



World Breastfeeding Trends Initiative (WBTi)

Egypt Assessment Report 2015





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Report



International Baby Food Action Network (IBFAN) Asia

BP-33, Pitam Pura, Delhi-110034, India

Phone: 91-11-27343608, 42683059 Fax : 91-11-27343606,

E-mail: info@ibfanasia.org , wbt@worldbreastfeedingtrends.org

Website : www.worldbreastfeedingtrends.org



The World Breastfeeding Trends Initiative (WBTi)

EGYPT 2015



Abbreviations

ABM	Artificial Baby Milk
GSIIYCF	Global Strategy for Infant and Young Child Feeding
HCW	Health Care Worker
IBCLC	International Board Certified Lactation Consultants
IBFAN	International Baby Food Action Network
ICDC	International Code Documentation Centre
IEC	Information, Education and Communication
IYCF	Infant and Young Child Feeding
LBW	low birth weight
MOHP	Ministry of Health and Population
PHC	Primary Health Care Centers
PIF	Powdered Infant Formula
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHA	World Health Assembly
WHO	World Health Organization



Background

Egypt officially the Arab Republic of Egypt, is a transcontinental country spanning the northeast corner of Africa and southwest corner of Asia, via a land bridge formed by the Sinai Peninsula. It is the world's only contiguous Eurafasian nation and most of Egypt's territory of 1,010,408 square kilometres (390,000 sq mi) lies within the Nile Valley. It is a Mediterranean country and is bordered by the Gaza Strip and Israel to the northeast, the Gulf of Aqaba to the east, the Red Sea to the east and south, Sudan to the south and Libya to the west.

Egypt has one of the longest histories of any modern country, arising in the tenth millennium BC as one of the world's first nation states. Considered a cradle of civilization, Ancient Egypt experienced some of the earliest developments of writing, agriculture, urbanisation, organised religion and central government in history. Iconic monuments such as the Giza Necropolis and its Great Sphinx, as well the ruins of Memphis, Thebes, Karnak, and the Valley of the Kings, reflect this legacy and remain a significant focus of archaeological study and popular interest worldwide. Egypt's rich cultural heritage is an integral part of its national identity, having endured and at times assimilated various foreign influences, including Greek, Persian, Roman, Arab, Ottoman, and European. Although Christianised during the common era, it was subsequently Islamised due to the Islamic conquests of the 7th century.

With over 89 million inhabitants, Egypt is the most populous country in North Africa and the Arab World. The great majority of its people live near the banks of the Nile River, an area of about 40,000 square kilometres (15,000 sq mi), where the only arable land is found. The large regions of the Sahara desert, which constitute most of Egypt's territory, are sparsely inhabited. About half of Egypt's residents live in urban areas, with most spread across the densely populated centres of greater Cairo, Alexandria and other major cities in the Nile Delta.

Modern Egypt is considered to be a regional and middle power, with significant cultural, political, and military influence in North Africa, the Middle East and the Muslim world. Its economy is one of the largest and most diversified in the Middle East, with sectors such as tourism, agriculture, industry and services at almost equal production levels.

Health Status

Over the past 20 years, Egypt has made significant progress in reducing maternal and child mortality. Between 1990 to 2014 under 5 mortality was reduced by 70 % to 27 child deaths per 1,000 live births and between 1992 to 2012 maternal mortality. Neonatal mortality has reduced at a slower pace than under five mortality. Currently 8 out of 10 deaths of children under the age of 5 take place before their first birthday, and about 50 % of these deaths occur during the first month of life.

Despite Egypt's significant progress in reducing infant and child mortality in the last decades, high levels of child malnutrition still persist across the country. With almost one in every three children under five stunted (some 2.3 million), Egypt is one of the 20 countries in the world with the highest number of children suffering from chronic malnutrition. Child malnutrition was deteriorating even at times when Egypt experienced rapid economic growth and within the current political transition and economic crisis in Egypt and the region, it is expected that the malnutrition status of children will continue to deteriorate if necessary measures are not put in place rapidly.

Since 1990, the overall prevalence of underweight children has not improved, and stunting which remained stagnant at 23% from 2000 to 2005 increased to 29% in 2008.

Vitamin and mineral deficiencies also affect the well-being of children. Only 79% of households consume iodized salt, leaving more than 429,000 newborns every year unprotected from iodine deficiency disorders, adversely affecting their learning abilities and future development. 40% of women and approximately 50% of children under 5 are suffering from anemia caused by iron deficiency. Evidence shows that proper nutrition during pregnancy and the first two years of a child gives him/her a healthy start at life. Poor nutrition during this period leads to irreversible consequences such as stunted growth and impaired cognitive development. Malnourished children are therefore less likely to develop to their full potential.

In addition malnourished girls often become malnourished mothers, at risk of having low birth weight LBW children (11% of infants are born with LBW), thus perpetrating the vicious cycle of malnutrition. The prevention of chronic malnutrition is vital to reduce the current rate of child mortality, to respect and protect child rights and fulfill the potential of future generations. In addition, initiation of breastfeeding within the first hour of birth has not improved during the last decade, and stands at 57%. stands at 53%, falling to 29% for children between 4 to 5 months. In Egypt, 3 out of 10 infants are given some form of supplementation between the age of 4 to 5 months, thus increasing their vulnerability to diarrhoeal disease.

Indicators	Statistics	Year
Total population	82,056,000	2013
Population under15 %	31	2013
Median age (years)	25	2013
Total fertility rate (per woman)	2.8	2013
Number of live births (thousands)	1901.5	2013
Birth registration coverage (%)	≥90	2013
Gross national income per capita (PPP international \$	10850	2013
Life expectancy at birth m/f (years)	71	2013
Probability of dying under five (per 1 000 live births)	10	
Neonatal Mortality Rate	14 per 1,000 Live births	2014
Infant Mortality rate	22 per 1.000 live births	2014
Under five Mortality rate	27 per1,000 Live births	2014

Infant and Young Child Feeding

The pattern of infant feeding has an important influence on the health of children. Feeding practices are the principal determinant of a young child's nutritional status, and optimal nutritional status lowers the risk of morbidity and mortality and contributes to better overall development for the child. Breastfeeding practices also have an effect on the mother's fertility. Frequent breastfeeding for long durations is associated with longer periods of postpartum amenorrhea and thus longer birth intervals and lower fertility.

Early initiation of breastfeeding

Early initiation of breastfeeding is important for both the mother and the child. Early suckling stimulates the release of hormones which help in the production of milk. It also stimulates the contraction of the uterus after childbirth. Colostrum, provides natural immunity to the infant. Prelacteal feeding, the practice of giving other liquids to a child during the period immediately after birth before the mother's milk is

flowing freely, is discouraged. It limits the frequency of suckling by the infant and exposes the baby to the risk of infection.

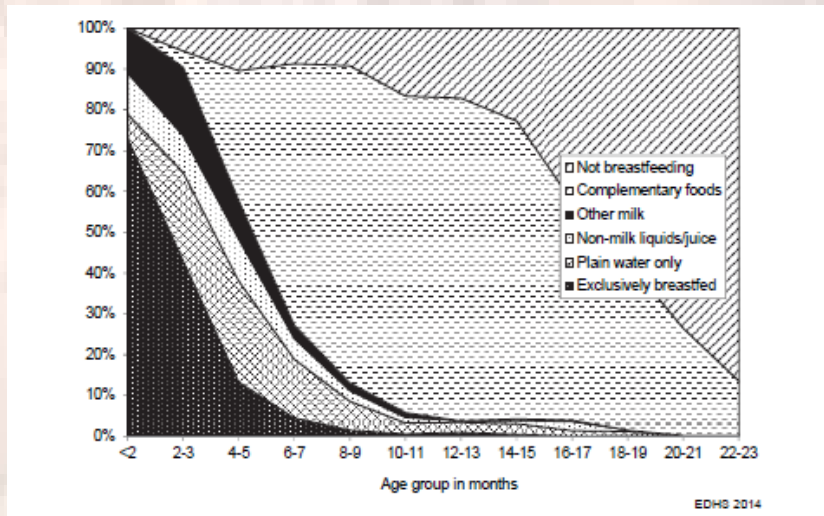
Introduction of Complementary Feeding

During the first six months of life, it is recommended that children should be exclusively breastfed; that is, they should be given only breast milk and not receive other complementary liquids (including plain water) or solids. The early introduction of other liquids or foods increases the exposure of an infant to pathogens that may cause diarrheal disease. Malnutrition is another risk. The complementary foods given to a child may not provide all of the calories that the infant needs, particularly if they are watered down. Since the production of breast milk is influenced by the intensity and frequency of suckling, early complementary feeding may reduce breast milk output, again increasing the risk of malnutrition.

WHO and UNICEF recommend that all children begin to receive complementary food by age six months since, at that age, the mother's breast milk no longer provides adequate nutrition for the child

Infant feeding practices by age

Among children under 6 months of age, around 3 in 10 are being fed with a bottle with a nipple, and around one-quarter of children age 6-11 months are bottle fed. The exclusive breastfeeding indicators highlight the fact that the majority of children are not exclusively breastfed for 6 months as recommended by infant and young child feeding (IYCF) practices. Overall, only 40 % of all children under age 6 months are being exclusively breastfed, and at age 4-5 months only 13 % of children are receiving only breast milk.

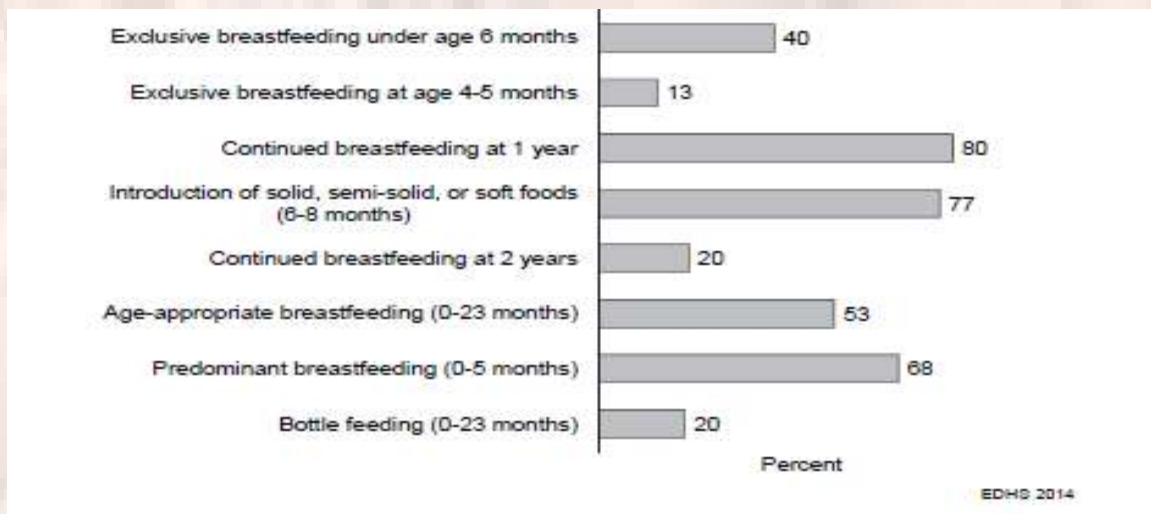


IYCF indicators on breastfeeding status

Twothirdsof children under age 6 months are in this category, i.e., they are exclusively breastfed orbreastfed and receiving either plain water or non-milk liquids.

As regard to the timely introduction of complementary feeding; as recommended, 77 % of children age 6-8months are being given solid, semi-solid, or soft food. The continued breastfeeding indicators show that breastfeeding continues well into the first year of life for most children.However, by age two years, the majority of children are weaned.

Although bottle feeding isdiscouraged, one in five Egyptian children age 0-23 months is bottle fed.Finally, the age-appropriate breastfeeding indicator provides an overallmeasure of the extent to which recommendations with respect to the practices of exclusivebreastfeeding and the timely introduction of complementary foods are being observed. Children areclassified as receiving age-appropriate breastfeeding if they are age 0-5 months and exclusivelybreastfed or age 6-23 months and breastfeeding and consuming complementary foods. Around half ofEgyptian children are being breastfed appropriately.



International Code of Monitoring of Breastmilk Substitutes

Egypt has a long history of protection of Breastfeeding:

- **10 June 1976:** A Ministry of Health Decision number 348/1976 prohibits advertising by words or pictures in any promotional way of food and beverages for infants and children without government approval. The ban was incorporated into Law No. 12/96 on Protecting the Child Rights.
- **29 July 1980:** A Ministry of Health Decision number 514/1980 :
 1. Prohibits the promotion of infant food, Breastmilk substitutes and complementary feeding which can be given by bottle in health care facilities, maternities.
 2. Restricts distribution of products to health professionals for the sole purpose of professional evaluation and research.
- **28 December 1992:** A Decree 16/1992 was issued urging hospital and MCH directors
 1. To protect and promote breastfeeding through all available educational and media activities and programs focusing on interpersonal communication.
 2. Ending free and low-cost supplies of formula.
- **29 March 1994:** Decision of Arab Health Ministers meeting in Cairo:
 1. to make all hospitals to Baby Friendly hospitals and promote breastfeeding as the normal infant feeding practice
 2. To ban all free and low cost supplies of breast milk substitutes except medically indicated.
 3. Implement the International Code of Marketing of Breastmilk substitutes
- **1994:** Egyptian national code for marketing of Breastmilk substitutes

- **2 July 2010:**The Minister of State for Family and Populations announced that By-law No. 2075/2010 has been issued under Child Law No. 12/96 to give effect to the International Code in Egypt.
- **16 January 2014 :**MoHP Decision number 36/2014 that all hospitals (governmental or private) which cares for mothers during pregnancy and delivery and neonates and infants ,to implement international standards for Baby-Friendly hospitals and the International code of Marketing of Breastmilk Substitutes by prohibiting all sorts of promotion and distribution of free samples.

Assessment process followed by the country

- A series of meeting between the contributors of this report and a consensus was made about the report.
- The soft copy of the report was shared by the e mail for a final revision to all contributors.

List of the partners for the assessment process:

- Dr Ghada Sayed IBFAN Arab World Regional Coordinator
- Dr Nahla Rouchdy General Director of MCH Department Ministry of Health and Population
- Dr Dina Abd El Hady Saied **Technical Adviser of National BFHI Program**
General Administration of MCH- Department Ministry of Health and Population
- Dr Baher El-Desouky M&E officer National AIDS Program Ministry of Health and Population

Indicator 1: National Policy, Programme and Coordination

Key question: *Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National infant and young child feeding committee and a coordinator for the committee ?*

Criteria	Scoring	Results ✓ Check any one
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	1	✓
1.2) The policy recommended exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	1	✓
1.3) A national plan of action developed based on the policy	2	✓
1.4) The plan is adequately funded	2	
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1	✓
1.6) The national breastfeeding (infant and young child feeding) committee meets , monitors and reviews on a regular basis	2	✓
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5	
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level.	0.5	✓
Total Score	7.5/10	7.5

Information Sources Used

Discussions on implementation of the Global Strategy for Infant and Young Child Feeding (GSIYCF) with the director of Maternity and Child Health.

Conclusions The national infant and young child feeding committee needs restructuring, regular meeting and a comprehensive plan to fulfill. It also need to be multisectoral to include members from all stakeholders.

Gaps

1. The national breastfeeding (infant and young child feeding) committee needs to link more effectively with all other stakeholders like Academia, Consumer protection organization , NGO 's etc.
2. More funds should be allocated for Protecting, promoting and supporting of breastfeeding.

Recommendations

1. A new continuous well defined IYCF plan.
2. Restructuring of National breastfeeding committee
3. Finding resources for adequate funding.
4. Linking effectively the national breastfeeding (infant and young child feeding) committee with all other sectors like NGO, UN Agencies,... .

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding¹)

Key questions:

- What percentage of hospitals and maternity facilities that provide maternity services have been designated as “Baby Friendly” based on the global or national criteria?
- What is the quality of BFHI program implementation?

Guidelines – Quantitative Criteria

2.1) 0 out of 612 hospitals (MOHP)and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly”in the last 5 years **0%**

Guidelines for scoring		
Criteria	Scoring	Results
		√ Check only one which is applicable
0	0	✓
0.1 - 20%	1	
20.1 - 49%	2	
49.1 - 69%	3	
69.1-89 %	4	
89.1 - 100%	5	
Total rating	0 / 5	0

Guidelines – Qualitative Criteria

Quality of BFHI programme implementation:

Guidelines for scoring		
Criteria	Scoring	Results
		√ Check that apply
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme ²	1.0	✓
2.3) A standard monitoring ³ system is in place	0.5	

² IYCF training programmes such as IBFAN Asia’s ‘4 in1’ IYCF counseling training programme, WHO’s Breastfeeding counseling course etc. may be used.

2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5	✓
2.5) An assessment system relies on interviews of mothers.	0.5	✓
2.6) Reassessment ⁴ systems have been incorporated in national plans with a time bound implementation	1.0	
2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5	✓
2.8) HIV is integrated to BFHI programme	0.5	
2.9) National criteria are fully implementing Global BFHI criteria (See Annex 2.1)	0.5	✓
Total Score	3/5	3
Total Score	3/10	3

Information Sources Used: Discussions with

1. Director of Maternity and Child Health,
2. UNICEF Egypt
3. International Baby Food Action Network (IBFAN).
4. Evaluation of mothers' knowledge, attitudes, and practice towards the ten steps to successful breastfeeding in Egypt. [Breastfeed Med.](#) 2012 Jun;7(3):173-8. doi: 10.1089/bfm.2011.0028. <http://www.ncbi.nlm.nih.gov/pubmed/22803928>

Conclusions

In 1992 more than 220 hospitals and Primary Health Care Centers (PHC) were designated as Baby Friendly but since then there was no reassessment and so gradually these hospitals lost interest and due to turnover of staff it needs a complete

³**Monitoring** is a dynamic system for data collection and review that can provide information on implementation of the *Ten Steps* to assist with on-going management of the *Initiative*. It can be organized by the hospitals themselves or at a higher level in the system. Data should be collected either on an ongoing basis or periodically, for example on a semi-annual or yearly basis, to measure both breastfeeding support provided by the hospitals and mothers' feeding practices.

⁴**Reassessment** can be described as a "re-evaluation" of already designated baby-friendly hospitals to determine if they continue to adhere to the *Ten Steps* and other babyfriendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for the purpose of evaluating on-going compliance with the *Global Criteria* and includes a reassessment visit by an outside team. Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.

plan to regain these hospitals back. Recently MOHP in collaboration with UNICEF (Egypt) have developed a plan to revive the BFHI in Egypt training of Health Care Worker (HCW), Many hospitals were prepared for accreditation. An assessor training was organized and 25 International Board Certified Lactation Consultants (IBCLC's) were prepared for assessment. In 2016 eight MOHP hospitals will be assessed .

Gaps:

1. Few private hospitals are working for Baby Friendly accreditation.
2. A Reassessment systems have been not been incorporated in national plans with a time bound implementation .

Recommendations:

1. BFHI should be included in Egyptian Quality accreditation Program.
2. Private hospitals which offer maternity services should get BFH certification as part of their registration.

Indicator 3: Implementation of the International Code of Marketing of Breastmilk Substitutes

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

Guidelines for scoring		
Criteria (<i>Legal Measures that are in Place in the Country</i>)	Scoring	<i>Check ✓ that apply</i>
3a: Status of the International Code of Marketing		
3.1 No action taken	0	
3.2 The best approach is being considered	0.5	
3.3 National Measures awaiting approval (for not more than 3 years)	1	
3.4 Few Code provisions as voluntary measure	1.5	
3.5 All Code provisions as a voluntary measure	2	
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	3	✓
3.7 Some articles of the Code as law	4	
3.8 All articles of the Code as law	5	
3.9 Relevant provisions of WHA resolutions subsequent to the Code are included in the national legislation ⁵ a)Provisions based on at least 2 of the WHA resolutions as listed below are included	5.5	
b)Provisions based on all 4 of the WHA resolutions as listed below are included	6	
3b: Implementation of the Code/National legislation		
3.10 The measure/law provides for a monitoring system	1	
3.11 The measure provides for penalties and fines to be imposed to violators	1	
3.12 The compliance with the measure is monitored and violations reported to concerned agencies	1	✓
3.13 Violators of the law have been sanctioned during the last 3 years	1	
Total Score (3a + 3b)	4/10	4

Information Sources Used :

⁵Following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.

1. Donation of free or subsidized supplies of breastmilk substitutes are not allowed (WHA 47.5)
2. Labeling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
3. Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
4. Labels of covered products have warnings on the risks of intrinsic contamination and reflect the FAO/WHO recommendations for safe preparation of powder infant formula (WHA 58.32, 61.20)

1. Compliance with the International Code of Marketing of Breastmilk Substitutes in Egypt
2. The International Code Documentation Centre (ICDC) : Legal Advisor , and State of the Code
3. By-Law No. 2075 of 2010
http://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=99316
4. Child Law No. 12/96.
<http://www.mfa.gov.eg/English/Ministry/TraffickinginPersons/RelatedDocuments/Pages/3062009ChildLaw.aspx>
5. Egyptian Code of monitoring breastmilk substitutes
6. Report on the situation of infant and young child feeding in Egypt 2013
http://tbinternet.ohchr.org/Treaties/CESCR/Shared%20Documents/EGY/INT_CESCR_NGO_EGY_14089_E.pdf

Conclusions:

A national monitoring survey was done in Egypt in 2013 and Code violations were reported and a workshop was held and the results of the survey were presented and a book was printed and distributed.

Gaps:

1. The Code as a law cannot be implemented Until an elected parliament convenes as Egypt has been without a parliament since the assembly elected in late 2011 was dissolved in June 2012.

Recommendations:

1. Working on A draft law of Marketing of Breastmilk substitutes to be ready for being approved by the parliament.
2. Gradually end Artificial Milk Subsidization by the Government.
3. Use some of allocated funds for Milk Subsidization to promote breastfeeding
4. Repeat National Code Monitoring every year to force ABM companies to revise their marketing policies.

Indicator 4: Maternity Protection

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

Guidelines for scoring		
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 b. 14 to 17weeks c. 18 to 25 weeks d. 26 weeks or more	0.5 1 1.5 2	✓
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. a. Unpaid break b. Paid break	0.5 1	✓
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. a. Space for Breastfeeding/Breastmilk expression b. Crèche	1 0.5	✓
4.5) Women in informal/unorganized and agriculture sector are: a. accorded some protective measures b. accorded the same protection as women working in the formal sector	0.5 1	
4.6) . a. Information about maternity protection laws, regulations, or policies is made available to workers. b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	0.5 0.5	✓ ✓

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: 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.	1	✓
Total Score:	5/10	5

Information Sources Used:

1. The new Civil Service Law No. 18/2015: Article 49
http://www.ad.gov.eg/ar/Staticpages.aspx?page_id=3013
2. Child's law No.126/2008 :Article 73
http://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=81386

Conclusions:

In 2015 a new Civil Service law was adopted and all women are entitled to a 4 month maternity leave instead of the previous 3 months is a well appreciated step but extending the leave to 6 months and more importantly that all Maternity Protection measures will be applied for all women in private, agricultural and informal sector still needs more work

Gaps:

1. Maternity leave less than 6 months needed for exclusive breastfeeding.
2. Maternity protection measures is only for governmental sector .
3. No Paternity leave

Recommendations

1. Extending Maternity leaves to 6 months
2. Maternity protection measures in governmental, privateinformal/unorganized and agriculture sector and informal sector
3. Paternity leave is granted in the governmental, privateinformal/unorganized and agriculture sector and informal sector for at least 3 days

Indicator 5: Health and Nutrition Care Systems (in support of breastfeeding & IYCF)

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

Guidelines for scoring			
	√ Check that apply		
Criteria	Adequate	inadequate	No Reference
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country ⁶ indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
		✓	
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.	2	1	0
			✓
5.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. ⁷	2	1	0
	✓		
5.4) Health workers are trained on their responsibility under Code implementation/national regulation throughout country.	1	0.5	0
		✓	
5.5) Infant feeding and young feeding information and skills are integrated, as appropriate, into training programmes focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women's health, NCDs etc.)	1	0.5	0
	✓		

⁶ 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.

⁷ 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.

5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. ⁸	1	0.5	0
	✓		
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick.	1	0.5	0
		✓	
Total Score:	6/10		

Information Sources Used: Discussions about the Health and Nutrition Care System with

1. Director of Maternity and Child Care,
2. Officials from the Ministries of Health and Population
3. UNICEF,
4. IBFAN members

Conclusions: health and nutrition care system are adequately in-service training programmes and Integrated Management of Childhood Illness (IMCI)

Gaps:

1. Health workers are not trained on Code implementation.
2. Mothers of sick babies are not entitled for a leave from their work

Recommendations:

1. Health workers should be trained with responsibility towards Code implementation as a key input.
2. Child health policies provide for mothers and babies to stay together when one of them is sick
3. Mother-friendly childbirth procedures could be incorporated with plan to revive Baby Friendly Hospitals
4. Infant and young child feeding curricula or session plans are incorporated in undergraduate curriculum of faculty of Medicine and nursing and postgraduate Pediatric studies as well as Preservice training.

⁸Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

Indicator 6: Mother Support and Community Outreach -Community-based support for the pregnant and breastfeeding mother

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

Guidelines for scoring			
Criteria	Scoring		
	✓	✓	Check that apply
	Yes	To some degree	No
6.1) All pregnant women have access to community-based ante-natal and post -natal support systems with counseling services on infant and young child feeding.	2	1	0
		✓	
6.2) All women receive support for infant and young child feeding at birth for breastfeeding initiation.	2	1	0
		✓	
6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage.	2	1	0
		✓	
6.4) Community-based counseling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/Nutrition Policy.	2	1	0
	✓		
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	1	0
			✓
Total Score:	5/10		

Information Sources Used: Discussions about the Mother Support and Community Outreach with

1. Director of Maternity and Child Health,
2. officials from the Ministries of Health and Population
3. UNICEF,
4. IBFAN members

Conclusions:

Much work has to be done to have a national coverage for all pregnant women to access community-based support systems with counseling services on early initiation of breastfeeding and support for IYCF counseling

Gaps :

1. Community health workers need professional training to develop their counselling and listening skills for infant and young child feeding

Recommendations:

1. Ministry of Health and Population should train all Health workers and volunteers on giving correct information on optimal infant and young child feeding.
 2. Health workers and volunteers should be trained in counseling and listening skills for infant and young child feeding.
 3. Civil Society has to lead in community outreach and support programs as it is their duty to empower women and provide help to mothers and babies
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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?*

Guidelines for scoring			
Criteria	Scoring		
	√	Check that apply	
7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts or interest are avoided.	2	1	0
		✓	
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1	.5	0
	✓		
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding	1	.5	0
		✓	
7.3) IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding	2	1	0
	✓		
7.4. IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence	2	1	0
	✓		
7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF). ⁹	2	0	0
			✓
Total Score:	6.5/10		

⁹ to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;

Information Sources Used :Discussions about the Information Support with:

1. Director of Maternity and Child Care,
2. officials from the Ministry of Health and Population,
3. UNICEF,

Conclusions:Strategies for improving infant and young child feeding (breastfeeding and complementary feeding) should include group education and counseling services

Gaps :

IEC materials/messages do not include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of PIF

Recommendations:

1. World breastfeeding week should be celebrated in all governorates

Indicator 8: Infant Feeding and HIV

Key question: Are policies and programmes in place to ensure that HIV - positive mothers are supported to carry out the national recommended Infant feeding practice?

<i>Guidelines for scoring</i>			
Criteria	Results		
	Yes	To some degree	No
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV	2	1	0
		✓	
8.2) The infantfeeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0
		✓	
8.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5	0
		✓	
8.4) HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5	0
		✓	
8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.	1	0.5	0
	✓		
8.6) Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible.	1	0.5	0
	✓		
8.7) HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake.	1	0.5	0
	✓		
8.8) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months	1	0.5	0

of exclusive breastfeeding and continued breastfeeding in the general population.		✓	
8.9) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5	0
	✓		
Total Score:	7/10		

Information Sources Used

1. Discussions about : Infant Feeding and HIV with M&E officer National Acquired Immune Deficiency Syndrome (AIDS) Program
2. National HIV Programme Situation and Gap Analysis
http://www.unaids.org/sites/default/files/country/documents/EGY_narrative_report_2015.pdf
3. Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection <http://www.who.int/hiv/pub/guidelines/arv2013/en/>

Conclusions :

Though HIV is not of concern currently in Egypt, but feeding of babies of HIV infected mothers policies should be considered.

Gaps

1. Shortage of Program for Infant/Toddler Care (PITC) for HIV in antenatal clinic (ANC)&Maternal and Child Health (MCH).
2. Lack of HIV comprehensive knowledge among health care providers.
3. High level of HIV stigma in health setting and among community.

Recommendations :

1. Specific training for health providers
2. Adapted guideline for non HIV specialist
3. Scaling up HIV counseling and testing (provider initiated testing and counseling)
4. HIV awareness among women and youth (reproductive age)
5. Supporting PITC for HIV in ANC & MCH

Indicator 9: Infant and Young Child Feeding during Emergencies

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

<i>Guidelines for scoring</i>			
Criteria	Scoring Check that apply		
9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance	2	1	0
		✓	
9.2) Person(s) tasked with responsibility for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
	✓		
9.3) An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers: a) basic and technical interventions to create an enabling environment for breastfeeding, including counseling by appropriately trained counselors, support for relactation and wet-nursing, and protected spaces for breastfeeding b) measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and procurement management and use of any infant formula and BMS, in accordance with strict criteria, the IFE Operational Guidance, and the International Code and subsequent relevant WHA resolutions	1	0.5	0
			✓
	1	0.5	0
			✓
9.4) Resources have been allocated for implementation of the emergency preparedness and response plan	2	1	0
			✓
9.5)a) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel. b) Orientation and training is taking place as per the national emergency preparedness and response plan	1	0.5	0
			✓
	1	0.5	0
			✓
Total Score:	3/10		

Information Sources Used: Discussions with:

1. Director of Maternity and Child Health,
2. officials from the Ministry of Health and Population,
3. UNICEF,

Conclusions:

For years our region has been having emergencies and plans were put but infant and young child feeding was not part of it.

Gaps: Emergencies jeopardize the health and survival of large populations, with infants being the most vulnerable. But breastfeeding in emergency situations can be a lifesaver. As Egypt is relatively away from places in the world where they have emergencies (earthquakes, flooding...), no emergency plan is put

Recommendations :

Policies and programmes should ensure that mothers, infants and children will be provided adequate protection and support for appropriate feeding during emergencies?

Indicator 10: Mechanisms of Monitoring and Evaluation System

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

<i>Guidelines for scoring</i>			
Criteria	Scoring 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
		✓	
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions	2	1	0
	✓		
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2	1	0
	✓		
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2	1	0
	✓		
10.5) Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2	1	0
	✓		
Total Score:	9/10		

Information Sources Used: Discussions about the Mechanisms of Monitoring and Evaluation System with

1. Director of Maternity and Child Health,
2. officials from the Ministries of Health,

Conclusions: Monitoring and Evaluation System should be built into major infant and young child feeding programme activities.

Gaps: Egyptian Ministry of Health conducts Demographic and Health Survey approximately every 3 years and this is the sole source of data collection acceptable concerning feeding practices.

Recommendations :

1. Monitoring and evaluation data should be collected systematically and more frequently.
2. Data should be used to get information that can be used to improve infant and young child feeding practices

Indicator 11: Early Initiation of Breastfeeding

Key question: *What is the percentage of babies breastfed within one hour of birth?* **27.1%**

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

Guideline:

Data Source:

The 2014 Egypt Demographic and Health Survey (2014 EDHS)

Summary Comments :

Almost all Egyptian children are breastfed for some period of time. Differentials in the proportion of children ever breastfed are small, with 94 % or more of children in every subgroup reported as ever breastfed. Breastfeeding begins soon after birth for the majority of breastfed children; 79 % of the children were put to the breast within the first day after delivery, and 27 % within the first hour. Although breastfeeding is initiated early for the majority of children, prelacteal feeding is common; 61 % of children receive a prelacteal feed during the first three days after birth. Children born at home were twice as likely to have been breastfed within an hour of delivery as children born in a health facility (48 % and 24 %, respectively). However, there is only a minor difference in the proportion for whom breastfeeding was initiated within one day of birth between children born at home and those delivered in a facility. Although prelacteal feeding practices were less common among children born at home than those born in a health facility, the difference was not large (56 % and 62 %, respectively).

Indicator 12: Exclusive Breastfeeding for the First Six Months

Guideline:

Key question: What is the percentage of babies 0<6 months of age exclusively breastfed¹⁰ in the last 24 hours? **13.3 %**

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

Data Source

The 2014 Egypt Demographic and Health Survey (2014 EDHS)

Summary Comments :

Breastfeeding continues for the majority of Egyptian children well beyond the first year of life. At age 12-17 months, more than 7 in 10 children are still being breastfed, and more than one-quarter of children 18-23 months continue to be breastfed.

Exclusive breastfeeding is common but not universal in very early infancy in Egypt. Among infants under two months of age, 71 % are receiving only breast milk. However, the proportion exclusively breastfed drops off rapidly among older infants. By age 4-5 months, only around 1 in 8 children were being exclusively breastfed.

¹⁰Exclusive breastfeeding means the infant has received only breastmilk (from his/her mother or a wet nurse, or expressed breastmilk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (2)

Indicator 13: Median Duration of Breastfeeding

Key question: *Babies are breastfed for a median duration of how many months?* **17.1 %**

Guideline:

Indicator 13	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Median Duration of Breastfeeding	0.1-18 Months	3	Red
	18.1-20 ”	6	Yellow
	20.1-22 ”	9	Blue
	22.1- 24 or beyond ”	10	Green

Data Source:

The 2014 Egypt Demographic and Health Survey (2014 EDHS)

Summary Comments :

The median duration of breastfeeding is 17.1 months. On average, children are exclusively breastfed or predominantly breastfed for less than the recommended six months; the median duration for which children are exclusively breastfed is 1.8 months and the median duration of predominant breastfeeding, i.e., when children receive only non-milk liquids in addition to breast milk, is 4.1 months. The longest median breastfeeding duration is observed among children born to mothers who have never attended school (18.3 months) and the shortest is found among children in the Frontier Governorates (15.9 months). With regard to exclusive breastfeeding the shortest duration is observed in the Urban Governorates.

Indicator 14: Bottle feeding

Key question: *What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles? 20%*

Guideline:

Indicator 14	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
		Scores	Colour-rating
Bottle Feeding (0-12 months)	29.1-100%	3	Red
	4.1-29%	6	Yellow
	2.1-4%	9	Blue
	0.1-2%	10	Green

Data Source :

The 2014 Egypt Demographic and Health Survey (2014 EDHS)

Indicator 15: Complementary feeding --- Introduction of solid, semi-solid or soft foods

Key question: Percentage of breastfed babies receiving complementary foods at 6-9 months of age? **77 %**

Guideline

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

Data Source:

The 2014 Egypt Demographic and Health Survey (2014 EDHS)

Summary Comments :

The majority of Egyptian children age 6 months and older are receiving other foods or milk in addition to breast milk. At 6-8 months, however, 23 % of babies are not being given solid or semi-solid food in addition to breast milk and, at age 9-11 months, 8 % of children are not yet being fed solid or semi-solid food.

Summary Part I: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Programme and Coordination	7.5
2. Baby Friendly Hospital Initiative	3
3. Implementation of the International Code	4
4. Maternity Protection	5
5. Health and Nutrition Care Systems	6
6. Mother Support and Community Outreach	5
7. Information Support	6.5
8. Infant Feeding and HIV	7
9. Infant Feeding during Emergencies	3
10. Monitoring and Evaluation	9

IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated **56 out of 100**.

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

Conclusions (*Summarize the achievements on the various programme components, what areas still need further work*)¹¹ :

¹¹In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

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

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	27 %	3
Indicator 12 Exclusive Breastfeeding for first 6 months	13 %	6
Indicator 13 Median duration of Breastfeeding	17 %	3
Indicator 14 Bottle-feeding	20 %	6
Indicator 15 Complementary Feeding	77 %	6
Score Part II (Total)		24

IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding Practice (indicators 11-15) are calculated out **24 of 50**.

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

Conclusions *(Summarize which infant and young child feeding practices are good and which need improvement and why, any further analysis needed)¹² :*

¹²In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

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

Total score of infant and young child feeding practices, policies and programmes (indicators 1-15) are calculated out of 150. Countries are then rated as:80

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

Key Gaps

- The national breastfeeding (infant and young child feeding) committee needs to link more effectively with all other stakeholders
- like Academia, Consumer protection organization, NGO 's etc.
- More funds should be allocated for Protecting, promoting and supporting of breastfeeding.
- Only few hospitals are working for Baby Friendly accreditation.
- A Reassessment systems have been not been incorporated in national plans with a time bound
- The Code as a law is not implemented
- Maternity leave less than 6 months needed for exclusive breastfeeding.
- Maternity protection measures is only for governmental sector .
- No Paternity leave
- Health workers are not trained on Code implementation.
- IEC materials/messages do not include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of PIF
- Shortage of Program for Infant/Toddler Care (PITC) for HIV in antenatal clinic (ANC) & Maternal and Child Health (MCH).
- Lack of HIV comprehensive knowledge among health care providers.
- High level of HIV stigma in health setting and among community.
- No IYCF policies in emergency plan is put
- There is no process of monitoring
- Demographic and Health Survey approximately every 3 years and this is the sole source of data collection acceptable concerning feeding practices.

Key Recommendations

- A new continuous well defined IYCF plan.
- Restructuring of National breastfeeding committee
- Linking effectively the national breastfeeding (infant and young child feeding) committee with all other sectors like NGO, UN Agencies,....
- BFHI should be included in Egyptian Quality accreditation Program.
- All hospitals which offer maternity services should get BFH certification as part of their registration.
- Working on A draft law of Marketing of Breastmilk substitutes to be ready for being approved by the parliament.
- Gradually end Artificial Milk Subsidization by the Government.
- Use some of allocated funds for Milk Subsidization to promote breastfeeding
- Repeat National Code Monitoring every year to force ABM companies to revise their marketing policies.
- Extending Maternity leaves to 6 months
- Maternity protection measures in governmental, private informal/unorganized and agriculture sector and informal sector
- Paternity leave is granted in the governmental, private informal/unorganized and agriculture sector and informal sector for at least 3 days
- Health workers should be trained with responsibility towards Code implementation as a key input.
- Child health policies provide for mothers and babies to stay together when one of them is sick
- Mother-friendly childbirth procedures could be incorporated with plan to revive Baby Friendly Hospitals
- Infant and young child feeding curricula or session plans are incorporated in undergraduate curriculum of faculty of Medicine and nursing and postgraduate Pediatric studies as well as Preservice training.
- Ministry of Health and Population should train all Health workers and volunteers on giving correct information on optimal infant and young child feeding.
- Health workers and volunteers should be trained in counseling and listening skills for infant and young child feeding.
- Civil Society has to lead in community outreach and support programs as it is their duty to empower women and provide help to mothers and babies
- World breastfeeding week should be celebrated in all governorates
- HIV awareness among women and youth (reproductive age)

- Policies and programmes should ensure that mothers, infants and children will be provided adequate protection and support for appropriate feeding during emergencies
- Monitoring and evaluation data should be collected systematically and more frequently.
- Data should be used to get information that can be used to improve infant and young child feeding practices