statement of 1999, IYCF training manuals, National HIV and AIDS Policy, Zimbabwe National HIV and AIDS Strategic Plan 2006-2010, Child Health Card

**Gaps:**

1. Some counsellors on infant feeding do not have adequate information
2. The monitoring system is still very weak
3. Few counsellors at health institutions

**Recommendations:**

1. Training for counsellors to equip them with adequate information.
2. Ongoing monitoring on the effects of interventions to prevent HIV transmission need to be strengthened
3. Speed up the IYCF policy development and come up with an action plan

## Indicator 14: Infant Feeding during Emergencies

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

Criteria	Results		
	Yes	To some degree	No
14.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies	2	1	0
			✓
14.2) Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
	✓		
14.3) An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed	2	1	0
		✓	
14.4) Resources identified for implementation of the plan during emergencies	2	1	0
	✓		
14.5) Appropriate teaching material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	2	1	0
		✓	
<b>Total Score:</b>	<b>6/10</b>		

### Information and Sources Used:

Training materials

### Gaps:

Weak linkages among IYCF stakeholders

### Recommendations:

1. Speed up IYCF policy development
2. Need for documentation of all activities and progress made so that there is a written reference point for all activities
3. The National Nutrition Unit should strengthen coordination of Infant and Young Child Feeding
4. There is need to develop a complete set of training and counselling materials for both the community and health workers to strengthen IYCF training and counselling

## Indicator 15: Monitoring and Evaluation

**Key Question:** Are monitoring and evaluation data routinely collected and used to improve infant and young child feeding practices?

Criteria	Results ✓ Check that apply		
	Yes	To some degree	No
15.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1 ✓	0
15.2) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.	2 ✓	1	0
15.3) Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	2 ✓	1	0
15.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers	2 ✓	1	0
15.5) Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys.	2 ✓	1	0
<b>Total Score:</b>	<b>9/10</b>		

### Information and Sources Used:

ZDHS 2005/6, Nutrition Sentinel Site Surveillance reports, Child Health Card, Minutes of Poverty Eradication and Social Services Delivery Development Action Committee (PESSAC)

### Gaps:

Some of the major infant and young child feeding programmes do not have in-built monitoring and evaluation components.

### Recommendations:

Need to have in-built monitoring and evaluation components in infant and young child feeding programme activities to strengthen the monitoring and evaluation of the programmes

**List of the partners for the assessment process**

**National Nutrition Unit, Ministry of Health and Child Welfare**

**UNICEF**

**Harare City Health**

**GOAL Zimbabwe**

**SAVE the Children UK**