WBTi
World Breastfeeding Initiative (WBTi)

The World Breastfeeding Trends Initiative (WBTi)

Zambia Country Assessment Report 2008

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rends Initiative (WBT*i*) – Zambia Report 2008

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The National Food and Nutrition Commission (NFNC) is a quasi government organisation under the Ministry of Health specialised in the provision of technical advice on food security, health and nutrition and related disciplines.

The Commission was established in 1967 through an Act of Parliament specifically to be a focal point for food and nutrition. The Act of Parliament, No. 41 of 1967, guides the Commission in the execution of its mandate.

Since its establishment, the Commission has engaged in promotional activities and provides advice to the Government and other stakeholders on matters concerning food and nutrition.

The NFNC and partners would like to thank the IBFAN Africa for providing technical and financial support to carry out the World Breastfeeding Trends initiative (WBT*i*) assessment and writing of the report for Zambia.

The NFNC would like to thank the WBTi core team for their dedication to the data collection process, compilation and write up of the report. Further gratitude is to be shown to the following institutions; Natural Resources Development College (NRDC), and Ministry of Health (MOH) for allowing their personnel to participate in the team that collected the data.

Other stakeholders that provided information without whose cooperation this would have not been possible are also acknowledged. These include Ministry of Health (MOH), Ministry of Labour and Social Security (MLSS), Disaster Management and Mitigation Unit (DMMU), Chainama College of Health Sciences, UTH School of Nursing, School of Medicine-University of Zambia (UNZA).

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Breastfeeding is a universal practice in Zambia where almost all (98 percent) children are breastfed for some period of time (CSO, 2003). Despite this high breastfeeding prevalence, the majority of infants are not fed in compliance with the WHO/UNICEF recommendations. These recommendations call for exclusive breastfeeding for first 6 months and the introduction of appropriate complementary feeding from 6 months and continued breastfeeding for two years or beyond. (WHO/UNICEF, 2003).

Zambia has made commitment towards the improvement of child survival and development by endorsing various international documents. In 1990, Zambia was among the countries that signed the Innocenti Declaration which came up with 4 operational targets aimed at improving child survival through protecting, promoting and supporting breastfeeding. In addition, Zambia also endorsed the International Conference on Nutrition (ICN), World Health Assembly (WHA) Resolutions and Global strategy for Infant and Young Child Feeding. All these are aimed at contributing to the reduction of under five morbidity and mortality. Mortality was reported to be 119 deaths per 1,000 in 2007 (CSO, 2007) from 168 in 2003 (CSO, 2001/2).

Infant and young child feeding components include promotion of breastfeeding, Complementary feeding, HIV and infant feeding, Maternity Protection, Code of Marketing of Breast milk Substitute (BMS) and IYCF in exceptionally difficult situations. These program components are at various levels of implementation in Zambia, contributing towards the reduction of infant mortality rate.

In 2006, Zambia developed an Infant and Young Child Feeding Operational Strategy (2006-2010) which aims to provide guidance to policy makers, programme planners and implementers of IYCF activities. The IYCF operational strategy takes into consideration the resolutions made by various foras (Innocent Declaration, ICN, Global Strategy for IYCF and the WHA) and also the attainment of MDGs 1, 4, 5 and 6. It also acts as a guide to track changes in IYCF over time and has a comprehensive M & E plan. In view of the above, the WBTi assessment (the first of its kind in the country) has provided an important system for collecting data that helps to track changes that occur in IYCF programmes.

The assessment has revealed areas that have been well addressed in the country and those that have inadequacies that need to be focused on. It is hoped that this exercise provides an opportunity for Zambia to review the IYCF program and ensure that it is on the right truck to achieving the goals that were set in the IYCF strategy. Achieving of the goals will translate into improved child survival, growth and development. This can be done with concerted efforts from other partners

	odeficiency Syndrome
BFHI	Baby Friendly Hospital Initiative
BMS	Breast milk Substitutes
CBGMP	Community Based Growth Monitoring and Promotion
CIMCI	Community based Integrated Management of Childhood Illness
CIYCF	Community-based Infant and Young Child Feeding
DMMU	Disaster Management and Mitigation Unit
DDCC	District Development Coordinating Committee
GIMS	Global Initiative for Mother Support
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
IBFAN	International Baby Food Action Network
ICDC	International Code Documentation Centre
ICN	International Conference on Nutrition
IEC	Information Education Communication
ILO	International Labour Organisation
IMCI	Integrated Management of Childhood Illness
ITG	Integrated Technical Guidelines for Frontline Workers
IYCF	Infant and Young Child Feeding
IYCN/	Infant and Young Child Nutrition
M& E	Monitoring and Evaluation System
MDG	Millennium Development Goal
MIS	Management Information System
MLSS	Ministry of Labour and Social Security
MOH	Ministry of Health
MPC	Maternity Protection Convention
MSG	Mother Support Groups
NDP	National Development Plan
NFNC	National Food and Nutrition Commission
NGO	Non Governmental Organisation
NNSS	National Nutrition Surveillance System
NRDC	Natural Resources Development college
PDCC	Provincial Development Coordination Committee.
PMTCT	Prevention of Mother to Child Transmission
PPS	Protect Promote and Support Breastfeeding
TV	Television
UN	United Nations
UNICEF	United Nations Children's Emergency Fund
UTH	University Teaching Hospital

	bia
	ssment Committee
VCCT	Voluntary Confidential Counselling and Testing
WBTi	World Breastfeeding Trends Initiative
WHA	World Health Assembly
WHO	World Health Organisation
ZDHS	Zambia Demographic Health Survey

This is Zambian's first report on World Breastfeeding Trends initiative (WBTi) assessment tool, an innovation started by Asia. It is aimed at assessing the status and benchmark the progress of the implementation of the Global Strategy for Infant and Young Child feeding using a web-based toolkit (IBFAN Asia, 2008). The tool 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 (ibid).

The assessment was carried out with the support of IBFAN Africa an NGO that is involved in infant feeding activities. The National Food and Nutrition Commission (NFNC) which was the lead institution in this exercise selected a team from the Infant and Young Child Feeding Committee members to collect the data used in the write up of the report. The data was collected from various partners involved in IYCF activities in Zambia. The assessment lasted for about 3 months from October to December 2008.

The assessment unveiled the gaps that need to be addressed to effectively implement the IYCF programme that has proved to be an excellent agenda at achieving child survival, growth and development not only in Zambia but the world over. The assessment report was circulated to partners for further input and was finally presented to the IYCF partners members for their comments and approval. The presentation was done jointly with the WHO assessment mission on Infant and Young Child Feeding. The key findings in the two reports were used to develop an action plan for 2009-10 which is aimed at achieving the objectives and goals in the IYCF Operational Strategy. This took place from 19th to 20th February 2009.

The findings of the assessment are summarised below according to indicators. Indicator 1 – 5 are presented in the table below followed by indicators 6 – 15.

Key findings (Indicator 1 -5)

Indicator	2008
1. Percentage of babies breastfed within one hour of birth	51%
2. Percentage of babies of 0<6 months of age exclusively breastfed in the last 24 hours	41%
3. Babies are breastfed for a median duration of how many months	21 months
4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles	3.5%
5. Percentage of breastfed babies receiving complementary foods at 6-9 months of age	93%

e and Coordination

Gaps:

1. The country does not have adequate funding sources for the implementation of IYCF program.
2. Inadequate incorporation of IYCF activities in other sectors' annual plans

Recommendations:

1. More funds should be mobilised targeted for IYCF program
2. Coordination should be strengthened at provincial and district levels.
3. More sectoral participation in IYCF programme should be encouraged.
4. Other sectors (e.g. Ministry of Agriculture and Cooperatives, Ministry of Community Development and Social Services, Ministry of Labour etc) should incorporate IYCF in their annual plans as indicated in the IYCF Operational Strategy and implement.

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

Gaps:

1. Staffing at national and provincial levels (MOH) is inadequate and this leads to slow pace of scaling up trainings, follow ups and assessments.
2. The program has mostly targeted the public sector and not much of the private sector.
3. The numbers of health workers trained to carry out the BFHI activities are by far inadequate to facilitate the quick expansion of the BFHI program.

Recommendations:

1. One more person at Ministry of Health level should be employed to coordinate the BFHI assessments so that scaling up is hastened.
2. More assessors should be trained at provincial and district level to facilitate quick expansion of the BFHI programs. Districts or health facilities need not rely only on national assessors who may not be enough or have enough time to provide assistance to districts when called upon.
3. BFHI should be scaled up to private sector. The private sector also needs to be targeted for BFHI trainings and assessments to ensure expansion of service to all classes of people.
4. More partners need to be co-opted to increase funding.
5. Ministry of Health should strengthen the M & E system to collect all key information on periodical basis on BFHI program that cannot be collected routinely or is not available through national surveys such as ZDHS.
6. A system for analysing self appraisals and external assessment data that comes from health facilities should be developed. This should be based at Ministry of health headquarters

rnational Code

Gap:

The legislation is not yet actively enforced. This is because the enforcer's manual has not yet been developed.

Recommendation:

Ministry of Health should hasten the development of the enforcer's manual and ensure that the law is fully enforced.

Indicator 9: Maternity Protection

Gaps:

None ratification and enactment of Maternity Convention 183. This entails that most of the issues being asked have not been addressed as they are contained in the same convention.

Recommendations:

Social partners need to be consulted on the issue of maternity protection. NFNC through the MOH should write to MLSS requesting them to include the ratification of the convention 183 on the agenda for the tripartite meetings

Indicator 10: Health and Nutrition Care System

Gaps

1. The IYCF component in the curricula for pre-service training in various institutions is weak. Even those that have some infant and young child feeding aspects in their curricula, in most cases IYCF is not taught as indicated by interviews with students.
2. The training officers in training institutions have inadequate knowledge and skills in IYCF to allow them to effectively train student on IYCF.
3. Inadequate funding to scale up IYCF training to all in-service providers.
4. High staff turnover due to attrition

Recommendations

1. The pre-service curricula for nutritionist, nurses/midwives, medical doctors and environmental health officers should be reviewed and strengthened.
2. Training officers in training institutions related to nutrition, medicine, nursing, and others should receive training in IYCF so that they are motivated to include issues of infant feeding in their curricula and able to teach it effectively.
3. The Ministry of Health and cooperating partners such as UNICEF, Infant and Young Child Nutrition Project should consider subcontracting a training institution or organisation to

service providers in order to hasten the scaling up of the

4. There is need for the Ministry of Health and National Food and Nutrition Commission to advocate for more resources for scaling up of the IYCF program implementation.

Indicator 11: Mother Support and Community Outreach

Gaps:

1. Scaling up of the community support systems has not reached full capacity
2. There is no standardised training package for IYCF to be used by various sectors. The reason being that the integrated community Infant and Young Child Feeding training package is just being developed.
3. Some mother support groups are not trained while those trained were trained a long time ago in the 1990s.
4. Work place mother support is weak
5. Some community training packages have inadequate information on IYCF.
6. Comprehensive documentation on mother support systems and activities has not been done in the last 10 years.

Recommendations:

- The program should consider training more community volunteers in different sectors to provide appropriate support to mothers and increase awareness.
- Need to offer refresher courses to already trained community volunteers to keep them updated with latest information and also to motivate them to continue in the program.
- Get more partners in community training and other support e.g. follow ups, provision of supplies, exchange visits etc.
- Hasten the finalisation of Community Infant and Young Child Feeding (CIYCF) training package
- There is need to strengthen the IYCF component in various community training package such as community based monitoring and promotion, Community Integrated Management of Childhood Disease (CIMCI)
- Comprehensive documentation of best practices at community level to facilitate sharing of lessons learnt

Indicator 12: Information Support

Gaps:

1. A comprehensive IEC strategy on infant and young child feeding has not been finalised. However, the process is underway.

nendations that occurred in 2007 some communities or corrected materials and information.

3. Some institutions develop and produce their own IEC materials without clearance from the Food and Nutrition Commission as authority. This sometimes leads to incorrect messages being passed on.

Recommendations:

1. The National Food and Nutrition Commission should finalise the Infant and Young Child Feeding comprehensive IEC strategy development which was started in February 2006.
2. Non-government institutions and other relevant stakeholders should be oriented on the revised IYCF recommendations.
3. A system should be put up where any institution producing IEC materials on IYCF should get approval from NFNC.

Indicator 13: Infant Feeding and HIV

Gaps:

1. Although service providers 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, the number of staff trained is still inadequate given the extent of the problem.
2. Although opt out service is available routinely, few male partners turn up for counselling.
3. Because of inadequate staffing sometimes mothers are not provided with adequate follow up counselling care and support.
4. The ongoing national monitoring system to determine the effects of interventions to prevent HIV transmission through breastfeeding and overall health outcomes for mothers and infants is weak.

Recommendations:

1. Although trainings on HIV and infant feeding (in IYCF Counselling course, PMTCT trainings, and IMCI trainings) are offered, they are still inadequate; therefore, the Ministry of Health should train more service providers.
2. The Ministry of health should address low turn up of male partners for counselling to ensure that they come with female partners through health campaigns and other sensitization means
3. The Ministry of Health should devise a mechanism to improve follow up of HIV positive mothers and their infants. It should consider involving the community while giving them incentives.

to determine the effects of interventions to prevent HIV
ding and overall health outcomes for mothers and infants should be strengthened.

Indicator 14: Infant Feeding during Emergencies

Gaps:

1. The IYCF coordinator is tasked to oversee all the infant and young child feeding activities leading to work overload.
2. Inadequate knowledge and skills at various levels on dealing with IYCF in emergencies (especially in the lead institutions).
3. Zambia does not have standardised IYCF training materials for use in emergencies.
4. There are no funds mobilised specifically to deal with IYCF in emergencies.
5. Content on infant and young child feeding in emergencies have not been integrated into relevant pre-service and in-service training.

Recommendations:

1. More staff should be assigned to deal with IYCF in emergencies
2. Capacity of staff and institutions should be built to deal with IYCF in emergencies
3. Mobilising more resources to deal with IYCF in emergencies should be a priority for the Ministry of health and National Food and Nutrition Commission to ensure that disasters are dealt with minimal losses of life especially of children.
4. Global training packages on emergencies should be adapted to the Zambian situation and integrated into relevant pre/in-service training curricula.
5. Need to develop guidelines for feeding in emergencies which have been pending for a long time now.

Indicator 15: Monitoring and Evaluation

Gaps:

1. Inconsistency in the indicators that are being collected periodically makes it difficult to compare results (e.g. ZDHS 2001/2 and ZDHS 2007 data on early initiation of breastfeeding and different interpretation of exclusive breastfeeding for years mentioned).
2. Incorporation of indicators that are in the IYCF operation strategy and National Food and Nutrition Policy Implementation Plan into routine Health Management Information System (HMIS) has proved to be very difficult.
3. IYCF indicators mainly relate to the practice of the mother or the caretaker. Ascertaining the actual practice is a challenge for the monitoring and evaluation system.
4. Some targets in the operational strategy do not have baseline information

collected periodically to make results comparable.

2. The IYCF operation strategy and National Food and Nutrition Policy Implementation Plan key indicators needs to be incorporated in routine Health Management Information System (HMIS).
3. Since the inclusion of IYCF indicators in the HMIS has been difficult the National Food and Nutrition Commission should categorise indicators in the IYCF operation strategy and National Food and Nutrition Policy Implementation Plan into those to be collected every six months and every two years as part of the National Nutrition Surveillance System. This will ensure that indicators of significance will be reported on accordingly.
4. Ministry of Health should devise standardised ways of how to easily establish IYCF practices. These should be used in various parts of the monitoring and evaluation system.
5. There is need to conduct baseline surveys for appropriate targets in the IYCF Operational Strategy.

A summary of the results shows that Zambia falls in the blue colour or grade B. This entails that it has one more step to move up for it to be able to effectively contribute to child survival, growth and development. More effort need to be put in order to move further up as indicated in the indicator areas and score summary.

This report constitutes the findings of the World Breastfeeding Trends initiative (WBT*i*) assessment for Zambia based on the implementation of the Global Strategy for Infant and Young Child Feeding. The assessment was a recommendation following the 3-day training that took place in Swaziland in September 2008. The training and the assessment were sponsored by IBFAN Africa. Countries in attendance at the training included Zambia, Malawi, Swaziland, Lesotho, Tanzania, The Gambia, Ghana, Mozambique, Zimbabwe, Cape Verde, Angola, Uganda, Rwanda and Sudan. All countries were expected to carry out WBTi assessments and present the findings for their respective countries. This report is in response to the expectation for Zambia.

The report portrays current policies and programmes that support optimal infant and young child feeding (IYCF) practices in Zambia. The assessment was conducted during the period October to December 2008 using the World Breastfeeding Trends initiative (WBT*i*) tool/design. This was developed by the International Baby Food Action Network (IBFAN**)** Asia as a system for Tracking, Assessing and Monitoring (TAM) the Global Strategy for Infant and Young Child Feeding using a web-based toolkit. The National Food and Nutrition Commission coordinated the Zambian WBT*i* assessment. This was the first WBT*i* assessment in Zambia.

The World Breastfeeding Trends initiative (WBT*i*) is a global innovation that assesses policy and programmes that support optimal IYCF practices. It measures the rates of practice for optimal IYCF, as well as the progress of nations on the ten indicators of policy and programmes based on the frame work of action in the Global Strategy for Infant and Young Child Feeding, an essential component of any strategy for meeting the rights of the child, particularly the child's right to survival, health and adequate nutrition. The Global Strategy was ratified at the World Health Assembly in 2002 and subsequently adopted by UNICEF (WHO/UNICEF, 2003).

The WBT*i* serves as lens to find out gaps in policy and programmes at national level and help nations initiate action to bridge these gaps. WBTi assessments are being implemented in more than 50 countries now, and will be conducted in over a hundred countries by 2009. This will help create one of the largest databases for information on policy and programmes that support breastfeeding women in the world (Gupta et al, 2008). The WBT*i* results will enhance the implementation of the National Food and Nutrition Policy and its implementation plan, fifth National Development Plan and the IYCF Operational Strategy. These are the key document that guides the implementation of IYCF activities in the country.

The report covers the executive summary, introduction, background, methodology, partner organisations, assessment findings, conclusion and way forward and appendices. The assessment findings are divided into two parts. Part one deals with indicators 1 – 5 which focus on infant

ndicators 6 – 15 focusing on policy and programmes. The
e for each indicator and overall performance ascertained.

The findings were disseminated locally to partners in conjunction with the WHO assessment mission on IYCF. This was held from 19th – 20th February 2009 (Appendix 8.2, 8.3 & 8.4.2)

The background explains the health and nutrition situation in Zambia. It further explains what the WBTi is, how it works and the 15 indicators that are being used to collect data that was used to write the report.

2.1 Situation Analysis

Malnutrition levels among under-five children in Zambia are high contributing significantly to infant and child mortality. According to ZDHS (2003) the proportion of children under five who are stunted is 47%. (See table below)

Table 1: Nutritional status of children aged 0 – 59 months, 1991 - 2003

Underweight (Weight for Age) < -2SD	23.1	25	25.3	24	28	23	24	23
Stunting (Height for Age) < -2SD	39.6	40	48.4	42.0	47	49	53	49
Wasting (Weight for Height) < -2SD	6.9	5	5.7	4	5	5	5	5

Source; IYCF Operational strategy 2006- 2010

ZDHS Further reported 119 deaths per 1, 000 live children (CSO 2007). Most of the deaths (61%) occur after the 1st month of birth and 57% before their 1st birthday (CSO 2003). Suboptimal feeding practices are an important risk factor for morbidity and mortality in this age group (MOH/NFNC, 2006). Appropriate feeding practices (as set in the Recommendations for IYCF in the context of HIV) are of fundamental importance for the survival, growth and development of infants and children and for the well-being of mothers (WHO/UNICEF; 2003).

2.2 Breastfeeding

Breastfeeding is a universal practice in Zambia. Data indicate that 98 percent (CSO 2003) of Zambian children are breastfed for some period of time. Despite the high breastfeeding prevalence, the majority of infants are not fed in compliance with the national recommendations. The recommendations call for exclusive breastfeeding for 6 months and the introduction of complementary foods from 6 months with continued breastfeeding for two years or beyond. Initiating breastfeeding within the first hour of birth is one of the critical elements for successful breastfeeding. According to CSO, early initiation rates were at 51%. Only 41% of infants under 6

in Zambia. This represents an increase from 26% recorded harply from 45 percent at age 2-3 months to 15 percent at age of 4-5 months. As many as 24 percent of children age 2-3 months and 62 percent of children age 4-5 months receive food supplements in addition to breast milk; indicating that many infants are at risk of exposure to bacterial contamination and poor quality foods, even if they started out well with early initiation of breastfeeding. Almost all children are breastfed for at least one year, with only 3 percent of children aged 12-15 months are not breastfed. By age 16-19 months, 15 percent of children are no longer breastfeeding. Breastfeeding decreases rapidly late in the second year of life, so that by 28-31 months of age, virtually all children (97 percent) are removed from the breast (CSO, 2003).

The BFHI was founded by UNICEF and WHO in 1992 in response to declines in breastfeeding rates worldwide. The initiative (BFHI) responds to "the 1979" WHO/UNICEF joint statement on the promotion, protection and support for breastfeeding and the special role of maternity practices. It is based on the ten steps to successful breastfeeding and provides the foundation for optimizing support in health facilities providing services for mothers and babies. BFHI defines the critical role that health services play in promoting, protecting and supporting breastfeeding and describes what should be done to achieve these. Global Strategy for IYCF has been developed, which is aimed at drawing attention to the impact that feeding practices have on nutritional status, growth and development, health and ultimately on morbidity and mortality of infants and young children

Lactation management training for health workers in Zambia started in 1991. By 1992 self appraisals of health facilities commenced. In 1995 the first 2 hospitals were declared Baby Friendly (Kabwe and Livingstone). By 1997, 46 health facilities were declared baby friendly. Mother Support Groups (MSG) were also formed country wide. However, owing to the threat of passing HIV through breastfeeding and unclear recommendations on the way forward, BFHI activities stalled. However, efforts are underway to revive BFHI principles implementation.

Based on the WHO HIV and infant feeding consensus statement Zambia revised the recommendations for IYCF in the context of HIV. These recommendations form the basis for all guidance on IYCF in the context of HIV. The recommendations have been incorporated in various documents such PMTCT Package, CBGMP Package, IMCI Package, Integrated IYCF Counselling course and Performance Assessment (PA) Tools .

BFHI has been supported by the code. The Code is an internationally recognized set of rules that govern the marketing of breast milk Substitutes. It is intended to be adopted as a "Minimum requirement" by all Governments and aims to protect infant health by preventing inappropriate marketing of breast milk Substitutes. Zambia is a signatory to the 1981 World Health Assembly Resolutions of Marketing of Breast milk substitutes. Since 1982 Zambia had been using a

1994. In 2006 Zambia put in place the Food & Drugs, egulations 2006.

Zambia has developed the IYCF Operational Strategy drawing from the Global Strategy provisions; an important step towards the process of operationalising key strategies for improving the feeding of infants and young children. Effective implementation of this strategy will contribute towards the attainment of MDGs 1, 4, 5 and 6 which deal with eradication of extreme hunger and poverty, reduction of child mortality, reduction of maternal mortality and combating HIV and AIDS. The strategy takes into account the IYCF concerns raised in the 5th national Development plan of 2006 to 2010. It is also in the context of the National Food and Nutrition Policy and the 2030 national long term vision for Zambia and the conventions for the rights of a child and maternity protection.

The IYCF programme in Zambia is co-ordinated by the National Food and Nutritional Commission (NFNC) while programme components are implemented by various sectors. These include Ministry of Health, Ministry of Labour and Social Security and Ministry of Agriculture and Cooperatives and their cooperating partners.

This WBT*i* assessment has provided an opportunity for Zambia to check progress on the IYCF operational strategy and identify areas that need redress on issues of infant and young child feeding. Its findings together with that of the WHO assessment lead to the development of 2009 - 10 Action Plan on IYCF to be used by various partners.

2.3 About WBT*i*

The WBTi: How it works? *It involves three-phase process.*

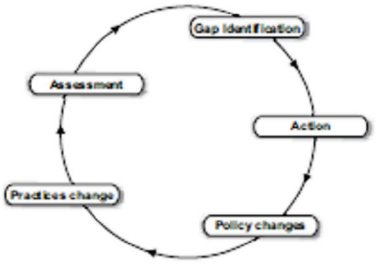
The **first phase** involves initiating a national assessment of the implementation of the *Global Strategy*. It guides countries and regions to document gaps in existing practices, policies and programmes. This is done based on national documentation by involving multiple partners. Their analysis and the process itself bring governments and other civil society partners together to analyse the situation in the country and find out gaps. The gaps identified are used for developing recommendations for priority action for advocacy and action. The WBT*i* thus helps 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. It assists in formulating plans of action that are effective to improve infant and young child feeding practices and guide allocation of resources. It works as a consensus building process and helps to prioritise actions. The initiative thus can impact on policy at the country level, leading to action that would result in better practices.

During the **second phase**, WBT*i* uses the findings of phase 1 to score, rate, grade and rank each country or region based on **IBFAN Asia's Guidelines for WBT*i* thus** building some healthy competition among the countries in the region or among regions.

tion of the assessment after 3-5 years to analyse trends in programmes and practices as well as overall breastfeeding rates in a country, to report on programmes and identify areas still needing improvement. This repetition can be also used to study the impact of a particular intervention over a period of time.

IBFAN groups and specialists can assist in planning processes, capacity building, analysis and reporting.

Figure 1: WBT*i* Cycle



WBTi is:

A: Action oriented
B: Brings people together
C: Consensus and commitment building
D: Demonstrates achievements and gaps
E: Efficacy improving programme

The 15 indicators of WBTi

The WBT*i* focus is based on a wide range of indicators, which provide an impartial global view of key factors.

The WBT*i* has identified 15 indicators. Each indicator has its specific significance. Part-I has 5 indicators, based on the WHO tool, dealing with infant feeding practices and Part II has 10 indicators dealing with policies and programmes. Once assessment of gaps is carried out and data verified, the data on 15 indicators is fed into the web-based toolkit. Scoring, colour-rating and grading is done for each individual indicator. The toolkit objectively quantifies the data to provide a colour- rating and grading i.e. **'Red' or 'Grade D', Yellow or 'Grade C', Blue or 'Grade B' and Green or 'Grade A'.**

Table 2: WBTi Indicators

Indicators	
Part I Part II	
1. Percentage of babies breastfed within one hour of birth 2. Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours 3. Babies are breastfed for a median duration of how many months 4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles	6. National Policy, Programme and Coordination 7. Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding) 8. Implementation of the International Code 9. Maternity Protection 10. Health and Nutrition Care 11. Community Outreach

eceiving nths of age	12. Information Support 13. Infant Feeding and HIV 14. Infant Feeding During Emergencies 15. Monitoring and Evaluation
Background information: Background information on MDG goals **1, 4, and 5** is collected but is not scored, colour-rated or graded. It can be used to provide a better understanding of the health, nutritional and socioeconomic context which influences infant and young child feeding practices and programmes.	

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 has the following components:

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

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

Part II: A set of criteria has been developed for each target based on the *Innocenti Declaration of 2005*, which set 5 additional targets. It takes into consideration most of the *Global Strategy* targets. For each indicator, there is a subset of questions. Answers to these can lead to identifying achievements and gaps. This shows how one country is doing in a particular area of action on Infant and Young Child Feeding.

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

3.1 Coordination

The coordination of the assessment was done by NFNC of Zambia which is an advisory body on matters pertaining to food and nutrition. The NFNC formed a core group with a team that was assigned to carry out the assessment.

3.2 The core group

A core group comprising of Mrs. Raider Mugode, Mr. Bupe Bwalya and Ms Jane Chitanda all of National Food and Nutrition Commission (NFNC), Mr. Amanzi Patrick of the Ministry of Health and Ms Dorothy Nthani of Natural Resource Development College (NRDC) (Appendix 5) held 5 preparatory meetings in which the process of the assessment was discussed and indicators for data collection were assigned to each core group member as indicated in the table below.

Table 3: Indicator Allocation

Indicator	Person
1-6 Infant and Young Child Feeding Practices	Bupe Bwalya
6 - National Policy, Programme and Coordination	Bupe Bwalya
7- Baby friendly Hospital initiative	Raider Mugode
8- Implementation of the International Code	Patrick Amanzi/ Jane Chitanda
9- Maternity Protection	Raider Mugode
10 – Health and Nutritional Care System	Dorothy Nthani/ Jane Chitanda
11 – Mother Support and Community Outreach	Jane Chitanda
12 – Information Support	Dorothy Nthani
13- Infant Feeding and HIV	Raider Mugode
14 – Infant feeding During emergencies	Dorothy Nthani
15 – Monitoring and Evaluation	Patrick Amanzi

3.3 Data collection and Report Writing

Each member was assigned to collect information from relevant institutions regarding specific indicators. The core group had several meetings with relevant government ministries in an effort to address the indicators. The supporting documents were obtained from various recognised institutions by team members. The core group then took time from the 27th to 31st December 2008 to critically analyze several pieces of information obtained from the exercise (Appendix 8.4.1). This included identifying the gaps, and making provisional recommendations for each indicator leading to compilation of the draft report. After the workshop, the draft report was circulated to partners for comments and several meetings were held by the core group members to incorporate comments in the draft report. The report then went through graphic designing and print layout.

The results of the reports were disseminated to stakeholders from 19th to 20th February 2009. This was a joint dissemination and re-planning workshop for IYCF program activities (see appendix 2 and 3). The discussions lead to the development of the 2009-10 Action Plan to be used by partners.

4.0 Partner Organisations

1. United Nations Children's Fund UNICEF
2. Ministry of Health MOH,
3. Ministry agriculture and cooperatives
4. Ministry of labour and social security service
5. Health Systems and Services Program (HSSP)
6. International Baby Friendly Action Network Africa
7. International Baby Friendly Action Network Zambia
8. National AIDS Council (NAC)
9. Infant and Young Child Nutrition (IYCN)
10. Disaster Management and Mitigation Unit (DMMU)
11. General Nursing council of Zambia (GNC)
12. University of Zambia , School of Medicine
13. World Food Programme (WFP)
14. Care International
15. World Health Organisation
16. Centre for Infectious Disease Research in Zambia (CIDRZ)
17. World Vision International
18. VALID International
19. Ministry of Community Development and Social Services (MCDSS)
20. Elizabeth Glaser Foundation
21. Clinton Foundation
22. School of Agriculture- Food Science and Technology
23. Chainama College of Health Sciences

two parts, each indicator having specific significance.

1. *Part-I deals with infant feeding practices (indicator 1-5)*
2. *Part –II deals with policy and programmes (indicator 6-15)*

5.1 Part I: Infant Feeding Practices

The Part I include specific numerical data on each infant and young child feeding practice from a random household survey that is national in scope. Part I assessment finding is about infant and young child feeding practices, which is the actual result of how policy and programmes support these practices to happen in the communities.

Five indicators 1-5 are dealt with separately. 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.

Then comes the rating and grading system as per WBT*i* guidelines. The indicator result is given in first column, WHO's key to rating and WBTi guidelines in the next column. WBT tool kit helps to provide this scoring as well as colour rating and grading.

The source of this result, year and its scope is mentioned next. Summary comment is given in the end of each 1-5 indicator, which provides its progress, as well as any other important related information.

The toolkit uses the data that is fed into it, and rates and grades it into colours i.e. Red or grade 'D', Yellow or grade 'C', Blue or grade 'B' and Green or grade 'A'. 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". WBT*i* used the key to rating as of WHO's tool.

5.1.1 Indicator 1: Early Initiation of Breastfeeding

astfed within one hour of birth

Background

Many mothers, in the world, deliver their babies at home, particularly in developing countries (including Zambia) and more so in the rural areas. Breastfeeding is started late in many of these settings due to cultural or other beliefs. According to the new guidelines in Baby Friendly Hospital Initiative (BFHI) "Step" 3 of the *Ten Steps to Successful Breastfeeding,* the baby should be placed "skin-to-skin" with the mother in the first half an hour following delivery and offered the breast within the first hour in all normal deliveries. If the mother has had a caesarean section the baby should be offered the breast when the mother is able to respond and it happens within few hours of the general anaesthesia also. Mothers who have undergone caesarean sections need extra help with breastfeeding otherwise they initiate breastfeeding much later. Optimally, the baby should start to breastfeed before any routine procedure (such as bathing, weighing, umbilical cord care, administration of eye medications) is performed. Early breastfeeding helps better temperature control of the newborn baby, enhances bonding between the mother and the baby, and also increases chances of establishing exclusive breastfeeding early and its success. Evidence from a large community study has established early initiation as a major intervention to prevent neonatal mortality. The table below show the initiation rate for Zambia and the grade attained by rating.

Figure 2: Early Initiation

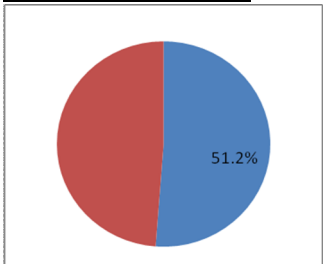


Table 4: Findings and Guideline for Early Initiation

Indicator 1	**WHO's** *Key to rating %*	**Existing Status %**	**IBFAN Asia Guideline for WBTi**		
Initiation of Breastfeeding (within 1 hour)		✓ ***Check any one***	***Scores***	***Colour-rating***	***Grading***
	0-29		3	**Red**	**D**
	30-49		6	**Yellow**	**C**
	50-89	***51.2%***	9	**Blue**	**B**
	90-100		10	**Green**	**A**

Source of information: Zambia Demographic Health Survey, 2001-2002, Central Statistical Office (2002), Lusaka, pg 164-165

Summary Comments

f breastfeeding within the first hour of the child's birth. In , 1996) and declined to 51.2% in 2002(CSO, 2003). The decline is a disturbing status because early initiation in one of the key elements to successful breastfeeding. Furthermore, there are significant differences with respect to breastfeeding initiations within one hour between rural and urban areas. In urban areas 61% of infants are breastfed within one hour of birth compared to 47% in rural areas (ibid). Therefore, there is need for the government through the Ministry of Health to do more in terms of providing correct information to mothers on the importance of early initiation during ante natal and post natal visits at health facilities. In addition health workers should assist mothers to initiate breastfeeding within the first hour of birth. Information provision and practical assistance to mother will contribute towards prevention of neonatal and infant deaths in general. Accelerated implementation of BFHI is cardinal in providing knowledge and skills to health workers so that they are able to assist mothers.

ding for the first six months

Key question: *Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours*[1]*?*

Background

Exclusive breastfeeding for the first six months is very crucial for survival, growth and development of infants and young children. It lowers the risk of illness, particularly from diarrhoeal diseases. WHO commissioned a systematic review of the published scientific literature about the optimum duration of exclusive breastfeeding and in March 2001. The findings were submitted for technical review and scrutiny during an Expert Consultation. This Expert Consultation recommended a change to exclusive breastfeeding for 6 months from earlier recommendation of 4 months. The World Health Assembly (WHA) in May 2001 formally adopted this recommendation through a Resolution 54.2 /2001. The World Health Assembly in 2002 approved another resolution 55.25 that adopted the *Global Strategy for Infant and Young Child Feeding*. Later the UNICEF Executive Board also adopted this resolution and the *Global Strategy for Infant and Young Child Feeding* in September 2002, bringing a unique consensus to this health recommendation. Further, in areas with high HIV prevalence there is evidence that exclusive breastfeeding is more protective than "mixed feeding" against risks of HIV transmission through breast milk. New analysis published in the *Lancet* clearly points to the role of exclusive breastfeeding during first six months for Infant survival and development. Table 5 shows the rate of exclusive breastfeeding and the score.

Figure3: Exclusive Breastfeeding

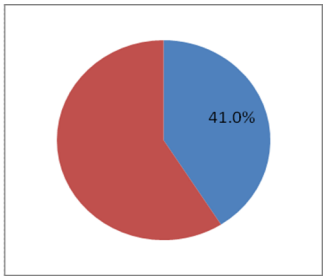


Table 5: Findings and Guideline for Exclusive Breastfeeding

Indicator 2	**WHO's** *Key to rating %*	**Existing Situation %**	**IBFAN Asia Guideline for WBTi**		
Exclusive Breastfeeding (for first 6 months)		✓ ***Check any one***	***Scores***	***Colour-rating***	***Grading***
	0-11		3	**Red**	**D**
	12-49	**41%**	6	**Yellow**	**C**
	50-89		9	**Blue**	**B**
	90-100		10	**Green**	**A**

[1] 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

ographic Health Survey Chart Book, 2001-2002, Central

Summary Comments:

Despite the high breastfeeding prevalence (98%) in Zambia (CSO 2003), majority of infants are not breastfed in compliance with the Zambian recommendations which are in conformity with WHO/UNICEF. The recommendation calls for exclusive breastfeeding for 6 months. While there appears to be an increase in rates from 26% in 1996 to 41% in 2002, there is need for continued promotion of exclusive breastfeeding for the country to attain the target of 60% by 2010 as stated in the IYCF operational strategy.

There is need to advocate for baby friendly work places, hasten implementation of BFHI and enforce the Food and Drugs, Marketing of Breast milk Substitutes, 2006 regulations.

breastfeeding

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

Background

The *Innocenti Declaration* and the *Global Strategy for Infant and Young Child Feeding* recommend that babies continue to be breastfed for two years of age or beyond along with adequate and appropriate complementary foods starting after six months of age. Breast milk continues to be an important source of nutrition and fluids and immunological protection for the infant and the young child. The continued closeness between mother and child provided by breastfeeding helps in optimal development of the infant and young child. The table below shows the situation in the country.

Table 6: Finding and Guideline for Median Duration of Breastfeeding

Indicator 3	**WHO's** *Key to rating*	**Existing Situation %**	**IBFAN Asia Guideline for WBTi**		
		✓ ***Check any one***	***Scores***	***Colour-rating***	***Grading***
Median Duration of Breastfeeding	0-17 Months		3	**Red**	**D**
	18-20 ''		6	**Yellow**	**C**
	21-22 ''	21 months	9	**Blue**	**B**
	23-24 ''		10	**Green**	**A**

Source of information: Zambia Demographic Health Survey, 2001-2002, Central Statistical Office (2002), Lusaka, pg 167.

Summary Comments

It has been recommended that children are supposed to be breastfed for a period of 24 months or beyond. Zambia is doing exceptionally well in terms of median duration of breastfeeding. Most of the children were breastfed for a period of 21 months in 2002 showing a slight increase from the 20 months as reported in 1996 (CSO, 2003). There is need for the Ministry of Health to ensure that children are breast fed for 24 months or beyond in order to achieve optimal development of infants and young children.

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

Background

Babies should be breastfed exclusively for first 6 months of age and they need not be given any other fluids, fresh or tinned milk formulas as this would cause more harm to babies and replace precious breast milk. Similarly after six months babies should ideally receive mother's milk plus solid complementary foods. If a baby cannot be fed the breast milk from its mother's breast, it should be fed with a cup. (If unable to swallow, breast milk can be provided by means of an infant feeding tube.) After 6 months of age, any liquids given should be fed by cup, rather than by bottle. Feeding bottles with artificial nipples and pacifiers (teats or dummies) may cause 'nipple confusion' and infants may refuse the breast after their use. Feeding bottles are more difficult to keep clean than cups and the ingestion of pathogens can lead to illness and even death. Pacifiers also can easily become contaminated and cause illness.

Figure 4: Bottle Feeding

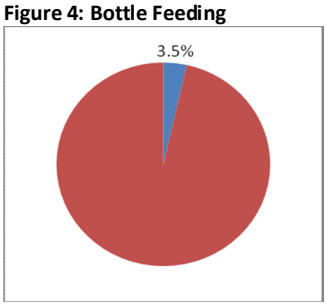


Table 7: Finding and Guideline for Bottle Feeding

Indicator 4	**WHO's** Key to rating	**Existing Situation %**	**IBFAN Asia Guideline for WBTi**		
		✓ ***Check any one***	**Scores**	**Colour-rating**	**Grading**
Bottle Feeding (<6 months)	30-100%		3	**Red**	**D**
	5-29%		6	**Yellow**	**C**
	3-4%	3.5%	9	**Blue**	**B**
	0-2%		10	**Green**	**A**

Source: *Zambia Demographic Health Survey, 2001-2002, Central Statistical Office (2002), Lusaka, pg 166*

Summary Comments

The use of a feeding bottle with a nipple is discouraged in Zambia regardless of the contents (formula or any other liquid). Feeding bottles require a lot of attention in terms of hygiene and handling. As a result of inadequate and insufficient cleaning and ease of recontamination after cleaning, the nipple may house disease-causing agents transferable to the baby and also cause nipple confusion. Only 3.5% of the children use a bottle with a nipple. These results show that

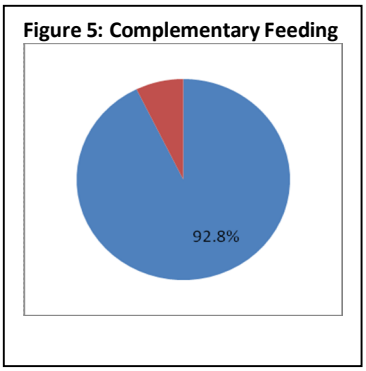
her reducing the number of children who use a bottle with
rom 4% in 1996 (CSO, 2003).

ding

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

Background

As babies grow continuously they need additional nutrition along with continued breastfeeding after they are 6 months of age. Complementary feeding should begin with locally available, affordable and sustainable indigenous foods. Babies should be offered soft or mashed foods in small quantities, 3-5 times a day. Complementary feeding should gradually increase in amount and frequency as the baby grows. Breastfeeding on demand should continue for 2 years or beyond. Complementary feeding is also important from the care point of view: the caregiver should continuously interact with the baby and take care of hygiene to keep it safe.



The indicator proposed measures only whether complementary foods are provided in a timely manner, after 6 months of age along with breastfeeding. Complementary feeds should also be adequate, safe and appropriately fed, but indicators for these criteria are not included because data on these aspects of complementary feeding are not yet available in many countries. It is useful to know the median age for introduction of complementary foods, what percentage of babies are not breastfeeding at 6-9 months and also how many non-breastfeeding babies are receiving replacement foods in a timely manner. These figures can help in determining whether it is important to promote longer breastfeeding and/or later or earlier introduction of complementary foods. This information should be noted, if available, although it is not scored. It is also possible to generate more information as additional and help guide local program.

Table 8: Finding and Guideline for Complementary Feeding

Indicator 5	**WHO's Key** to rating %	**Existing Situation %**	**IBFAN Asia Guideline for WBTi**		
		✓ ***Check any one***	***Scores***	***Colour-rating***	***Grading***
Complementary Feeding (6-9 months)	0-59		3	**Red**	D
	60-79		6	**Yellow**	C
	80-94	92.8%	9	**Blue**	B
	95-100		10	**Green**	A

raphic Health Survey, 2001-2002, Central Statistical Office

Summary Comments

In Zambia there seems to be a slight reduction in the number of infants aged 6 to 9 months who are given complementary foods in addition to breast milk from 94% in 1996 to 93 % in 2001/02 (CSO, 2003). These results are encouraging indicating a high degree of the country's compliance to the national recommendations.

Trends in Infant feeding practices

Table 9: Indicators 1-5: Trends in Infant feeding practices

Indicator	ZDHS 1996 Before WBTi	ZDHS 2001-2 Baseline WBTi
1. Percentage of babies breastfed within one hour of birth	58%	51%
2. Percentage of babies of 0<6 months of age exclusively breastfed in the last 24 hours	26%	41%
3. Babies are breastfed for a median duration of how many months	20 months	21 months
4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles	4%	3.5%
5. Percentage of breastfed babies receiving complementary foods at 6-9 months of age	94%	93%

mmes

nes. In fact it is a comprehensive study of the back end support to achieve indicators 1-5.

The description of indicators 6-15 again begins with a key question and its background. It is followed by a result that is given in the table format and depicts 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 WBT guidelines. Each indicator has a maximum score of ten. There are some subset of questions that are of subjective nature and have been answered using available information and consensus among the core group.

Achievement is given a tick in the Results column. Rest is a deficit except in indicator 8 in which it is progressive in nature. Total score of each indicator is given at the end of the table. Next is the areas where gaps have been found and recommendations to bridge these gaps developed in discussion with the national groups.

Sources of these findings are provided together at the end of Part-II.

Summary comments in the end provide other relevant information and progress on these indicators.

In Part II 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 a country is doing in a particular area. Each question has possible score of 0-3 and the indicator has a maximum score of 10. Once information about the indicators is entered, the achievement on the particular target indicator is then rated and graded i.e. Red or grade 'D', Yellow or grade 'C', Blue or grade 'B' and Green or grade 'A'. After the tool kit provides the scores, it uses following guidelines for rating.

Table 10: IBFAN Asia Guidelines for WBTI

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

gramme 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 supported by a government programme? Is there a mechanism to coordinate like National Infant and Young Child Feeding Committee and Coordinator?

Background

The *Innocenti Declaration* was adopted in 1990. It recommended that all governments have national breastfeeding committees and coordinators as established mechanisms to protect, promote and support breastfeeding in the country. The World Summit for Children (2000) recommended all governments to develop national breastfeeding policies. The *Global Strategy for Infant and Young Child Feeding* calls for urgent action from all member states to develop, implement, monitor and evaluate a comprehensive policy on IYCF. The table given below depicts the existing situation in Zambia on National Policy, Programme and Coordination.

Table 11: Findings for Indicator 6: National Policy, Programme and Coordination

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	✓
Total Score	**9/ 10**	

es of the national steering committee and subcommittees National IYCF coordinating committee, National Food and Nutrition Policy and implementation Plan, Infant and Young Child Feeding Operational Strategy, National Coordinator job profile and pictures of the meetings.

Gaps:

1. The country does not have adequate funding sources for the implementation of IYCF program.
2. Weak coordination of IYCF activities between provincial and district levels.
3. Inadequate incorporation of IYCF activities in other sectors' annual plans

Recommendations:

1. More funds should be mobilised targeted for IYCF program
2. Coordination should be strengthened at provincial and district levels.
3. More sectoral participation in IYCF programme should be encouraged.
4. Other sectors (e.g., Ministry of Agriculture and Cooperatives, Ministry of Community Development and Social Services, Ministry of Labour etc) should incorporate IYCF in their annual plans as indicated in the IYCF Operational Strategy therefore; more advocacy is required for this to happen.

Summary Comments:

Zambia enshrined IYCF in the National Food and Nutrition Policy and its Implementation plan. MOH and NFNC have included IYCF activities in their actions but sectors such as agricultural and community development have not adequately done so. In addition, the IYCF operational strategy provides further guidance on the implementation of IYCF programmes. Policy guidance is also given on IYCF through 'Ten Steps to successful breastfeeding' protocols and Recommendations for IYCF in the context of HIV (2007) etc. However, there is need to source for funding to ensure that the implementation of the policy and operational strategy is a success.

There is a co-ordination mechanism for the National IYCF programme which includes multi sectoral coordinating committee established in 2007. However, coordination at provincial, district and health facility levels is weak due to lack of well defined IYCF committees. Issues of infant and young child feeding are discussed only if need arises through the PDCC and DDCC which are committees that coordinate sectoral activities at that level. In such meetings issues of IYCF may not stay at the top of the agenda thus suffer poor implementation.

tal 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?

Background:

The *Innocenti Declaration* calls for all maternity services to fully practise all the *Ten Steps to Successful Breastfeeding* set out in *Protecting, promoting and supporting breastfeeding: the special role of maternity services, a Joint WHO/UNICEF Statement.* UNICEF's 1999 Progress Report on BFHI lists the total number of hospitals/maternity facilities in each country and the total number designated "Baby Friendly". According to the Step 2 of ten steps, all staff in maternity services should be trained in lactation management. UNICEF and WHO recommend that all staff should receive at least 18 hours of training and that higher level of training is more desirable. Several countries initiated action on BFHI; however, progress made so far has been in numbers mostly and reports suggest that fall back happens if the skills of health workers are not sufficiently enhanced. The *Global Strategy for Infant and Young Child Feeding* indicates that revitalization of BFHI is necessary and its assessment is also carried out periodically to sustain this programme and contribute to increase in exclusive breastfeeding.

The indicator focuses on both quantitative and qualitative aspects. It looks at the percentage of hospitals and maternity facilities designated baby friendly and also at the programme quality, e.g., skilled training inputs in BFHI, which is key to sustaining it, and how it is monitored and evaluated.

The tables given below depict the existing situation in Zambia on BFHI

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?

Table 12A: BFHI Findings and scoring

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

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

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

Table 12B: BFHI Findings

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

Qualitative

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

Table 12C: BFHI Findings and Scoring

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	✓
Total Score	**2.5/2.5**	
Total Score 7A, 7B and 7C	**4.5/10**	

Information and Sources Used: Ministry of Health Performance of Assessment Tools (for district, hospital and health centre levels (7.4). IYCF Counselling Course training manuals for Zambia and follow up (7.3, 7.4). WHO tools being used for assessments in Zambia (7.5). Ministry of Health Plan-2008, and IYCF Operational Strategy (7.6). IYCF Strategy on targets, page 10 (7.7)

ial levels (MOH) is inadequate and this leads to slow pace of scaling up trainings, follow ups and assessments.

2. The program has mostly targeted the public sector and not much of the private sector.
3. The numbers of health workers trained to carry out the BFHI activities are by far inadequate to facilitate the quick expansion of the BFHI program.

Recommendations:

1. One more person at Ministry of Health level should be employed to coordinate the BFHI assessments so that scaling up is hastened. MOH/NFNC should lobby to partners to support with a consultant at least at national level while the process of changing the establishment to have more than one person is also being considered though takes longer.
2. More assessors should be trained at provincial level to facilitate quick expansion of the BFHI programs. Districts or health facilities need not rely only on national assessors who may not be enough or have enough time to provide assistance to districts when called upon.
3. BFHI should be scaled up to private sector. The private sector also needs to be targeted for BFHI trainings and assessments to ensure expansion of service to all classes of people.
4. More partners needs to be co-opted to increase funding.
5. Ministry of Health should strengthen the M & E system to collect all key information on periodical basis on BFHI program that cannot be collected routinely or is not available through national surveys such as DHS.
6. A system for analysing self appraisals and external assessment data that comes from health facilities should be developed. This should be based at Ministry of health headquarters

Summary Comments:

Breastfeeding is key to the survival, growth and development of children. BFHI provides an opportunity for a best start in life by promoting, protecting and supporting breastfeeding from birth. Zambia has made some progress on BFHI activities. A team of 15 assessors have been trained on the revised BFHI materials. These are expected to carry out external assessments of health facilities leading them to being declared baby friendly. In addition to this, it has adopted not only the 10 steps but also the additional 3 components on the code, HIV and infant feeding and mother friendly care. These have been printed as wall protocols on BFHI and distributed to public health facilities. Furthermore, self appraisals have been conducted for over 50 health facilities. The number is growing because the IYCF Counselling course which is being scaled up has incorporated BFHI including self appraisal process. This implies that with each training conducted, more people are trained in self appraisals and given time within which to conduct it at their facility. However, external assessments have not been carried out since 1990s to ascertain BFHI implementation.

een incorporated in several tools and packages such as the MTCT package, NFNC Monitoring and Evaluation System indicators (pg 26-28), Food and Nutrition Policy (pg 35) Food and Nutrition policy implementation plan (page 5 & 35), IYCF Operational Strategy (pg 10,11,13, 14, 24-28) and Fifth National Development Plan (NDP) (pg 168).

Owing to the fact that the 46 health facilities were declared baby friendly in the 1990s it was rather difficult to establish the current status quo regarding staff still practicing BFHI principles.

the International Code

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

Background:

The *"Innocenti Declaration"* calls for all governments to take action to implement all the articles of the *International Code of Marketing of Breast milk Substitutes* and the subsequent World Health Assembly resolutions. The aim of the Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breast milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution. The "State of the Code by Country" by the International Code Documentation Centre (ICDC) on countries' progress in implementing the Code provides sufficient information on the action taken.

Nations are supposed to enact legislation as a follow-up to this. Several relevant subsequent World Health Assembly resolutions, which strengthen the *International Code of Marketing of Breast milk Substitutes* have been adopted since then and have the same status as the Code and should also be considered. The *Global Strategy for Infant and Young Child Feeding* calls for heightened action on this target. According to WHO, 162 out of 191 Member States have taken action to give effect to the Code, but the ICDC report brings out the fact that only 32 countries have so far brought national legislation that fully covers the Code. The ICDC uses criteria to evaluate the type of action.

The Code has been reaffirmed by the World Health Assembly several times while undertaking resolutions regarding various issues related with infant and young child feeding.

The table given below depicts the existing situation in Zambia on Implementation of the International Code.

Table 13: International Code Findings and Scoring

Criteria	Scoring	Results
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	4	

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	
Total Score:	**8/10**	

Information and Sources Used: Food and Drugs, Marketing of Breast milk Substitutes, 2006 Regulations

Gaps:

The legislation is not yet actively enforced. This is because the enforcer's manual has not yet been developed.

Recommendations:

Ministry of Health should hasten the development of the enforcer's manual and ensure that the law is fully enforced.

Summary Comments:

Zambia is one of the few countries in Africa that has legislation that regulates the marketing of breast milk substitutes. Orientation meetings for government officials at National level and the enforcers at provincial level have been held. Components of the legislation have been integrated in PMTCT package, IYCF Counselling Course, Performance Assessment tools and the revised recommendations for the IYCF in the context of HIV. However, the code monitoring conducted in 2006 indicated that there are several violations that need to be addressed. Development of enforcers' manual, training of law enforcers, sensitizing manufacturers, wholesalers, retailers and health workers and vigorous enforcement of the law is key for effective implementation.

n

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

Background:

The *Innocenti Declarations* (1999, 2005) and WHO Global Strategy for IYCF (2002) call for provision of imaginative legislation to protect the breastfeeding rights of working women and further monitoring of its application consistent with *ILO Maternity Protection Convention No 183*, 2000 (MPC No. 183) and Recommendation 191. MPC No. 183 specifies that women workers should receive:

- Health protection, job protection and non-discrimination for pregnant and breastfeeding workers
- At least 14 weeks of paid maternity leave
- One or more paid breastfeeding breaks daily or daily reduction of hours of work to breastfeed

Furthermore, Recommendation 191 encourages facilities for breastfeeding to be set up at or near the workplace.

The concept of maternity protection involves 7 aspects: 1) the scope (in terms of who is covered); 2) leave (length; when it is taken, before or after giving birth; compulsory leave); the amount of paid leave and by whom it is paid – employer or government; 3) cash and medical benefits; 4) breastfeeding breaks; 5) breastfeeding facilities; 6) health protection for the pregnant and lactating woman and her baby; 7) employment protection and non-discrimination.

Only a limited number of countries have ratified C183, but quite a few countries have ratified C103 and/or have national legislation and practices which are stronger than the provisions of any of the ILO Conventions.

Maternity protection for all women implies that women working in the informal economy should also be protected. *Innocenti Declaration 2005* calls for urgent attention to the special needs of women in the non-formal sector.

Adequate maternity protection also recognizes the father's role in nurturing and thus the need for paternity leave.

The table below depicts the existing situation in Zambia on Maternity Protection.

s and Scoring

	Score	Results
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 17weeks	1	
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 pregnant and breastfeeding workers and the	0.5	

formed about 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	
Total Score:	**3.5/10**	

Information and Sources Used: Employment Act CAP 268 (9.1), Statutory Instrument 56 and 57 of 2006 (9.6), Condition of service (9.7), Industrial and Labour Act CAP 269 (9.10)

Gaps:

None ratification and enactment of ILO Maternity Convention 183. This entails that most of the issues being asked have not been addressed as they are contained in the same convention.

Recommendations:

Social partners need to be consulted on the issue of maternity protection. NFNC through the MOH should write to MLSS requesting them to include the ratification of the convention 183 on the agenda for the tripartite meetings

Summary Comments:

Zambia has two laws that cover paid maternity leave. These are the Employment Act CAP 268 and Statutory Instruments (SI) number 56 and 57. The Employment Act allow 90 days maternity leave for all workers in the formal employment while the SI provides for 120 days paid maternity leave for the vulnerable who have no collective agreement or are not unionised. There is no law on breastfeeding breaks unless when the child is sick neither is there a law on work site accommodation for breastfeeding and/or childcare in work places in the formal sector.

In Zambia women in the informal /unorganised sector and agriculture are in some way accorded better protective measures than the women working in the formal sector. They are privileged to have 120 days paid maternity leave compared to 90 days for formal sector. However, not much information about the law has been made available to workers. A few documentaries have been

ons to institutions, labour officers also sensitize worker in aw provisions.

Concerning monitoring compliance and a channel for complaining workers, the MLSS carry out inspections to institutions to find out how they are implementing the law. A worker has a right to complain through MLSS which calls for round table discussions with employers.

Regarding paternity leave, men are entitled to 3 days paternity leave which is available in the conditions of service for public service workers but not as law. Some private sectors offer paternity leave while others do not because it is not yet compulsory.

There is no legislation to protect pregnant and breastfeeding workers in general. However, it is available for the mine workers through the mines Act. Legislation prohibiting employment discrimination is also available under the Industrial and Labour Act CAP 269.

Zambia has not ratified the ILO maternity protection 183 of 2000 which contains most of the issues under question. However, a few issues such as maternity protection for vulnerable and paternity leave have been addressed.

on 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?

Background:

The *Global Strategy for Infant and Young Child Feeding* indicates clearly how to achieve its targets and improving these services is critical. It has been documented that curriculum of health care providers is weak on this issue. It is also seen that many of these health and nutrition workers lack adequate skills in counselling for infant and young child feeding which is essential for the success of breastfeeding.

Ideally, new graduates of health care provider programmes should be able to promote optimal infant and young child feeding practices from the outset of their careers. All providers who interact with mothers and their young children should attain the basic attitudes, knowledge and skills necessary to integrate breastfeeding counselling, lactation management, and infant and young child feeding into their care. The topics can be integrated at various levels during education and on-job training. Therefore all the training programmes should be reviewed to assess this.

The table given below depicts the existing situation in Zambia on Health and Nutrition Care System.

Table 15: Health and Nutrition Care System Findings and Scoring

Criteria	Results		
	Adequate	Inadequate	No Reference
10.1) A review of health provider schools and pre-service education programmes in the country[2] 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
	✓		

2 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.

g programmes d to infant and young child feeding for relevant health/nutrition care providers.[3]	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.[4]	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
	✓		
Total Score:	**7.5/10**		

Information and Sources Used: PMTCT training package in participant manual, The TEN Steps Posters (10.2, 10.7), Integrated Technical Guidelines front for frontline workers (chapters on well child, sick child and Reproductive Health), Food Science and Technology curriculum, Enrolled Nurse Curriculum, Environmental Health Curricula for Chainama and Evelyn Hone colleges, Registered Nursing Curriculum and Food and Nutrition Curriculum.

Gaps

1. The IYCF component in the curricula for pre-service training in various institutions is weak. Even those that have some infant and young child feeding aspects in their curricula, in most cases IYCF is not taught as indicated by interviews with students.
2. The training officers in training institutions have inadequate knowledge and skills in IYCF to allow them to effectively train students on IYCF.
3. Inadequate funding to scale up IYCF training to all in-service providers.
4. High staff turnover due to attrition.

3 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.

4 Training programmes can be considered to be provided ñthroughout the countryò if there is at least one training programme in each region or province or similar jurisdiction.

nutritionist, nurses, medical doctors and environmental health officers should be reviewed and strengthened.

2. Training officers in training institutions related to nutrition, medicine, nursing, and others should receive training in IYCF so that they are motivated to include issues of infant feeding in their curricula and be able to teach it effectively.
3. The Ministry of Health and cooperating partners such as UNICEF, Infant and Young Child Nutrition Project should consider subcontracting a training institution or organisation to offer IYCF Counselling Course to service providers in order to hasten the scaling up of the IYCF program implementation.
4. The is need for the Ministry of Health and National Food and Nutrition Commission to advocate for more resources for scaling up of the IYCF program implementation.

Summary Comments

Generally, IYCF is not adequately covered in pre-service training for doctors, nutritionists, nurses, clinical officers and Environmental Health Officers. This has negative impact considering that health workers have a critical role to play in ensuring that early initiation and exclusive breastfeeding as well as optimal complementary feeding is practiced**.** Therefore, there is need to actively take significant steps to strengthen IYCF in pre-service training for specific cadres.

The Integrated IYCF Counselling Course offers opportunity to provide knowledge and skills service for both pre-service and in-service. This should be incorporated in pre-service curricula. Furthermore, the scale up of this course should be hastened for those that are in- service. This will facilitate implementation of IYCF components including the areas related to the code.

In addition, IYCF related content and skills have also been integrated, as appropriate, into training programmes focusing on relevant topics in IMCI, PMTCT and Reproductive Health. Scaling up these training entails more service providers being equipped with knowledge and skills on IYCF.

nd 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?

Background:

Community-based support for women is essential for succeeding in optimal breastfeeding practices. Step 10 of BFHI and the Global Strategy for IYCF, which includes mother support and peer support, recognizes this need. Mother Support, as defined by the Global Initiative for Mother Support (GIMS) is

> *"any support provided to mothers for the purpose of improving breastfeeding practices for both mother and infant and young child." Women need the support of evidence-based public health policies, health providers, employers, friends, family, the community, and particularly of other women and mothers*.

Mother support is often seen as woman-to-woman (or more commonly known as mother-to-mother) but generally covers accurate and timely information to help a woman build confidence; sound recommendations based on up-to-date research; compassionate care before, during and after childbirth; empathy and active listening, hands-on assistance and practical guidance. It also includes support and counselling by health professionals and health care workers. Various community outreach services can also support women in optimal IYCF.

The activities in these contexts include woman-to-woman support, individual or group counselling, home visits or other locally relevant support measures and activities that ensure that women have access to adequate, supportive and respectful information, assistance and counselling services on infant and young child feeding. Mother support enhanced by community outreach or community-based support has been found to be useful in all settings to ensure exclusive breastfeeding for the first six months and continued breastfeeding with appropriate and local complementary foods for 2 years or more. There needs to be a review and evaluation of existing community support systems, especially for the provision of counselling in infant and young child feeding. Women who deliver in a health facility need continued support in the home and in the community, with support from all members of the family, including the father and grandmother of the baby.

In the 1990s, several mother support groups emerged in Zambia. This was a success as most mothers had increased access to support services. However, with the dwindling of BFHI in the late 1990s and most of the first half of the 2000s mother support systems weakened. This was both in the community and work places.

situation in Zambia on Mother Support and Community

Table 16: Mother Support Finding and Scoring

Criteria	Results		
	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-sectorial and intra-sectorial.	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
		✓	
Total Score:	**8/10**		

Information and Sources Used: IYCF Operational Strategy (11.4), Integrated Technical Guidelines for Frontline workers section on the well child, sick child and reproductive health (11.1, 11.2, and 11.3), CBGMP, CIMCI, PMTCT Community package (11.5).

Gaps:

1. **S**caling up of the community support systems has not reached full capacity
2. There is no standardised training package for IYCF to be used by various sectors. The reason being that the integrated community Infant and Young Child Feeding training package is just being developed.
3. Some mother support groups are not trained while those trained were trained a long time ago in the 1990s.
4. Work place mother support is weak
5. Some community training packages have inadequate information on IYCF.
6. Comprehensive documentation on mother support systems has not been done in the last 10 years.

aining more community volunteers in different sector to provide appropriate support to mother and increase awareness.

- Need to offer refresher courses to already trained community volunteers to keep them updated with latest information and also to motivate them to continue in the program.
- Get more partners in community training and other support e.g. follow ups, provision of supplies, exchange visits etc.
- Hasten the finalisation of CIYCF training package
- There is need to strengthen the IYCF component in various community training package such as community based monitoring and promotion, Community Integrated Management of Childhood Disease (CIMCI)
- There is need for comprehensive documentation of best practices at community level to facilitate sharing of lessons learnt

Summary Comments:

Strong community support systems existed in Zambia in the 1990s. This success was closely linked with advances recorded in the implementation of BFHI in the country. Currently, progress has been made to integrate IYCF in various training packages for community volunteers e.g. for Community IMCI, Community Based Growth Monitoring and Promotion (CBGMP), Community PMTCT etc. However, more needs to be done to ensure that mothers have access to appropriate support. This should include not only community initiatives but also those that target the work place. In addition, the finalisation of the IYCF package for the community will ensure that various sectors such as agriculture and community development have access to standardised training package. Documentation of best practices is also vital in order enhance the sharing of lessons learned. Zambia already has partnerships which could harness the available resources to strengthen community support. Some of the organisations that can collaborate with the government in this pursuit include, IYCN/PATH Project, Breastfeeding Association of Zambia (BAZ), IBFAN, UNICEF etc.

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

Background:

Information, education and communication (IEC) strategies are critical aspects of a comprehensive programme to improve infant and young child feeding practices. IEC approaches may include the use of electronic (TV, radio, video), print (posters, counselling cards, flip charts, manuals, newspapers, magazines) media, interpersonal (counselling, group education, support groups) and community activities to communicate important information and motivational material to mothers, families and the community.

Behaviour change is an important strategy, often used in counselling sessions, home visits, action-oriented group discussions and dramas focused on problem solving. IEC strategies are comprehensive when they use a wide variety of media and channels to convey concise, consistent, appropriate, action-oriented messages to targeted audiences at national, facility, community and family levels. The table below depicts the existing situation in Zambia on Information Support.

Table 17: Information Support

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
		✓	

programme[5] using vities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months.	2 ✓	1	0
Total Score:	**8/10**		

Information and Sources Used: World Breastfeeding Week Reports, Child Health Week Report, Child Health Week Manual (12.2), PMTCT Participant's Manual, Integrated Technical Guidelines, IYCF ten key Messages (12.3),

Gaps:

1. A comprehensive IEC strategy on infant and young child feeding has not been finalised. However, the process is underway.
2. Due to the revision of recommendations that occurred in 2007 some communities or institutions may still be using uncorrected materials and information.
3. Some institutions develop and produce their own IEC materials without clearance from the Food and Nutrition Commission as authority. This sometimes leads to incorrect messages being passed on.

Recommendations:

1. The National Food and Nutrition Commission should finalise the Infant and Young Child Feeding comprehensive IEC strategy development which was started in February 2006.
2. Non-government institutions and other relevant stakeholders should be oriented on the revised IYCF recommendations.
3. A system should be put up where any institutions producing IEC materials on IYCF should get approval from NFNC.

Summary Comments:

Information support is one of the strategic areas in the IYCF Operational Strategy. There is a subcommittee under the National IYCF Co-ordinating Committee that focuses on information and communication. Efforts have been made to develop a national IEC strategy for IYCF as part of national nutrition communication strategy. However, progress stalled owing to a number of reasons. There is in place IEC programmes implementation that includes IYCF at local level. To this extent various IEC programme activities addressing various aspects are being implemented. Specifically these include the annual world breastfeeding week, biannual child health week and the Nutriscan weekly programme. For these programmes, copies of posters, T-shirts, leaflets and TV/radio programmes including in local languages are available. Generally there is wide dissemination of materials. Equally important, is the fact that some NGOs produce their own

[5] An IEC campaign or programme is considered ñnationalò 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).

sistency in the messages going out to different sectors of

Individual counselling service is provided especially for HIV positive clients. However, individual counselling presents challenges in terms of staff shortage resulting in inadequate time. The solution often lies in utilising community volunteers but again this presents challenges of high staff turnover because of inadequate incentives. This calls for frequent training.

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?

Background:

The Global Strategy for IYCF highlights the importance of correct policy and programme work in this area for achieving the targets. The UN Framework for priority action on infant feeding and HIV activities lists:

1. Develop or revise (as appropriate) a comprehensive national infant and young child feeding policy, which includes HIV and infant feeding.
2. Implement and enforce the International Code of Marketing of Breast milk Substitutes and subsequent relevant WHA resolutions
3. Intensify efforts to protect, promote and support appropriate infant and young child feeding practices in general, while recognizing HIV as one of a number of exceptionally difficult circumstances.
4. Provide adequate support to HIV-positive women to enable them to select the best feeding option for themselves and their babies, and to successfully carry out their infant feeding decisions.
5. Support research on HIV and infant feeding, including operational research, learning, monitoring and evaluation at all levels, and disseminate findings.

The risk of HIV transmission through breastfeeding presents policy makers, infant feeding counsellors and mothers with a difficult dilemma. They must balance the risk of death due to artificial feeding with the risk of HIV transmission through breastfeeding. These risks are dependent on the age of the infant and household conditions and are not precisely known. Other factors must be considered at the same time, such as the risk of stigmatization (e.g. if not breastfeeding may signal the mother's HIV status), the financial costs of replacement feeding[6] and the risk of becoming pregnant again. Policies and programmes to meet this challenge should provide access to HIV voluntary and confidential counselling and testing (VCCT) and, for HIV-positive mothers, counselling and support for the chosen method of feeding, such as safe exclusive breastfeeding or exclusive artificial feeding. Safeguards should be in place to protect, promote and support breastfeeding in the rest of the population.

The table given below depicts the existing situation in Zambia on HIV and Infant Feeding.

[6] Feeding infants who are receiving no breastmilk with a diet that provides all the nutrients they need until the age at which they can be fully fed on family foods. During the first 6 months of life, replacement feeding should be with a suitable breastmilk substitute. After 6 months the suitable breastmilk substitute should be complemented with other foods

gs and Scoring

	Results		
	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
	✓		
Total Score:	**9/10**		

l Food and Nutrition Policy(131), IYCF Operational strategy ting of Breast milk Substitute 2006 Regulations (13.2), Recommendations for infant and young child feeding in the context of HIV for Zambia – 2007 (13.2), PMTCT training package, IYCF course materials, CBGMP course materials (13.3), Opt out policy in Zambia – PMTCT Protocols guidelines, Recommendations for infant and young child feeding in the context of HIV for Zambia – 2007 – pg 3 (13.4, 13.5), IYCF information on antenatal and children's card provide better opportunity (13.6), Recommendations for infant and young child feeding in the context of HIV for Zambia (2007), IYCF counselling training packages, Revitalisation of BFHI Report, Code sensitisation and monitoring Report, Food and Drugs, Marketing of Breast milk Substitute 2006 Regulations (13.7) BFHI Poster, IYCF Course Training Material, Self appraisals (13.9)

Gaps:

1. Although service providers 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, the number of staff trained is still inadequate given the extent of the problem.
2. Although opt out service (A service where HIV testing is part of the routine antenatal services that are provided) is available routinely, few male partners turn up for counselling.
3. Because of inadequate staffing at facility level, sometimes mothers are not provided with adequate follow up counselling care and support.
4. The on going national monitoring system to determine the effects of interventions to prevent HIV transmission through breastfeeding and overall health outcomes for mothers and infants is weak.

Recommendations:

1. Although trainings (IYCF Counselling course, PMTCT trainings, and IMCI trainings) are offered, they are not adequate. The Ministry of Health should train more service providers.
2. The Ministry of health should address low turn up of male partners for counselling to ensure that they come with female partners through health campaigns and other sensitization means
3. The Ministry of Health should devise a mechanism to improve follow up of HIV positive mothers and their infants. It should consider involving the community while giving them incentives.
4. The existing monitoring system to determine the effects of interventions to prevent HIV transmission through breastfeeding and overall health outcomes for mothers and infants should be strengthened.

ional Food and Nutrition Policy that would address all nutrition issues including infant and young feeding in the context of HIV. From the policy measures included in the policy and its implementation plan, an Infant and Young Child Feeding Operational Strategy was developed to provide further guidance on the implementation of IYCF activities.

Zambia has adopted the opt - out policy. This means that HIV testing is routinely provided to antenatal clients. Some mothers are not provided with further counselling and follow up support due to inadequate staff and training is still being scaled up. However, IYCF information on antenatal card and revised children's card provide opportunity for service providers to follow up mothers on infant feeding issues.

Regarding countering misinformation on HIV and infant feeding, Zambia has revised recommendations for infant and young child feeding in the context of HIV (2007). These have been disseminated to service providers and collaborating partners to help promote optimal IYCF.

Ongoing monitoring is in place e.g. PMTCT program has scheduled testing for infant and young children starting from 6 weeks to check their progress. However, this requires strengthening to encompass adequate IYCF follow up.

ing 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?

Background:

Infants and young children are among the most vulnerable groups in emergencies. Interruption of breastfeeding and inappropriate complementary feeding increase the risks of malnutrition, illness and mortality. In emergency and relief situations the responsibility for protecting, promoting and supporting optimal infant and young child feeding practices and minimizing harmful practices should be shared by the emergency-affected host country and responding agencies. Concise Operational guidance on how to ensure appropriate feeding in emergency situations and comply with international emergency standards has been developed by interagency Infant Feeding in Emergencies Core Group. Practical details on how to implement the guidance are included in companion training materials, also developed through interagency collaboration. The table given below depicts the existing situation in Zambia on IYCF during Emergencies.

Table 19: Infant Feeding during Emergencies Findings and Scoring

Criteria	**Results** ✓ *Check that apply*		
	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
			✓
Total Score:	**4/10**		

al Food and Nutrition Policy, National Food and Nutrition Profile for Infant and Young Child Coordinator (14.2), IYCF Operational Strategy, Essential Nutrition Action (14.3)

Gaps:

1. The national IYCF coordinator is tasked to oversee all the infant and young child feeding activities leading to work overload.
2. Inadequate knowledge and skills at various levels on dealing with IYCF in emergencies (especially in the lead institutions).
3. Zambia does not have standardised IYCF training materials for use in emergencies.
4. There are no funds mobilised specifically to deal with IYCF in emergencies.
5. Content on infant and young child feeding in emergencies have not been integrated into relevant pre-service and in-service training.

Recommendations:

1. More staff should be assigned to deal with IYCF in emergencies
2. Capacity of staff and institutions should be built to deal with IYCF in emergencies
3. Mobilising more resources to deal with IYCF in emergencies should be a priority for the Ministry of Health and National Food and Nutrition Commission to ensure that disasters are dealt with minimal losses of life especially of children.
4. Global training packages on emergencies should be adapted to the Zambian situation.

Summary Comments

Issues of IYCF in emergencies are elaborated in various documents including the National Food and Nutrition Policy, the National Food and Nutrition Policy implementation plan as well as the IYCF Operational Strategy. A national coordinator is responsible for IYCF. Generally, IYCF in emergency situations has been a weak area of operation. The Disaster Management and Mitigation Unit (DMMU) under the Office of the Vice President is responsible for the national emergency plan. However, issues of IYCF are not adequately addressed and guidelines should be developed to this extent. The operational strategy has a comprehensive strategic area addressing IYCF in difficult situations of which emergencies are part. To this extent there is urgent need to review and redress the national emergency plan, especially given the extent and frequency of emergencies in the recent past. During disasters and emergencies there is usually flooding of food aid which often may not be appropriate for infants and young children.

aluation

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

Background:

Monitoring and evaluation (M & E) components should be built into all major infant and young child feeding programme activities and collection of data concerning feeding practices integrated into national nutritional surveillance and health monitoring systems or surveys. Monitoring or management information system data should be collected systematically and considered by programme managers as part of the planning and management process. When appropriate, both baseline and follow-up data should be collected to measure outcomes. Use of internationally agreed-upon indicators and data collection strategies should be considered, in an effort to increase availability of comparable data.[7] It is important that strategies be devised to help insure that key decision-makers receive important evaluation results and are encouraged to use them.

The table given below depicts the existing situation in Zambia on Monitoring and Evaluation.

Table 20: Monitoring and Evaluation Findings and Scoring

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
		✓	
Total Score:	**8/10**		

[7] See the WHO report on indicators for assessing breastfeeding practices for suggestions concerning breastfeeding indicators and data collection strategies. The WHO is in the process of considering appropriate indicators for measuring complementary feeding practices.

ational Nutrition Surveillance System (NNSS), ZDHS, AC), BFHI, Code Monitoring Report and Annual, Maternity Protection, Revised HMIS Report Format, Annual Food and Nutrition Situation in Zambia

Gaps:

1. Inconsistency in the indicators that are being collected periodically making it difficult to compare results (e.g. ZDHS 2001/2 and ZDHS 2007 data on early initiation of breastfeeding and different interpretation of exclusive breastfeeding for the period under consideration).
2. Incorporation of indicators that are in the IYCF Operation Strategy and National Food and Nutrition Policy Implementation Plan into routine Health Management Information System (HMIS) has proved to be very difficult.
3. IYCF indicators mainly relate to the practice of the mother or the caretaker and not the service provider. Ascertaining the actual practice is a challenge for the monitoring and evaluation system as most data relies on the report given by the mother. This is liable to recall bias. Furthermore, most IYCF indicators require follow up questions in order to establish the actual practice, more time and space in data collection tools.
4. Some targets in the Operational Strategy do not have baseline information e.g. proportion of PMTCT sites providing comprehensive IYCF counselling for HIV positive mothers and the proportion of 1st and 2nd level hospitals with staff trained in management of severe malnutrition.
5. Some indicators in the WBTi i.e. indicator 6 – 15 cannot easily be collected using existing data collection instruments.

Recommendations:

1. IYCF indicators that are collected by key studies such as the ZDHS, LCMS, NNSS, VAC, should be consistent to make results comparable periodically and across documents.
2. The IYCF Operation Strategy and National Food and Nutrition Policy Implementation Plan key indicators should be incorporated in routine Health Management Information System (HMIS).
3. The National Food and Nutrition Commission should categorise indicators in the IYCF Operation Strategy and National Food and Nutrition Policy Implementation Plan into those that can be collected every six months and every two years respectively as part of the National Nutrition Surveillance System. This will ensure that indicators of significance are reported accordingly.
4. The Ministry of Health and National Food and Nutrition Commission should devise standardised ways of how to establish IYCF practices for use in the monitoring and evaluation systems.
5. Baseline surveys for appropriate targets in the IYCF Operational Strategy should be conducted.

Zambia has incorporated IYCF indicators in key surveys such as ZDHS, Vulnerability Assessment (VAC), NNSS, Living Conditions Monitoring system and the Food and Nutrition Monitoring system. However, monitoring and evaluation for IYCF is generally weak. HMIS should incorporate key IYCF indicators being the major established M & E system in the Ministry of Health. In addition, there should be consistency of indicators tracked in periodical surveys for instance ZDHS 2001/2 reported exclusive breastfeeding for 6 months while ZDHS 2007 reported for 5 months making comparison between times difficult. Furthermore, ZDHS 2007 did not report on early initiation of breastfeeding. The National Nutrition Surveillance System should also be expanded to include indicators reflected in the IYCF Operational Strategy. For as long as these issue are not addressed, measuring progress in IYCF remains a challenge, negatively affecting programme decisions. This will require full cooperation of the key stakeholders.

Table 21A: Summary part 1: Infant and young child feeding (IYCF) practices

IYCF Practice	Result	Score
Indicator 1 Starting Breastfeeding (Initiation)	B	9
Indicator 2 Exclusive Breastfeeding for first 6 months	C	6
Indicator 3 Median duration of Breastfeeding	B	9
Indicator 4 Bottle-feeding	B	9
Indicator 5 Complementary Feeding	B	9
Score Part 1 (Total)		**42/50**

Table 21B: Guideline part 1:

Scores (Total) Part-I	Colour-rating	Grading	Existing Situation ✓ *Check that apply*
0 – 15	**Red**	**D**	
16 – 30	**Yellow**	**C**	
31 – 45	**Blue**	**B**	✓
46 – 50	**Green**	**A**	

Table 22A: Summary Part II: IYCF Polices and Programmes

Targets:	Score **(Out of 10)**
1. National Policy, Programme and Coordination	**9**
2. Baby Friendly Hospital Initiative	**4.5**
3. Implementation of the International Code	**8**
4. Maternity Protection	**4**
5. Health and Nutrition Care System	**7.5**
6. Mother Support and Community Outreach	**8**
7. Information Support	**8**
8. Infant Feeding and HIV	**9**
9. Infant Feeding during Emergencies	**4**
10. Monitoring and Evaluation	**8**
Score Part 2 (Total)	**70/100**

feeding policies and programmes (indicators 6-15) are calculated out of 100.

Table 22B: Guideline part 1

Scores	Colour- rating	Grading	Existing Situation ✓ *Check that apply*
0 – 30	Red	D	
31 – 60	Yellow	C	
61 – 90	Blue	B	✓
91 – 100	Green	A	

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.

Table 23: Total of Part I and Part II (indicator 1-15)

Scores	Colour- rating	Grading	Existing Situation ✓ *Check that apply*
0 – 45	Red	D	
46 – 90	Yellow	C	
91 – 135	Blue	B	✓
136 – 150	Green	A	

and the Way Forward

The WBT*i* assessment has revealed both achievements and gaps in IYCF program in Zambia. Zambia has incorporated IYCF in the Fifth National Development Plan (NDP), National Food and Nutrition Policy and its implementation plan, IYCF Operational strategy (2006-2010), Legislation that regulates the marketing of BMS, and legislation on Maternity Protection. Generally the government supports all IYCF program components.

The key quantitative indicators for Zambia are generally satisfactory apart from exclusive breastfeeding for first 6 months which is 41% as reported in ZDHS 2001/2.

The performance in terms of national policy, program and coordination is fairly good. The National Food and Nutrition policy and the implementation plan are in place, promoting optimal infant and young child feeding. The IYCF Operational Strategy (2006-10) further provides a framework for implementation. There is a coordination mechanism in place which includes a multi-sectoral coordinating committee which meets regularly. However inadequate funding is frustrating the efforts in the implementation process.

As for BFHI, 46 health facilities were declared baby friendly in the 1990s and since then no more declarations have been made. Zambia is making efforts to revamp the BFHI component through training of health workers and carrying out health facility self appraisals. So far over 50 health facilities have been appraised during the period 2006 and 2008. In addition BFHI has been incorporated in the Performance Assessment tools as a way of strengthening the monitoring. However, under staffing in the MOH at national and provincial levels affect progress negatively. Furthermore, the private sector has not been targeted and yet they also provide Maternal and Child Health (MCH) services. Although the IYCF Operational Strategy includes the private sector the implementation has not covered the sector.

Since 2006, Zambia has had legislation that regulates the marketing of BMS but has not been adequately enforced. The enforcers' manual needs to be developed to facilitate the process.

Maternity protection is one area that has posed serious challenges in the implementation of IYCF activities. The paid maternity leave duration is not adequate. This is made worse by lack of supporting incentives such as paid breastfeeding breaks and work site accommodation. Paternity leave is only granted in the public sector and there is no legislation providing protection for pregnant and lactating workers. All this is resulting from non ratification and enaction of the ILO MPC No. 183 hence the need for NFNC and MOH to take action.

In the health and nutrition care system, mother friendly child-birth guidelines have been embedded in various packages of maternal and child care. Equally, important is the fact that code

YCF training for in-service health care providers. However, quately addressed in pre- service training institutions for doctors, nutritionists, clinical officers, environmental health officers, nurses and midwives. This entails inadequate service provision in work places. In addition, it is costly to follow them up for short courses when they are in the field.

IYCF has been integrated in various training packages for community volunteers. However, more needs to be done to ensure that mothers in communities and those in the workplace have access to appropriate support. Standardised IYCF training package for the community is being developed for use by various sectors such as health, agriculture and community development. Not much comprehensive best practices documentation has been done to facilitate sharing of lessons learnt and replication where applicable.

With regards to information support, IEC has been included in the IYCF Operational Strategy. Various IEC activities are being implemented. This includes commemoration of World Breastfeeding week, biannual child health week and TV and radio programmes. In addition, various IEC materials for IYCF have been developed and disseminated. Development of the comprehensive IEC strategy has not been finalised.

Infant and young child feeding in the context of HIV has been placed high on the health agenda in Zambia. It has been incorporated in the IYCF framework which also recognises the importance of the code. Revised recommendations for infant and young child feeding in the context of HIV (2007) have been disseminated to help counteract misinformation. Opt out policy had been adopted implying that HIV testing is part of routine antenatal care. Trainings for relevant health workers are underway but have not been scaled up yet.

Infant feeding during emergencies presents a major challenge in Zambia. Although issues of IYCF during emergencies are elaborated in various documents including the National Food and Nutrition policy and its Implementation Plan as well as the IYCF Operational Strategy implementation has not taken place. The Operational Strategy has a strategic area addressing IYCF in difficult situations of which emergencies are part.

IYCF indicators have been included in various periodical surveys and in the Food and Nutrition M & E system. However, there is no comprehensive monitoring system to address all important issues on IYCF. Various sectors need to play their role to ensure that they significantly contribute to the M&E system for better guidance regarding decisions for IYCF in country.

Using the WBT*i* colour code rating, Zambia falls within in the blue category (Grade B). This indicates that there is one more step to attain for the IYCF Programme in Zambia for it to

ival, growth and development. Various government uted to this achievement.

In the next assessment, it is hoped that the country will move into the green category (highest level) to hasten the attainment of the IYCF Operational Strategy targets and the Millennium Development Goals 1, 4, 5 and 6. Recognition is made that this calls for concerted efforts from all key sectors and partners.

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Government of the republic of Zambia.(2006).***Food and Drugs, Marketing of Breast milk Substitutes, 2006 Regulations***

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Ministry of Health. (2006*).* ***National Food and Nutrition Policy***, 1st edition.

Ministry of Health/ National Food and Nutrition Commission (Zambia) .(2006).***Infant and Young Child Feeding Operational Strategy* 2006-2010**

World Health Organisation (2003); *Global Strategy on Infant and Young Child Feeding*.

UNICEF Innocent declaration – 1990; (Flyer)

8.1 Appendix 1: List of documents and Materials Used

A. Documents

1. Annual Report on the National Food and Nutrition Situation in Zambia Report 2006. National Food and Nutrition Commission. 2007
2. BFHI Assessment Tools (used in Zambia), WHO,
3. BFHI Self Appraisal Report. National Food and Nutrition Commission.2006
4. Child Health Week Manual
5. Child Health Week reports, NFNC
6. Code Sensitization and Monitoring Report. National Food and Nutrition Commission.2006
7. Community Based – Growth Monitoring and Promotion Package. Ministry of Health/National Food and Nutrition. 2008
8. Community Based Package, MOH & NFNC
9. Community Integrated Management of Childhood Illnesses. Ministry of Health. 2005
10. Conditions of Service for Civil servants, GRZ
11. Copies of minutes on IYCF co-ordinating committee meetings. 2007-2008
12. Employment Act CAP 268, GRZ
13. Enrolled Nurse Curriculum, General Nursing Council of Zambia
14. Environmental Health Curricula for Chainama College of Health Sciences and Evelyn Hone Colleges
15. Essential Nutrition Action. Ministry of Health. 2008
16. Fifth National Development Plan. Government of the Republic of Zambia. 2006
17. Food and Drugs, Marketing of Breast milk, 2006 Regulations. Government of the Republic of Zambia.
18. Food and Nutrition Curriculum (Draft), Natural Resources Development College.
19. Food Science and Technology curriculum, University of Zambia, School of Agricultural Sciences
20. Health Management Information System. HIA II. Ministry of Health.2008.
21. Industrial and Labour Act CAP 269, GRZ
22. Infant and Young Child Course materials, MOH & NFNC
23. Infant and Young Child Operational Strategy 2006-2010. Ministry of Health /National Food and Nutrition Commission.
24. Integrated IYCF Counselling Course. Ministry of Health and. National Food and Nutrition Commission.2008
25. Integrated Management of Childhood Illnesses. Ministry of Health. 2008
26. Integrated Technical Guidelines for Frontline Workers, MOH,
27. IYCF Ten key Messages; in the IYCF Counselling Training Package, MOH
28. Job profile for National IYCF Co-ordinator
29. Legislation on Maternity protection
30. Maternity Protection Survey. National Food and Nutrition Commission. **2005**
31. Ministry of Health Action Plan -2008, MOH

mplementation. Ministry of Health. 2006
Ministry of Health. 2006
34. National Nutrition Surveillance System Report. National Food and Nutrition Commission. June 2008
35. National Nutrition Surveillance System. Data collection tools. National Food and Nutrition Commission. 2008
36. National Nutrition Surveilllance Reports, NFNC
37. National PMTCT Scale UP. Ministry of Health. 2008
38. Opt out policy in Zambia, MOH
39. Performance Assessment Tools. Ministry of Health. 2008
40. PMTC follow up. Ministry of Health. 2008
41. PMTCT Community Package, MOH,
42. PMTCT Protocol Guidelines. Ministry of Health. 2008
43. PMTCT Training Package. Ministry of Health. 2008
44. Preliminary report. Zambia Demographic Health Survey. Central Statistics Office. 2007
45. Registered Nursing Curriculum, General Nursing Council of Zambia, 2nd Edition, October 2007
46. Revised Recommendations for on IYCF in the context of HIV for Zambia 2007
47. Revitalisation of BFHI report, NFNC
48. Self Appraisals, MOH & NFNC,
49. Statutory Instrument 56 and 57 of 2006, GRZ,
50. Ten Steps to Successful Breastfeeding Wall Protocols. National Food Nutrition Commission. 2008
51. Terms of reference of the National IYCF Co-ordinating Committee. National Food Nutrition Commission. 2007
52. Vulnerability Assessment Committee Reports, DMMU
53. Vulnerability Assessment Data Collection Tools. Disaster Management and Mitigation Unit. 2008
54. World Breastfeeding Week Commemoration Report. National Food and Nutrition Commission, 2008
55. World Breastfeeding Week Commemoration Report. National Food and Nutrition Commission, 2007
56. World Breastfeeding Week Commemoration Report. National Food and Nutrition Commission, 2006
57. World Breastfeeding Week. Your Health Matters. DVD. Ministry of Health/National Food and Nutrition Commission. 2007
58. Zambia Demographic Health Survey. Central Statistics Office. 2001-2

1.0 T/Shirt. World Breastfeeding Week Commemoration. National Food and Nutrition Commission .2008

2.0 Leaflets. Breastfeeding Week Commemoration. National Food and Nutrition Commission .2008

3.0 Code Posters. Breastfeeding Week Commemoration. National Food and Nutrition Commission .2006

4.0 Photos. World Breastfeeding Week Commemoration. National Food and Nutrition Commission .2006

5.0 Photos. IYCF Co-ordinating Committee Meetings. National Food and Nutrition Commission .2008

6.0 Children's Under five Card, MOH

7.0 Antenatal Card, MOH

8.0 BFHI Posters/Wall Protocols

…mination of WHO and WBT*i* Country Assessments Reports

		Responsible
Day 1	**Chair – MOH**	
08.30 - 09.00	Registration and introduction	NFNC
09.00 – 09.15	Official opening	Permanent Secretary (MOH)
09.15 – 09.45	Keynote Statements	WHO, UNICEF, USAID
09.45 – 10.00	Objectives And Expected Outcomes	MOH
10.00 – 10.30	Overview of the National IYCF Operational Strategy Discussion	NFNC
Objective 1: To identify key findings in the IYCF Assessment Reports		
10.30 – 11.00	**Tea break**	
11.00 – 13.00	Presentation of results of Assessment studies 1. Introduction and part 1 (IYCF practices) 2. Part 2 (National IYCF policies and targets) 3. Part 3 (National IYCF program) Assessment Report from World Breastfeeding Trends Initiative	Dr. Bwembya & Mrs. Mbelenga Raider Mugode
13.00 – 14.00	**Lunch**	
14.00 –14.30	Presentation: Review Implementation status of the National IYCF Operational Strategy (looking at the 10 strategic areas) **Discussions**	MOH
14.30 – 16.30	Working Group 1: Key elements of strategy resulting from assessments- Incorporating findings into Action Plans 2009-10	NFNC
16:30-17:00	Presentation of Group work 1	Working Group
Day 2	**Chair: National AIDS Council**	
08:00-09:00	Presentation of Group work 1	Working Group
Objective 2:To develop a detailed action plan 2009-10 which should aim at achieving the objectives in the IYCF Operational Strategy		
O9:00-11:00	Group Work 2: Development of Action Plan 2009-10 (IYCF Operational Strategy)	NFNC
11:00-11:30	**Tea**	
11:30-1300	Group Presentation Plenary session	MOH
13:00-14:00	**Lunch**	
14:00-15:00	Group Presentation Plenary session	MOH
15:00-15:30	**Tea**	
15:15-16:00	Presentation of consolidated AP 2009-2010	MOH
16:00-16:30	Next steps & recommendations	NFNC
16:30-17:30	Closing remarks	MOH

attending the Dissemination Workshop.

	Designation	Institution
1. Anirban chartterjee	Advisor- Nutrition & HIV	UNICEF
2. Charles Sage-Moses	IYCF/Regional Advisor	WHO/AFRO
3. Saba Mebrahtu	Regional Advisor- Nutrition	UNICEF
4. Mary Katepa - Bwalya		WHO
5. Joy Maseke	PMTCT	Centres Disease Control
6. Bwalya B. Bupe	Statistician	NFNC
7. Raider Habulembe Mugode	Nutritionist/Dev Officer	NFNC
8. Gladys C. Kabaghe	Nutritionist	NFNC
9. Margret Mbelenga	Nurse	BAZ/IBFAN
10. Idah Chama Mulenga	Nutritionist	NFNC
11. Grace N. Mwasile	Nutritionist	University Teaching Hospital
12. Grace B. Mushibwe	Program Coordinator	IBFAN/BAZ
13. Easter A.P. Mphanza	PMTCT	CIDRZ
14. Catherine Mukuka	Country Coordinator	Infant and Young Child Nutrition Project
15. Phoebe Bwembya	Nutritionist	ARD
16. Beatrice Kawana	Nutritionist	NFNC

eding Trends Initiative (WBT*i*):
ting Workshop (Photos)

s

for WBT*i* Assessment

1. Raider Habulembe Mugode - National Food and Nutrition Commission
2. Jane Chitanda – National Food and Nutrition Commission
3. Bupe Bwalya - National Food and Nutrition Commission
4. Dorothy Nthani – Natural Resources Development College
5. Patrick Amanzi – Ministry of Health

MISSION STATEMENT:

To provide leadership on food and nutrition matters in order to achieve an optimal nutritional status of the people of Zambia and contribute to the attainment of a healthy and productive nation.

VISION:

To achieve optimal food and nutrition status for the Zambian population

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