Ethiopian Health and Nutrition Research Institute

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Assessment of status of infant and young child feeding (IYCF) practice, policy and programs: Achievements and Gaps, in Ethiopia

Federal Ministry of Health

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Contents

Acronyms

BFHI	Baby Friendly Hospital Initiative
BMS	Breast Milk Substitutes
CBN	Community Based Nutrition
C-MNCH	Community Maternal, Newborn, and child Health
CSO	Civil Society Organizations
EDHS	Ethiopian Demographic Health Survey
DRMFSS-MOA	Disaster Risk Management and Food Security Sector- Ministry of Agriculture
EHNRI	Ethiopian Health and Nutrition Research Institute
ENGINE	Empowering New Generation to Improve Nutrition and Economic opportunities
EPRP	Emergency Preparedness and Response Plan
FMHACA	Food, Medicine, Health Care Administration and Control Authority
FMOH	Federal Ministry of Health
HDA	Health Development Army
HEWs	Health Extension Workers
HIV/AIDS	Human Immuno Deficiency Virus/ Acquired Immuno Deficiency Syndrome
HSDP IV	Health Sector Development Plan IV
IBFAN	International Baby Food Action Network
ICCM	Integrated Community Case Management
IEC	Information, Education and Communication
ILO	International Labour Organization
IMCI	Integrated Management of Child Illness
IRT	Integrated Refresher Training
IYCF	Infant and Young Child Feeding
MANTF	Multi Agency Nutrition Taskforce
MDGs	Millennium Development Goals
MIS	Management Information System
NGO	Non Government Organizations
NNP-PIM	National Nutrition Program- Program Implementation Manual
NNS	National Nutrition Strategy
NTWG	Nutrition Technical Working Group
SNNP	Southern Nations and Nationalities and People
TB	Tuberculosis
ToR	Terms of Reference
UN	United Nations
UNICEF	United Nations Children Emergency Fund
VCCT	Voluntary and Confidential Counselling and Testing
WBTi	World Breastfeeding Trends initiative
WABA	World Alliance for Breastfeeding Action
WHA	World health Assembly
WHO	World Health Organization

1. Introduction

Breastfeeding contributes to infant nutrition and health through a number of important mechanisms. It provides a complete source of nutrients for the first six months of life, half of all requirements in the second six months of life, and one-third of requirements in the second year of life (1, 2, 3). Breastfeeding is also known for providing essential nutrients, protecting against specific illnesses, lengthening of post partum amenorrea in the absence of contraceptive use and lengthening of birth interval which is strongly related to infant and young child survival (4, 5).

Reports indicate that Infants under 2 months old who are not breastfed are six times more likely to die from diarrhea or acute respiratory infections than those who are breastfed. Approximately 1.3 million deaths could be prevented each year if exclusive breastfeeding rates increased to 90 percent (6) as promotion of breastfeeding is one of the least expensive and most cost effective interventions for Saving children's lives (7).

Evidence based findings have disclosed the excellence of breastfeeding for its protection against malnutrition, diarrhea and respiratory infections which are the main killers of infants and young children in developing countries (8, 9 10, 11).

Studies carried out in Africa, Asia, and Caribbean countries and Latin America, have supported this fact showing that more than 66% of the deaths due to diarrhea and acute respiratory infections among infants 0-3 months and 32% of deaths among those aged 4-11 months could be prevented by exclusive and partial breastfeeding respectively (10,11,12).

1.1 Overview of infant and young child feeding in Ethiopia

The Ethiopian government has endorsed and implemented different policies and programs to reduce infant and child mortality and morbidity in the country. One of

them is the Innocent declaration which is aimed at improving, child survival through protecting, promoting and supporting breastfeeding. Consequently, under five mortality has declined dramatically from 166 deaths from 1000 live births in 2000 to 88 deaths per 1000 live births in 2011 (13,14). Similarly, the rate of malnutrition has also dropped significantly in the past decade. The rate of stunting (being too short for their age) in under five children has fallen from 58% in 2000 to 44% in 2011 and the rate of underweight (being too thin for their age) has again decreased from 41% in 2000 to 29% in 2011.

Despite the inspiring result in the reduction of under five morbidity and mortality the rate of initiation of breastfeeding and exclusive breast feeding have less progress in the past decade. Exclusively breastfed children account for 38% in 2000, 49% in 2005 and 52% in 2011(13). Initiation of breastfeeding within one hour of birth was 51.8% in 2000, 69% in 2005 and 52% in 2011 (13, 14, 15). The trend in the decrease rate of initiating breastfeeding within one hour of birth from 69% in 2005 survey to 52% in 2011 is also critical factor which needs serious attention to protect and promote optimal breastfeeding in infants and young children. In fact, these drawbacks call for the need to assess the status of infant and young child feeding policies, programs and practices in terms of achievements and gaps.

According to the Ethiopian Demographic Health Survey (14) at 6-8 months of age, only 52 percent consume solid or semisolid foods. Even though bottle-feeding is discouraged as it is usually associated with increased risk of illness, and especially diarrheal disease, the Practice of bottle-feeding with a nipple for children less than two years of age is 16% which is still quite high and that could be the result of lack of adequate knowledge and information of the mothers.

The aim of this survey is, therefore, to assess the status of infant and young child feeding practices, policies, and programs in Ethiopia in collaboration with the World Breastfeeding Trends Initiative and partners involved in the well being of children. This assessment attempts to identify strengths, gaps, and forward possible interventions with a view to improve the protection, promotion, and support of optimal infant and young child feeding which helps in the achievement of fulfillment of MDGs 4 and 5 in the country. The nature of this study is participatory and brings the government, civil society and partners together to analyze the best practices as well as challenges of IYCF and come up with solutions to bridge the gap through advocacy, being focused on specific gaps, and allocation of resources to achieve the goals that were set in infant and young child feeding strategy.

1.2 The Global Strategy for Infant and Young Child Feeding (IYCF)

The global strategy for infant and young child feeding describes essential actions to **protect, promote and support** appropriate infant and young child feeding. It focuses on the importance of investing in this crucial area to ensure that children grow to their full potential free from the adverse consequences of compromised nutritional status and preventable illnesses. It builds on existing approaches and provides a framework of linking synergistically the contributions of multiple programme areas including nutrition, child health and development and maternal and reproductive health. The aim of the strategy is to improve through optimal feeding, the nutritional status, health, growth and development and thus the survival of infants and young children.

The objectives of the strategy are:

- To raise awareness of the main problems facing IYCF, identify approaches to their solution and provide a framework for essential interventions.
- To create an environment that will enable mothers, families and other caregivers in all circumstances to make and implement informed choices about optimal feeding practices for infants and young children
- The establishment of dedicated National infant Feeding coordinating Committee to increase commitment of governments, international organizations and other concerned parties for optimal feeding practices of infants and young children.

The strategy is intended as a guide for action. It is based on accumulated evidence of the significance of optimal infant and young child feeding especially in the first two years of life for later growth and development. It identifies low cost interventions with a proven positive impact during this period.

1.3 The WBTi monitoring and evaluation tool

WBTi is a monitoring and evaluation tool initiated in Asia which uses the methodology and Philosophy of Global Participatory Action Research 1993 developed by the World Alliance for Breastfeeding Action (WABA) to track targets set by the Innocenti Declaration of 1990. WBTi has also adopted the WHO (2003) monitoring and evaluation tool on infant and young child feeding for assessing national practices, policies and programmes. WBTi encourages countries to document the status of the implementation of the global strategy for infant and young child feeding which aims at reducing child malnutrition and mortality (MDG 4). WBTi aims to induce action and is expected to create data bank of the infant feeding practices, policies and programmes.

WBTi involves a three phase process indicated below:

Phase one: of various partners or stakeholders to analyze the situation in the country and find out the gaps. These gaps are used for is to conduct a national assessment of the implementation of the global strategy through the involvement developing recommendations for advocacy and action.

Phase two: WBTi uses the findings of the national assessment and provides scoring, rating, grading and ranking each country or region based on IBFAN Asia's Guidelines for WBTi.

Phase three: WBTi encourages countries to conduct a repeat assessment after 3-5 years to analyze trends in programmes and practices as well as overall breastfeeding rates in a country and identifies areas still requiring improvement. They can also help in studying the impact of a particular intervention over a period of time.

The WBTi is based on a wide range of indicators, which provide an impartial global view of key factors. The WBTi has identified 15 indicators; each indicator has its specific significance.

Part 1 has 10 indicators dealing with policies and programmes. These include:

- National policy, programme and coordination
- Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)
- Implementation of the International Code
- Maternity Protection
- Health and Nutrition Care Systems
- Mother Support and Community Outreach
- Information Support
- Infant feeding and HIV
- Infant feeding During Emergencies
- Monitoring and Evaluation

Part 2 has 5 indicators related to infant and young child feeding practices **recommended by the WHO. These include;**

- Initiation of Breastfeeding (within 1 hour)
- Exclusive Breastfeeding (for first 6 months)
- Median Duration of Breastfeeding
- Bottle-feeding
- Complementary-feeding

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

2. Objectives:

- To find achievements and gaps in the existing policy, program and practices in reference to Infant and Young Child Feeding in Ethiopia
- To build a consensus among all partners on the way forward to improving the existing IYCF practice

3. Methodology

Selected reviewers: Participants who work in IYCF areas were invited from government, non-government and international NGOs to review different documents and compiling the report.

Updates on IYCF global strategy: IBFAN regional coordinator made two presentations that address the global strategy for infant and young child feeding and the World Breastfeeding Trends Initiative (WBTi). The main purpose of the two presentations was to update reviewers with current IYCF guidelines and recommendation as they assess the national IYCF situation in accordance to global recommendations.

Group Discussions: A five days continuous discussion was made on the subject with the national reviewers with the presence of the IBFAN regional coordinator. On day one Workshop opening ceremony was made by the General Director of the EHNRI and presentations were made by invited guests. Followed in highlights by the regional facilitator, the group assessed indicators 11 and 12. On Day 2 and Day 3 the rest of the indicators were assessed with thorough discussion until consensus was made on each indicator. On day 4 and 5 the group worked on the summary as well as the overall scoring, color rating, and grading based on IBFAN guidelines for WBTi and produced the draft report which was distributed for the validation workshop that took place after a month.

Conclusions and Consensus Building: There was an elaborate discussion on each indicator before consensus was reached. During discussions on each indicator, reference was made to different national publications, guidelines and reports.

Validation workshop: A half day validation workshop was conducted on February 13, 2013. A total of 38 participants from 24 organizations were present in the workshop. The purpose of the workshop was to get feedbacks on the document prepared by the small group. The comments and feedbacks obtained during the workshop were addressed in the final document.

4. ASSESSMENT FINDINGS

Indicator 1: *National Policy, Programme and Coordination*

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

Criteria of Indicator 1	Scoring	Results ✓ *Check any one*
1.1) A national Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2	✓
1.2) The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	2	✓
1.3) A National Plan of Action has been developed with the policy	2	✓
1.4) The plan is adequately funded	1	
1.5) There is a National Breastfeeding Committee	1	✓
1.6) The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	
1.7) The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5	
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	
Total Score	**7/ 10**	

Information and Sources Used:

- National Strategy for IYCF 2004,
- National Nutrition Strategy (NNS) 2008 and
- National Nutrition Programme (NNP) 2008- FMOH.

Comments:

In Ethiopia the naming of Strategy for IYCF and IYCF Policy has similarities. The IYCF country plan of action is addressed in the NNP but there is no separate IYCF action plan. The IYCF strategy is also annexed in the NNP. Regarding funding, there is lack of adequate information to comment.

However as a component of any other component of nutrition program it lacks adequate funding.

Currently the NNP is being revised and the IYCF programme will be comprehensively addressed. There is also a mapping exercise being carried out previous and future funding for the whole nutrition interventions including IYCF.

Gaps: there is IYCF subgroup formed under the National Nutrition Technical Working Group (NNTWG) but it doesn't have a coordinator with TOR and does not meet regularly. In addition, there is limited funding to implement the NNP including IYCF.

Recommendations: There is a need to review the ToR of the National Nutrition Technical Working Group (NNTWG) against those provided in the Global Strategy for IYCF in order to ensure that IYCF programs are fully implemented for IYCF is a low cost and high impact intervention program and also the government priority. There should be effective advocacy tool to raise resources for IYCF programming.

Indicator 2: *Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)*

Key Question:

2A) What percentage of hospitals and maternity facilities that provide maternity services have been designated "Baby Friendly" based on the global or national criteria?

2B) What is the skilled training inputs and sustainability of BFHI?

2C) What is the quality of BFHI program implementation?

2A) Quantitative

2.1) What percentage of hospitals and maternity facilities that provide maternity services have been designated "Baby Friendly" based on the global or national criteria? ***0%***

2B) Qualitative

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

BFHI designated hospitals that have been certified after a minimum recommended training of 18 hours for all its staff working in maternity services ***0%***

Qualitative

2C) What is the quality of BFHI program implementation?

Criteria	Score	Results ✓ *Check that apply*
2.3) BFHI programme relies on training of health workers	.5	
2.4) A standard monitoring system is in place	.5	
2.5) An assessment system relies on interviews of mothers	.5	
2.6) Reassessment systems have been incorporated in national plans	.5	
2.7) There is a time-bound program to increase the number of BFHI institutions in the country	.5	
Total Score		
Total Score 2A, 2B and 2C	**0/10**	

Information and Sources Used:

UNICEF-Nutrition-baby-friendly-hospital-initiative,

http://www.unicef.org/nutrition/index_24806.html, Nov 12, 2012

Ethiopian Health and Demographic Survey 2011

Health Sector Development Plan I-III

Gaps: No BFHI implementation

Comment: Institutional delivery was very low (about 10%) and as a result prioritization has been given to reaching mothers through community based IYCF interventions. However, the MoH is tremendously increasing facility level deliveries and in connection with this has planned to initiate BFHI in selected hospitals by 2013 and expanding to more hospitals in the coming years.

Recommendations: Facility based BFHI needs to be initiated. There is a need to ensure health workers capacitated in support skills for mothers.

Indicator 3: *Implementation of the International Code*

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

Criteria	**Scoring**	**Results** ✓ *Check those apply. If more than one* **is applicable, record the highest score.**
3.1) No action taken	0	
3.2) The best approach is being studied	1	
3.3) National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable	2	
3.4) National measures (to take into account measures other than law), awaiting final approval	3	✓
3.5) Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions	4	
3.6) Some articles of the Code as a voluntary measure	5	
3.7) Code as a voluntary measure	6	
3.8) Some articles of the Code as law	7	
3.9) All articles of the Code as law	8	
3.10) All articles of the Code as law, monitored and enforced	10	
Total Score:	**3/10**	

Information and Sources Used:

Food, Medicine and Health care Administration and Control Authority (FMHACA); food advertising directives, 2012

Gaps: No National Code for Marketing of BMS

Comment: a draft of food and drink advertisement which includes some articles of marketing of BMS is underway.

Recommendations: According to the EDHS 2011, only 2% of Ethiopian children under-age two were formula fed. However, with the fast economic growth and urbanization, it will be a matter of time for the society to start using infant formulas widely and hence it is the time to have a national code for marketing of BMS. Moreover, it is also recommended the finalization and enactment of draft food advertising directives that is being developed by FMHACA which could be a good start for the development of national code for marketing of BMS. There is also a need to ensure that subsequent WHA resolutions followed the International Code of BMS be adequately taken into account in the finalization of the national food advertising directives and other related regulations.

Indicator 4: *Maternity Protection*

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

Criteria	Score	Results Check ✓ that apply
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave		
a. Any leave less than 14 weeks	0.5	✓
b. 14 to 17weeks	1	
c. 18 to 25 weeks	1.5	
d. 26 weeks or more	2	
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.		
a. Unpaid break	0.5	
b. Paid break	1	
4.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	
4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector.	1	
4.5) Women in informal/unorganized and agriculture sector are:		
a. accorded some protective measures	0.5	
b. accorded the same protection as women working in the formal sector	1	

4.6) a. Information about maternity protection laws, regulations, or policies is made available to workers	0.5	✓
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.'	0.5	✓
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	✓
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	✓
4.9) There is legislation providing health protection for pregnant and breastfeeding workers and the legislation provides that they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	✓
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5	✓
4.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5	
4.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5	
Total Score:	**3.5/10**	

Information and Sources Used: WABA status of maternity protection by country, 2008, retrieved from www.waba.org.my/womenwork/mpc19aug08.pdf , ILO MPC No.183, Ethiopian labour proclamation

Gaps: The allowed maternity leave is below the minimum 14 weeks mentioned in the convention, ILO MPC No.183. No maternity protection conditions are available for women in informal sector. No formal communication/document afforded to women when they join employment on maternity protection conditions. Ethiopia is not yet ratified the ILO MPC No 183.

Comment: Ethiopia labour law for maternity leave increased from 45 days to 90 days, but it doesn't still fulfil the minimum requirement of 14 weeks set by ILO.
Although the law allows 3 months of maternity leave, the requirement that a month must be taken before delivery means there is only two months available for breastfeeding. Any provision concerning breastfeeding breaks is not mentioned in the Civil Servant Proclamation (Proclamation No. 515-2007).

Recommendations:

- Ethiopia needs ratify/enact ILO MPC No.183 and recommendation 191. This will provide breastfeeding working women with sufficient leave to feed their infants exclusively for six months. Supporting exclusive breast feeding for the first six months is a worthy investment for health and development of children.
- Government may need to consider maternity protection conditions for women in informal sector.

Indicator 5: *Health and Nutrition Care System*

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

Criteria	**Results** ✓ *Check that apply*		
	Adequate	Inadequate	No Reference
5.1) A review of health provider schools and pre-service education programmes in the country[1] indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
		1	
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.	2	1	0
		1	
5.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers.[2]	2	1	0
		1	
5.4) Health workers are trained with responsibility towards Code implementation as a key input.	1	0.5	0
			0
5.5) Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrhoeal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1	0.5	0
		0.5	
5.6) These in-service training programmes are being provided throughout the country.[3]	1	0.5	0
		0.5	
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick	1	0.5	0
		0.5	
Total Score:	**4.5/10**		

Information and Sources Used:

- Nutrition curriculums for health officers and nurses of Jimma University

1 Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

2 The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

3 Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

- Preliminary report on nutrition core competency framework for nutritionists and different levels of health cadres for provision of nutrition related services in Ethiopia, Mekitie Wondafrash, 2012.
- National strategy for child survival in Ethiopia, 2005.
- C-MNCH and ICCM Integrated refresher training manual for health extension workers, 2011.

Gaps

Considering the fact that 57% of under-five deaths is due to malnutrition, it is evident that the emphasis and credit hour that is allocated for nutrition within the health curriculums of health professionals is limited. Moreover, the care provision skill and competencies is also lacking. The national strategy for child survival recommends kangaroo mother care and the IYCF strategy recommends children should stay with their mothers all the time under difficult circumstances; however, it is not widely disseminated in the country.

Recommendations

The guidelines and strategies in the country need to be translated into user friendly tools and widely disseminated. Moreover, the pre-service curriculums need to be strengthened in terms of skill development to provide IYCF support to mothers.

Indicator 6: *Mother Support and Community Outreach*

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

Criteria	**Results** ✓ *Check that apply*		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	2	1	0
		1	
6.2) All women have access to support for infant and young child feeding after birth.	2	1	0
		1	
6.3) Infant and young child feeding support services have national coverage.	2	1	0
		1	
6.4) Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectoral and intra-sectoral.	2	1	0
		1	
6.5) Community-based volunteers and health workers possess correct information and are trained in counselling and listening skills for infant and young child feeding.	2	1	0
		1	
Total Score:	**5/10**		

Information and Sources Used:

- Community Maternal, Newborn, and child Health (C-MNCH) integrated training manual for Health Extension Workers
- Integrated Refresher Training (IRT) handbook to train Health Development Army
- Health Extension Program implementation manual

Gaps:

- The training for the Community-based volunteers (Health development Army) is not strong in providing them counselling and listening skills for infant and young child feeding.
- No strong inter-sectoral IYCF integration with non health sector.

Comments:

- Access is created for all pregnant women and breastfeeding mothers to get IYCF support but the quality of the support being provided by HEW should be strengthened

Recommendations:

- To ensure inter-sectoral integration the revision of the National Nutrition Program needs to be accelerated

Indicator 7: *Information Support*

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

Criteria	**Results** ✓ *Check that apply*		
	Yes	To some degree	No
7.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.	2	1	0
		1	
7.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2	1	0
	2		
7.3) Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.	2	1	0
		1	
7.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2	1	0
	2		
7.5) A national IEC campaign or programme[4] using electronic and print media and activities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months.	2	1	0
	2		
Total Score:	**8/10**		

Information and Sources Used:

[4] An IEC campaign or programme is considered "national" if its messages can be received by the target audience in all major geographic or political units in the country (e.g., regions or districts).

- Health Communication Strategy, MOH
- Nutrition Communications Framework, EHNRI
- National Nutrition program (NNP 2008-2013), FMOH
- Alive and Thrive IYCF communication materials

Gaps:

- The group education at health facility level not much focused on IYCF as the focus given to diseases such as TB, HIV/AIDS, etc.

Comments:

- The national IEC programme using electronic and print media and activities are supported by Government and partners eg. World Breastfeeding week and messages on complementary feeding

Recommendations:

- Strengthen individual counselling and group education on IYCF at health facilities

Indicator 8: *Infant Feeding and HIV*

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

Criteria	**Results** ✓ *Check that apply*		
	Yes	To some degree	No
8.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2	1	0
	2		
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0
			0
8.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5	0
	1		
8.4) 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
	1		
8.5) Infant feeding counselling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.	1	0.5	0
	1		
8.6) Mothers are supported in making their infant feeding decisions with further counselling and follow-up to make implementation of these decisions as safe as possible.	1	0.5	0
	1		
8.7) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0
	1		
8.8) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5	0
	1		
8.9) The Baby-friendly Hospital Initiative incorporates provision of guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers.	1	0.5	0
Total Score:	**8/10**		

Information and Sources Used:

- National Guideline for HIV/AIDS and Nutrition, FMOH, 2008
- National Strategy for Infant and Young Child Feeding, FMOH, 2004

Gaps:

- The country does not have national Code/ National Legislation
- No certified Baby Friendly Hospitals

Comment:

Even though there is no Baby-friendly Hospital Initiative, the hospital staff trained on how to assess the needs and provide support for HIV positive mothers

Recommendations:

- Accelerate the initiation of BFHI
- We also recommend to finalize and to enact the draft food advertising directive that is being developed by FMHACA in national law on the Code of Marketing of BMS. This needs to take in to account infant feeding in the context of HIV. The National Nutrition Strategy needs to take in to account the Code of BMS in context of HIV.

Indicator 9: *Infant Feeding during Emergencies*

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

Criteria	Results ✓ *Check that apply*		
	Yes	To some degree	No
9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies	2	1	0
	2		
9.2) Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
	2		
9.3) An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed	2	1	0
	2		
9.4) Resources identified for implementation of the plan during emergencies	2	1	0
	2		
9.5) Appropriate teaching material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	2	1	0
			0
Total Score:	**8/10**		

Information and Sources Used:

- Humanitarian requirement documents Disaster Risk Reduction and Food Security sector, Ministry of Agriculture (DRMFSS-MOA)
- National Strategy for IYCF, FMOH, 2004
- Emergency Preparedness and Response Plan (EPRP)

Gaps:

There is no training material specifically focused on IYCF in emergency

Comments:

- We do not have standalone IYCF policy but, the National IYCF strategy includes a component on infant feeding in emergency.
- DRMFSS is a leading Government agency responsible for emergency preparedness and responses.

- From the UN side, UNICEF is a nutrition cluster lead coordinating the Multi Agency Nutrition Taskforce (MANTF) which has members from other UN agencies, NGOs, CSOs and other government sectors.
- There is a costed EPRP

Recommendations:

- Training material needs to be developed on IYCF in emergencies and it needs to be integrated in to the existing pre-service and in services C-MNCH training materials

Indicator 10: *Monitoring and Evaluation*

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

Criteria	**Results** ✓ *Check that apply*		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
	2		
10.2) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.	2	1	0
		1	
10.3) Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	2	1	0
	2		
10.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers	2	1	0
	2		
10.5) Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys.	2	1	0
		1	
Total Score:	**8/10**		

Information and Sources Used:

- Ethiopian Demographic and Health Survey (2000, 2005, 2011)
- National Nutrition Program (2008-2013)
- National Strategy for IYCF, FMOH, 2004
- Community-based Nutrition Program Baseline Survey (2009, 2010, 2011)
- Community-based Nutrition Program Midline Survey (2010, 2011)
- IYCF Supportive Supervision Reports from Alive and Thrive (2012).

Gaps:

- There is no continuous monitoring mechanism to collect IYCF information.

Comments:

- Ethiopia is one of the countries conducting DHS surveys every five years since 2000.
- Both the National Nutrition Program (2008-2013) and the National Strategy for IYCF (2004) have a monitoring and evaluation components with IYCF indicators. NNP is extended to 2015 and EHNRI will conduct a midline evaluation in 2013. Baseline and midline surveys were conducted for the Community Based Nutrition program (CBN) covering 328 woredas.
- Furthermore, an IYCF supportive supervision tool for all levels of service delivery; i.e. at Woreda Health Office, Health Centres, Health Posts, Volunteers, and Household levels was developed. This tool is also used by other sub-branches.

Recommendations:

- While the NNP is recommending evaluation of IYCF indicators every two years, monitoring of the interventions is required annually in order to take timely remedial actions.

Indicator 11: Early Initiation of Breastfeeding

Key question: Percentage of babies breastfed within one hour of birth 52 %

Source of data:

Ethiopian Demographic and Health Survey 2011
Ethiopian Demographic and Health Survey 2005

Summary Comments:

Fifty-two percent of infants started breastfeeding within one hour of birth, and 80 percent, within the first day. Compared to EDHS 2005 (69%), there is a decrease in the early initiation of breastfeeding. Initiation of breastfeeding in the first hour and in the first 24 hours after birth varies by background characteristics. Breastfeeding within one hour after birth was more common in urban areas (57 percent) than in rural areas (51 percent). There was also considerable variation by region. Initiation of breastfeeding within one hour was lowest in the Amhara and Somali regions (38 percent and 40 percent, respectively), and highest in the SNNP and Dire Dawa regions (67 percent and 66 percent, respectively). The likelihood that a child is breastfed in the first hour after birth increases with the mother's educational status and wealth quintile.

Recommendation:

Even though early initiation of breast feeding is critical for health of infants by providing the colostrums as the first vaccine, there is a declining trend in the country which requires policy attention as well as action. Future efforts need to address the causal factor for gap between the HSDP IV target and the current status. Besides, capacity building efforts may need to be initiated while the causal factors are investigated. The current government thrust of increasing institutional deliveries needs to be encouraged. Especially, more attention should be given to rural settings and regions with relatively more problem like the Amhara and Somali regions.

Indicator 12: Exclusive breastfeeding for the first six months

Key question: *Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours? 52%*

Source of data:

Ethiopian Demographic and Health Survey 2011
Ethiopian Demographic and Health Survey 2005
Health Sector Development Plan IV (2010/11-2014/15)

Summary Comments:

Even if breastfeeding is almost universal in Ethiopia, exclusive breastfeeding during the first six months after birth is not widely practised in the country. Currently, 52% of under-five children receive exclusive breastfeeding with a median duration of 4.2 months. However, there is a slight improvement from the EDHS 2005 (49%); it is still below the targeted 70% in HSDP IV.

Recommendation:

Exclusive breastfeeding, the most efficient intervention to reduce infant mortality rate, needs to be enhanced in the country. So, all capacity building efforts of health workers needs to address this issue. The country needs to work towards the implementation of the ILO convention 183 (2000) to ensure that breastfeeding working mothers both in the formal and informal sectors are provided with supportive environment for exclusive breastfeeding. There is need to ensure that there is harmony between the six months period of exclusive breastfeeding recommended by the MoH and maternity provisions in the current labour law of the country.

Advocacy for improvement in the labour law provisions needs to be effectively addressed with the Ministry of Labour and Social Affairs and the tripartite (Labour Associations, Employers Associations, and Government).

Community support for exclusive breastfeeding needs to be strengthened through community dialogue and house-to-house visits by the HEWs/HDA.

Further researches and revision of existing evidences on determinants of exclusive breastfeeding needs to be conducted for program consumption.

Indicator 13: Median duration of breastfeeding

Key question: Babies are breastfed for a median duration of how many months? 25 months

Source of data:

Ethiopian Demographic and Health Survey 2011

Summary Comments:

There is encouraging status on the median duration of breastfeeding in the country and it is important that this is maintained and protected.

Recommendations: the existing duration of breastfeeding in the country should be protected by implementing the National IYCF Strategy on continued breastfeeding for two years or beyond.

Indicator 14: Bottle feeding

Key question: What percentage of breastfed babies less than 6 months old receive other foods or drinks from bottles? 16%

Source of data:

Ethiopian Demographic and Health Survey 2011
Ethiopian Demographic and Health Survey 2005

Gaps:

Lack of awareness on the risk of bottle feeding
Lack of knowledge on how to manage breastfeeding for working mothers (expression of breast milk)
Inadequate maternity leave conditions
Lack of Code of Marketing BMS

Summary Comments:

According to EDHS 2011, 16% of infants under-six months are fed using a bottle with a nipple a day previous to the survey, a practice that is discouraged, as it increases the child's risk of illness and reduces the child's interest in breastfeeding, with consequent potential decline in milk production. In comparison to EDHS 2005 (13%), there is a tendency for increase in bottle feeding practice.

Recommendation:

Bottle feeding practice should be strictly discouraged since it interferes with safety of complementary feeding and increases illnesses. Strengthening nutrition education activities that promote breastfeeding at the community and facility levels targeting both care provider as well as mothers.

The country needs to work towards regulation that promote maternity protection for a duration even longer than the minimum requirement in the ILO convention 183 (2000) to ensure that breastfeeding working mothers both in the formal and informal sectors can effectively breastfeed their infants exclusively for six months.

Implementation of the Code of Marketing Breast Milk Substitutes is required to ensure regulation of the promotion of formula feeds and related good such as bottles and teats.

Indicator 15: Complementary feeding

Key question: Percentage of breastfed babies receiving complementary foods at 6-9 months of age? 51%

Source of data:

Ethiopian Demographic and Health Survey 2011
Ethiopian Demographic and Health Survey 2005
National Strategy for IYCF 2004

Gap: limited household food access and lack of knowledge on optimal complementary feeding practice

Summary Comments

Complementary feeding practice is poor in Ethiopia. It is recommended that all children age 6-9 months should receive complementary foods; however, only half of children age 6-9 months (51%) received complementary foods the day or night preceding the survey during EDHS 2011. This figure has shown no improvement from the 2005 status (54%). The 2011 reported that only 4% of youngest children 6-23 months living with their mothers are fed in accordance with IYCF practices; 4% received foods from at least four food groups, while 48% were fed the minimum number of times or more.

Recommendations:

A multi-sectoral approach to design and implement nutrition sensitive interventions in various sectors including health, agriculture, water, education, social protection, and other relevant sectors and partners should be sought. This will ensure access to quality, safe, and sustainable complementary food for children through food-based approaches. The National Food Consumption Survey which is currently finalized also showed the inadequate intake of nutrients thus recommending the use of other approaches such as food fortification.

5. COUNTRY STATUS ON INFANT AND YOUNG CHILD FEEDING INDICATORS

Guidelines for WBTi Scoring and Grading
Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated out of 100.

Summary part 1: Infant and young child feeding (IYCF) policies and programmes

Scores	Colour- rating	Grading
0 - 30	**Red**	**D**
31-60	**Yellow**	**C (55)**
61-90	**Blue**	**B**
91-100	**Green**	**A**

Summary Part I: IYCF Polices and Programmes

Targets	Score(out of 10)	Color code
1.National Policy, Programme and Coordination	7	
2. Baby Friendly Hospital Initiative	0	
3. Implementation of the International Code	3	
4. Maternity Protection	3.5	
5. Health and Nutrition Care	4.5	
6. Community Outreach	5	
7. Information Support	8	
8. Infant Feeding and HIV	8	
9.Infant Feeding during Emergencies	8	
10. Monitoring and Evaluation	8	
Total	**55**	

Part II WBT*i*

Total score of infant and young child feeding Practices (indicators 11-15) are calculated out of 10. Total out of 50.

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

Scores	Colour- rating	Grading
0 – 15	**Red**	**D**
16-30	**Yellow**	**C**
31-45	**Blue**	**B (37)**
46-50	**Green**	**A**

Summary of IYCF Practices	Result	Score	Color code
Indicator 11: Starting Breastfeeding (Initiation)	**52**	**9**	
Indicator 12: Exclusive Breastfeeding for first 6 months	**52**	**9**	
Indicator 13: Median duration of Breastfeeding	**25**	**10**	
Indicator 14: Bottle-feeding	**16**	**6**	

Indicator 15: Complementary Feeding	**51**	**3**	
Total score		**37**	

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**. Total score from part one is **55** and total from part two **37. Overall score is 55+37= 92**

Scores	Colour- rating	Grading
0 - 45	**Red**	**D**
46-90	**Yellow**	**C**
91-135	**Blue**	**B (92)**
136-150	**Green**	**A**

6. KEY GAPs:

- No National Code of Marketing of Breast milk Substitutes
- No Baby Friendly Hospital Initiative implementation
- Inadequate maternity leave conditions
- Limitations in the pre-service nutrition education curriculum for health care providers
- Limited household food access and lack of knowledge by mothers about optimal complementary feeding practice
- Inadequate skills and competencies by care providers to provide effective IYCF counselling support to mothers/caretakers
- Lack of awareness on the risk of bottle feeding
- Lack of awareness and experience regarding management of breastfeeding by working mothers such as expression of breast milk and the like

7. KEY Recommendations:

- The ToR of the National Nutrition Technical Working Group (NNTWG) need to be reviewed against the Global Strategy for IYCF.

- There should be effective advocacy tool to raise resources for IYCF programming.
- Implement Baby Friendly Hospital Initiative in the country earnest.
- There is a need to ensure health workers capacitated in IYCF support skills for mothers through both in-service and pre-service training.
- The pre-service health and nutrition education curriculums need to be strengthened in terms of skill development to provide IYCF support to mothers.
- The guidelines and strategies in the country need to be translated into user friendly tools and widely disseminated.
- The International Code of Marketing of Breast milk Substitutes including its subsequent WHA resolutions need to be adequately endorsed in the draft National Food Advertising Directives being developed by the FMHACA.
- Nutrition promotion activities for adequate complementary feeding should be accompanied by additional food-based approaches that act as a platform in addition to the interventions during emergency and in food insecure settings.
- Bottle-feeding practice should be strictly discouraged in the country through promotion of optimal IYCF practices, enhancing maternity protections, and regulation of breast milk substitute's promotion.
- Current labour regulations need to be reviewed in accordance with the ILO Convention 183 and recommendation 191 in order to ensure exclusive breastfeeding by working mothers both in the formal and informal sectors.

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Annex 2: List of Participants on the Validation Workshop: February 2013

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