



The World Breastfeeding Trends Initiative (WBTi)

Name of the Country: Lebanon

Year 2010

Indicator 1: Early Initiation of Breastfeeding

Key question: Percentage of babies breastfed within one hour of birth 41.3 %

Source of data:

Pan Arab Project For Family health 2004. Central administrative of Statistics.(CAS)
Situation of children in Lebanon 2000 UNICEF, CAS

Summary Comments:

No gender difference or education of mother .but regional disparities Max: south 56% Min: Beirut with 7.7%

Indicator 2: Exclusive breastfeeding for the first six months (<4 months)

Key question: Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours? 24.7%

Source of data:

Pan Arab Project for Family health 2004

Summary Comments:

No recent data for exclusive breast feeding for 6 months. Two rates are estimated for exclusive BF: the first is exclusive without any thing including water (24.7%) the second with water only (42.2%). It is expected that MICS3 results implemented by Central Administration of Statistics y (with UNICEF support) will provide additional data.

Indicator 3: Median duration of breastfeeding

Key question: Babies are breastfed for a median duration of how many months? .9.....months

Source of data:

Pan Arab Project For Family health 2004

Summary Comments:

gender disparity 9.2 for males and 8.3 for girls. Regional disparities: 4 in Beirut to 12.8 in the south.

Disparities according to education level of the mother: 13.2 for primary decreased to 2.4 for university

Indicator 4: Bottle feeding

Key question: What percentage of breastfed babies less than 6 months old receives other foods or drinks from bottles? 58.6%

Source of data:

Pan Arab Project For Family health 2004

Summary Comments:

Data is available for 4-5 months of age; The MICS3 results implemented by Central Administration of Statistics (with UNICEF support) are expected to provide updated figures.

Indicator 5: Complementary feeding

Key question: Percentage of breastfed babies receiving complementary foods at 6-9 months of age? .52.9.....%

Source of data:

Pan Arab Project For Family health 2004

Summary Comments:

52.9% Breast feeding + Complementary feeding.

The MICS3 results implemented by Central Administration of Statistics (with UNICEF support) are expected to provide updated figures.

Indicator 6: *National Policy, Programme and Coordination*

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

Criteria of Indicator 6	Scoring	Results ✓ <i>Check any one</i>
6.1) A national Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2	1✓
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	2✓
6.3) A National Plan of Action has been developed with the policy	2	0
6.4) The plan is adequately funded	1	0
6.5) There is a National Breastfeeding Committee	1	1✓
6.6) The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	0
6.7) The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5	0
6.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	0.5✓
Total Score	4.5-/ 10	4.5

Information and Source Used:

MOPH, UNICEF, National committee for breast feeding

Gaps:

Potential duplication of the terms of reference between the new Ministerial decree 1/91 was issued to form a national committee for protection and promotion of BF headed by the Director General of the MOPH and including representatives from the ministry of social affairs, NGOs, academia, medical societies, WHO and other concerned UN agencies

-Cooperative plans have been made with UNICEF uptill the year 2003; after that no substantive support was provided by UNICEF.

-NGOs such as LAECD had to rely on their own scarce resources to play a role catalyst between the ministry and other partners and continue to work for enacting new law for protecting and promoting BF and implement the yearly activities for the promotion, development of training and awareness materials. The sustainability of such efforts can be jeopardized by insufficient funding

Recommendations:

There is need to revitalize the national committee and define new term of reference to avoid conflict with the new committee formed to help the MOPH to implement the new law 48/2008.

- The MOPH should be able to allocate a yearly budget to support the BF committee plan of action based on the international strategy endorsed by the Lebanese ministry of health.
- WHO and UNICEF should provide technical and consider financial support to support the national plan protection and promotion of BF

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

Key Question:

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

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

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

7A) Quantitative

7.1) *what percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby friendly” based on the global or national criteria?* **20%**

7B) Qualitative

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 its entire staff working in maternity services **3.5%**

Qualitative

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

Criteria	Score	Results <i>Check that apply</i>
7.3) BFHI programme relies on training of health workers	.5	✓ yes
7.4) A standard monitoring system is in place	.5	✓ yes
7.5) An assessment system relies on interviews of mothers	.5	✓ yes
7.6) Reassessment systems have been incorporated in national plans	.5	no
7.7) There is a time-bound program to increase the number of BFHI institutions in the country	.5	no
Total Score	1.5/2.5	
Total Score 7A, 7B and 7C	4.5/ 10	

Information and Sources Used:

Evaluation by national experts recruited by UNICEF in 2002

Gaps:

Although the BFHI was re initiated in 2007-2008 by WHO in collaboration with the Order of Nurses, including TOT and assessors training, as well as development of a special BF education DVD that was made available to all public and private hospitals, there was no adoption from the MOPH, order of Nurses or Syndicate of Hospitals to integrate the BFHI within the health system

Recommendations:

revitalize the BFHI is a key to change the situation this mean:

- New Training of TOT
- transform all public hospitals to Baby friendly hospitals (about 40% of deliveries are in the public sector)
- refresh training for the old 21 hospitals (around 20%)
- The ministry of health adopt the new law 48/2008

Indicator 8: *Implementation of the International Code*

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

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

Information and Sources Used:

MOPH law enacted on 11/12/2008.

Gaps:

Delay in establishing and operationalizing the national committee to support the ministry

Recommendations:

- operationalize the committee
- Organize a workshop to have common understanding for the law
- present the result of the qualitative study about the implantation of the international code completed by the end of 2006

Indicator 9: Maternity Protection

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?

Criteria	Score	Results Check <input checked="" type="checkbox"/> that apply
9.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave	0.5	
a. Any leave less than 14 weeks	0.5	0.5 ✓
b. 14 to 17 weeks	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	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	0 No obligation Maternity leave is 6 to 8 weeks only
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	0
9.5) Women in informal/unorganized and agriculture sector are:	1	0
a. accorded some protective measures	0.5	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	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	0.5 ✓
9.7) Paternity leave is granted in public sector for at least 3 days.	0.5	0
9.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	0

9.9) 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	0
9.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5	0
9.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5	0
9.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5	0
Total Score:	2.5/10	

Information and Sources Used:

MOPH, Ministry of Labour, ILO and national committee for BF

Gaps:

- there is no official obligations for employers to secure BF time for nursing mothers, and this si usually left to the discretion of the supervisors of employees
- due to the long standing political and security instability in the country, the government capacity to enact and reinforce legislations has been weakened significantly, while the role of the NGOs and the civil society has grown ,especially on terms of advocacy for women and child rights including BF

Recommendations:

- intensify advocacy for rights of nursing women and child rights for BF
- mobilize media for promotion of Breast feeding
- sensitize Hospitals and PHC staff and decision makers within these health service outlets on BF needs
- reinforce capacity of government in laws and regulations implementation
- ILO support to revise and update tripartite laws (employer. Employee and government)

Indicator 10: *Health and Nutrition Care System*

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

Criteria	Results ✓ <i>Check that apply</i>		
	Adequate	Inadequate	No Reference
10.1) 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
		✓	▲
10.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.	2	1	0
		✓	
10.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. ²	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. ³	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:		4.5-/10	

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.

Information and Sources Used:

MOPH selected Universities, WHO and UNICEF

Gaps:

- There is no one standard curriculum used by all the medical and paramedical universities but all have the main elements it is good to have national reference updated periodically.

Recommendations:

- state of the art training is needed periodically for the pre-service for all staff especially for the newly recruited in hospital and PHC setting
- Refresh courses are needed for in service training for primary health care providers
- advocacy among all Universities to integrate one standard module based on BFHI

Indicator 11: *Mother Support and Community Outreach*

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

Criteria	Results <i>✓ Check that apply</i>		
	Yes	To some degree	No
11.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	2	1 <i>✓</i>	0
11.2) All women have access to support for infant and young child feeding after birth.	2	1 <i>✓</i>	0
11.3) Infant and young child feeding support services have national coverage.	2	1 <i>✓</i>	0
11.4) Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectoral and intra-sectoral).	2	1 <i>✓</i>	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 <i>✓</i>	0
Total Score:	5/10		

Information and Sources Used:

MOPH, UNICEF RESOURCE PERSONS, AND LAECD

Gaps:

- More than 80% of mothers (pregnant/nursing) consult physicians at the private sector , where effective counselling or preparation for newborn care specially Breast feeding is suboptimal.
- At PHC level selected NGOs in collaboration with MOPH and the support of WHO, UNICEF have initiated some initiatives aiming at promoting BF, but these initiatives remain limited in time, scope, funding and geographic distribution

Recommendations:

- MOPH in collaboration with local and international partners to create a community support services to support pregnant and nursing mother attached to baby friendly public hospitals (BFPH) .
- establish innovative initiative to include counselling in the prenatal and postnatal private services

Indicator 12: *Information Support*

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

Criteria	Results <i>Check that apply</i>		
	Yes	To some degree	No
12.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.	2	1	0
12.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2	1	0
12.3) Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.	2	1	0
12.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2	1	0
12.5) A national IEC campaign or programme 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
Total Score:	6/10		

Information and Sources Used:

MOPH, UNICEF, and national Committee for BF

Gaps:

- No IEC national strategy for BF is developed
- The availability of IEC services is limited to PHC services and not the private sectors

Recommendations:

- MOPH to develop IEC strategy in collaboration with national and international partners

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).

Indicator 13: *Infant Feeding and HIV*

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

Criteria	Results ✓ <i>Check that apply</i>		
	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) <i>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.</i>	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	1	0 ✓
Total Score:	10/8.5		

Information and Sources Used:

MOPH and National AIDS programme

Gaps:

Weak government capacity to monitor effects of BF and other nutrition modalities for women with HIV

Recommendations:

- Integrate the monitoring of BF counselling among the standard pregnancy related council
- Support national specialized HIOV NGOs to develop further their monitoring capacity

Indicator 14: *Infant Feeding during Emergencies*

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

Criteria	Results <i>✓ Check that apply</i>		
	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 <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>
14.4) Resources identified for implementation of the plan during emergencies	2	1	0 <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>	0
Total Score:	3/10		

Information and Sources Used:

MOPH, WHO.UNICEF and National BF committee

Gaps:

- the nutrition recommendations are integrated in eth Emergency Health preparedness and Management tool kit developed by WHO and MOPH, as part of reinforcing national capacity in that respect. The tool kit needs to be further disseminated
- WHO supported a national NGO (The LAECD) for the development of a child and infant Nutrition Guidebook in 2007 w. The Guidebook needs to be further disseminated

Recommendations:

- Integrate BF recommendations as part of the global National Emergency preparedness plan
- Disseminate further the Tool Kit on Emergency Preparedness and the Guide book on Child and Infant Nutrition through training and seminars to health professional s at all levels

Indicator 15: *Monitoring and Evaluation*

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

Criteria	Results		
	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:	5/10		

Information and Sources Used:

MOPH, WHO, UNICEF, UNFPA, CAS, High council for children

Gaps:

Little monitoring is done beside the regular surveys (MICS, PAPFAM etc....) especially in the last five years

Recommendations:

Monitoring and evaluation as part of a comprehensive national plan of action

Assessment process followed by the country:

A special committee has been formed by the Director General of MOPH headed by the director of preventive medicine, including representatives from:

- The Mother and Child Health head of department at the ministry,
- National NGOs (Lebanese Association for Early Childhood Development (LAECD),

This committee worked closely with the Ministry of Social Affairs (MOSA), the high council for children, the national program of AIDS , the faculty of Public health the Lebanese University , the ministry of Labour , the secretariat of the Parliament, WHO and ILO .

UNICEF was not participating to the process because no health officer is appointed at UNICEF Lebanon office since 2005.

The committee held regular meetings and tasks for the various indicators data collection were divided among committee members, discussed and approved in consensus.

List of the partners for the assessment process:

- MOPH: Dr Walid Ammar, Dr Assad Khoury, Mrs Pamela Zogayeb Mansour
- LAECD: Dr Ali Zein, Iman Alsallah
- MOSA:Dr Miriam Ibrahim
- Higher Council of Children: Dr Elie Mkhayel.
- Ministry of Labour:
- Parliament commission:
- WHO: Dr Alissar RADY
- ILO: