



**World Breastfeeding Trends Initiative (WBTi)**

**JORDAN**

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# The World Breastfeeding Trends Initiative (WBTi)

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**COUNTRY: JORDAN**

**YEAR : 2015**

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## **Abbreviations**

|        |  |
|--------|--|
| BF     | Breastfeeding                              |
| BFHI   | Baby-Friendly Hospital Initiative          |
| DHS    | Demographic and Health Surveys             |
| FDA    | Food and Drug Administration               |
| IDDM   | Insulin Dependent Diabetes Mellitus        |
| IEC    | Information, Education and Communication   |
| IFE    | Infant feeding in emergencies              |
| IMCI   | Integrated Management of Childhood Illness |
| LAM    | The Lactational amenorrhea method          |
| MOH    | Ministry of Health                         |
| =M&E   | Monitoring and evaluation                  |
| NEC    | Necrotizing Enterocolitis                  |
| UNICEF | United Nations Children's Fund             |

## Introduction

Children must get the best possible start in life. Their survival, protection, development and growth in good health and with proper nutrition is an essential foundation of human development, breastfeeding is well recognized as a mean to protect, promote and support the health of infants and young children. The act of breastfeeding releases growth hormones, promotes healthy oral development, and establishes a trusting relationship between baby and mother.

Breastfeeding also has definite benefits for mothers because it boosts a mother's own immune system, and in the long term it can help protect a mother from breast and ovarian cancers and osteoporosis.

Breastfeeding is among the most cost-effective interventions to improve infant and mother's nutrition, health development and survival.

Virtually every mother can breastfeed her baby; and nearly all mothers can make enough milk for their babies. It is helpful to have support and assistance from health professionals, family, friends and employers.

Early initiation of breastfeeding is crucial. Baby should be put to the breast as soon as possible after birth; Baby doesn't need any other food, water or glucose at this time.

Colostrum is the first milk produced by the mother after giving birth; it contains all the nutrients necessary to nourish the baby. It also protects against infections (considered the first vaccine). Colostrum is a natural purgative that clears the intestines of the newborn.

Healthy babies that consume enough breastmilk to satisfy their energy needs receive, with a considerable margin of safety, enough fluid to satisfy their requirements even in hot and dry environment.

Infants demand for milk regulates the milk supply, the more the baby suckles at the breast, the more the mother produces milk to satisfy baby's needs.

Nipple size and shape isn't important in the success of breastfeeding; The important thing is for the nipple to pull or to protract well. The baby takes the nipple and part of the areola (this forms sort of a teat inside baby's mouth. One third is nipple and two thirds are from areola and underlying breast tissues.

Positioning and attachment are important for the success of breastfeeding; Baby should be held directly facing the breast and ensure that baby's head, neck and back are well supported. Correct positioning and attachment is most important in preventing sore nipples.

A baby should be allowed to finish suckling from the first breast first (i.e. to come off the breast spontaneously) and if still hungry be offered the second breast (i.e. breastfeeding should continue until baby stops suckling and appears satisfied).

It is well documented that breastfed babies have a different growth pattern than formula fed babies; Breastfed babies grow at a slower rate than artificially fed infants; nowadays there are growth charts specific for following growth of breastfed babies.

The most common reason cited by mothers for stopping breastfeeding in the first months is the "insufficient milk syndrome"- it is "iatrogenic"!!

Breastmilk is very important for preterm babies- it promotes their growth and reduces the risk of Necrotizing Enterocolitis; it is advisable to start giving preterm babies breastmilk as soon as they start tolerating oral (enteral) feeding.

Breastfeeding is more than just feeding and ingestion of milk. Breastfeeding affords many irreplaceable health advantages for both mother and baby.

### **Some advantages of breastfeeding for the mother:**

- Lactation reduces risk of post- partum bleeding.
- Breastfeeding improves bonding with the baby.
- Lactation reduces risk of pre-menopausal breast and ovarian cancer.
- Breastfeeding reduces incidence of osteoporosis in later life.
- Breastfeeding - if done frequently and on demand, and the mother has amenorrhea - is an effective method of family planning till the baby reaches 6 months of age: The Lactational amenorrhea method (LAM) .

### **Some advantages of breastfeeding for the baby:**

- Breastfeeding gives the baby love, security and pleasure.
- Reduces infant morbidity and mortality.
- Early initiation and frequent breastfeeding reduces the incidence of neonatal jaundice and hypoglycemia
- Provides protection against diarrheal diseases.
- Provides protection against respiratory tract infections and otitis media.
- Enhances response to vaccination.
- Provides protection against Necrotizing Enterocolitis (NEC) in the newborn.
- Reduces the risk of developing Insulin Dependent Diabetes Mellitus (IDDM) .
- Reduces the incidence of allergic disorders.
- Reduces the incidence of childhood obesity.
- There is evidence that breastfed infants might have lower incidence of childhood cancers.
- Reduces the risk of sudden infant death syndrome.
- Breastfeeding may have a positive effect on long term brain development; Mother's milk contribute to the cognitive development of baby and development of human brain during the first two years of life.

### **Background**

The Hashemite Kingdom of Jordan is located in the centre of the Middle East. It has a total surface area of 89,300 square kilometres, of which only 7.8% is arable land.

Administratively, it is divided into 12 governorates).The 12 governorates are equally distributed among 3 regions: Mid-Jordan, North-Jordan and South-Jordan. Mid-Jordan region (including the capital Amman) occupies 16% of the total surface area of the country where about two thirds of the total population live. North-Jordan region occupies one third of the total surface area where 28% of the population lives, while South-Jordan Region occupies almost half of the total surface area and has the least proportion of the population (less than 10% of the total population). This shows the wide diversity in the population density among the three regions.

### **Situation of breastfeeding in Jordan:**

Religion and culture in Jordan support breastfeeding, but still the breastfeeding practices are not optimal.

It is of great interest to notice the rise in the rate of exclusive breastfeeding in the Demographic and Health Surveys (DHS) results of 2002, if we compare them with the DHS results of 1997. In 1997 the exclusive breastfeeding rate among babies less than 6 months old

was 12 % , while this figure rose to 26.7% in the DHS 2002- and unfortunately this rate dropped to 22% in 2007(DHS) and to 23% in 2012. Most Jordanian mothers start breastfeeding their babies soon after delivery. Surveys confirm that 68% of babies receive breast milk within 24 hours of birth (DHS 2012) and the large majority continues to do so for 12.5 months (DHS 2012), but exclusive breastfeeding rates are very low. While health and nutrition experts recommend that introduction of complementary foods should start only when an infant is six months old, other liquids such as water, juice, and formula milk are being introduced to most Jordanian infants in the first couple of months. Thus, urgent attention is directed towards improving exclusive breastfeeding rates during the first six months of life

#### **Assessment process followed by the country**

The process of assessment was done by a small group of Ministry of Health (MOH), all indicators were discussed with the relevant persons in the ministry. The indicators of breastfeeding were taken from the latest DHS survey 2012

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

- Ministry of Health (MOH)
- United Nations Children's Fund (UNICEF)
- Food and Drug Administration (FDA )

## 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 ?*

| Guidelines for scoring   |            |                            |
|--|------------|----------------------------|
| Criteria   | Scoring    | Results<br>✓ Check any one |
| 1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government   | 1          | 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 ✓                        |
| 1.3) A national plan of action developed based on the policy   | 2          | 2 ✓                        |
| 1.4) The plan is adequately funded   | 2          | 0 ✓                        |
| 1.5) There is a National Breastfeeding Committee/ IYCF Committee   | 1          | 1 ✓                        |
| 1.6) The national breastfeeding (infant and young child feeding) committee meets, monitors and reviews on a regular basis  | 2          | 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        | 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        | 0.5 ✓                      |
| <b>Total Score</b>   | <b>/10</b> | <b>8</b>                   |

### Information Sources Used:

1. Ministry of Health (MOH) <http://www.moh.gov.jo/AR/Pages/default.aspx>
2. UNICEF

### Conclusions:

IYCF is very good strategy in all its aspects but there is a need for coordination between all sectors to implement it in the right way. Monitoring tools are needed to follow the implementation process.

### Gaps :

1. BF is not considered as a priority program among others
2. BF committee is established but it is not so active
3. The link between the committee with other sectors is not so effective

### Recommendations:

1. Empowerment of the committee
2. Capacity building for health care providers about IYCF strategy
3. Monitoring and evaluation for implementation of the policy

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

### 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) 2 out of 80 total hospitals ( both public & private )and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly”in the last 5 years  
3%

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

### Guidelines – Qualitative Criteria

Quality of BFHI programme implementation:

| <b>Guidelines for scoring</b>  |                |   |
|--|----------------|---|
| <b>Criteria</b>  | <b>Scoring</b> | <b>Results</b><br><b>Check that apply</b> |
| 2.2) BFHI programme relies on training of health workers using at least 20 hours training programme <sup>1</sup> | 1.0            | 1.0                                       |
| 2.3) A standard monitoring <sup>2</sup> system is in place   | 0.5            | 0   |
| 2.4) An assessment system includes interviews of health care   | 0.5            | 0.5                                       |

<sup>1</sup> IYCF training programmes such as IBFAN Asia’s ‘4 in1’ IYCF counseling training programme, WHO’s Breastfeeding counseling course etc. may be used.

<sup>2</sup>**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.



|  |           |            |
|--|-----------|------------|
| personnel in maternity and post natal facilities   |           |            |
| 2.5) An assessment system relies on interviews of mothers.   | 0.5       | 0.5        |
| 2.6) Reassessment <sup>3</sup> systems have been incorporated in national plans with a time bound implementation | 1.0       | 0          |
| 2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country                | 0.5       | 0.5        |
| 2.8) HIV is integrated to BFHI programme   | 0.5       | 0.5        |
| 2.9) National criteria are fully implementing Global BFHI criteria (See Annex 2.1)                               | 0.5       | 0.5        |
| <b>Total Score</b>   | <b>5</b>  | <b>3.5</b> |
| <b>Total Score</b>   | <b>10</b> | <b>4.5</b> |

***Information Sources Used:***

1. Ministry of Health (MOH) <http://www.moh.gov.jo/AR/Pages/default.aspx>
2. UNICEF

***Conclusions :***

*The country is doing steps in achieving BFHI targets implementing ten steps to successful breastfeeding , but still we need trained and skillful evaluators to assess the hospitals as baby friendly hospitals.*

***Gaps :***

1. Lack of follow up of the hospitals that were certified as BFH
2. No commitment from the hospitals to continuously assess the ten steps(self-assessment)
3. 3 The BFHI is not considered a priority

***Recommendations:***

1. Adoption of BFHI as a strategy in MOH
2. Advocacy for the BFHI
3. Empowerment of BF committee
4. Training of assessors for assessment of BFH

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<sup>3</sup>**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.

### 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?*

| <b>Guidelines for scoring</b>   |                |   |
|---|----------------|---|
| <b>Criteria</b> (Legal Measures that are in Place)  | <b>Scoring</b> | <b>Results</b>  |
| <b>3a: Status of the International Code of Marketing</b>  |                | ✓ (Check that apply. If more than one is applicable, record the highest score.) |
| 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 three 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 <sup>4</sup>           |                |   |
| 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              |   |
| <b>3b: Implementation of the Code/National legislation</b>  |                | ✓ Check that apply  |
| 3.10 The measure/law provides for a monitoring system   | 1              | ✓   |
| 3.11 The measure provides for penalties and   | 1              | ✓   |

<sup>4</sup>Following 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)

|   |               |            |
|---|---------------|------------|
| finances to be imposed on violators   |               |            |
| 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 three years                      | 1             |            |
| <b>Total Score (3a + 3b)</b>  | <b>7.5/10</b> | <b>7.5</b> |

***Information Sources Used :***

1. Ministry of Health (MOH) <http://www.moh.gov.jo/AR/Pages/default.aspx>
2. UNICEF: [http://www.unicef.org/jordan/media\\_10510.htm](http://www.unicef.org/jordan/media_10510.htm)

***Conclusions:***

The regulation is available and approved in 2015 but the implementation is weak, the compliance with the regulation is not monitored and violations still not reported to concerned agencies

***Gaps :***

1. Advocacy of the regulation is weak
2. Monitoring and evaluation is weak
3. implementation is weak
4. Violations are not reported

***Recommendations:***

1. Advocacy of the regulation
2. Proper implementation
3. Establishing Monitoring and evaluation (M&E) system

#### 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?*

| <u>Guidelines for scoring</u>  |                      |                               |
|--|----------------------|-------------------------------|
| Criteria   | Scoring              | Results<br>✓ Check that apply |
| 4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave<br>a. Any leave less than 14 weeks<br>b. 14 to 17weeks<br>c. 18 to 25 weeks<br>d. 26 weeks or more  | 0.5<br>1<br>1.5<br>2 | ✓                             |
| 4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.<br>a. Unpaid break<br>b. Paid break  | 0.5<br>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.<br>a. Space for Breastfeeding/Breastmilk expression<br>b. Crèche                             | 1<br>0.5             | ✓                             |
| 4.5) Women in informal/unorganized and agriculture sector are:<br>a. accorded some protective measures<br>b. accorded the same protection as women working in the formal sector  | 0.5<br>1             | ✓                             |
| 4.6) a. Information about maternity protection laws, regulations, or policies is made available to workers.<br>b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.                        | 0.5<br>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                    | 1                             |
| <b>Total Score:</b>  | <b>6/10</b>          | <b>6</b>                      |

***Information Sources Used :***

1. National Labour Law [http://www.ilo.org/ifpdial/information-resources/national-labour-law-profiles/WCMS\\_158905/lang--en/index.htm](http://www.ilo.org/ifpdial/information-resources/national-labour-law-profiles/WCMS_158905/lang--en/index.htm)

***Conclusions:***

The maternity and paternity leave are short , and the place of work should enable lactating women to express their milk for their kids

***Gaps:***

1. Labor law should be implemented properly in all sectors
2. Paternity leave is short
3. working places are not friendly to lactating mothers
4. There are no nurseries in all working places for babies

***Recommendations :***

1. Enforcement of labor law to all sectors
2. Paternity leave should be given at least for 3 days for private and public sectors.
3. The presence of a friendly and enabling working place for a mothers to nurse and express her milk for her child

## 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?

| <u>Guidelines for scoring</u>   |                |            |              |
|---|----------------|------------|--------------|
| <u>Criteria</u>   | <u>Scoring</u> |            |              |
|   | 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 <sup>5</sup> 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. <sup>6</sup>   | 2              | 1          | 0            |
|   |                | ✓          |              |
| 5.4) Health workers are trained on their responsibility under the Code implementation / national regulation throughout the 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            |
|   | ✓              |            |              |
| 5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. <sup>7</sup>   | 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            |
|   |                | ✓          |              |
| <b>Total Score:</b>   | <b>7.5/10</b>  |            |              |

<sup>5</sup> Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

<sup>6</sup> The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

<sup>7</sup> Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

***Information Sources Used:***

1. Ministry of Health (MOH) <http://www.moh.gov.jo/AR/Pages/default.aspx>
2. WHO: <http://www.emro.who.int/child-health/strategy-implementation/implementation-of-imci-in-jordan.html>

***Conclusions:*** Coordination between all health sectors regarding nutrition and IYCF will improve the situation in Jordan.

***Gaps:***

1. Rooming in should be adopted in private hospitals as well as public hospitals
2. Training is not adequate

***Recommendations:***

1. Coordination between different sectors to review training manuals.
2. Capacity building to health care providers in all sectors
3. Monitoring and evaluation

**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 .

| <u>Guidelines for scoring</u>   |                    |                |    |
|---|--------------------|----------------|----|
| Criteria  | <u>Scoring</u>     |                |    |
|   | √ 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  |
|   |                    | ✓              |    |
| <b>Total Score:</b>   | <b>5/10</b>        |                |    |

**Information Sources Used:**

1. Ministry of Health (MOH) <http://www.moh.gov.jo/AR/Pages/default.aspx>

**Conclusions :**

Community participation and mother to mother support groups should be strengthened to help pregnant and lactating mothers to breastfeed.

**Gaps :**

1. Community-based support services for the pregnant and breastfeeding woman are weak
2. Community-based volunteers and health workers are few in number and need more training

**Recommendations**

1. Community-based support systems and services on infant and young child feeding need to be strengthened and integrated into infant and young child health strategy
2. Adoption of the health sectors of the community-based trained volunteers in their places



**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?

| <b><u>Guidelines for scoring</u></b>   |                |                                |           |
|--|----------------|--------------------------------|-----------|
| <b>Criteria</b>  | <b>Scoring</b> |                                |           |
|  | √              | <b><i>Check that apply</i></b> |           |
|  | <u>Yes</u>     | <u>To some degree</u>          | <u>No</u> |
| 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). <sup>8</sup>                | 2              | 0                              | 0         |
|  | ✓              |                                |           |
| <b>Total Score:</b>  | <b>7/10</b>    |                                |           |

**Information Sources Used :**

1. Ministry of Health (MOH) <http://www.moh.gov.jo/AR/Pages/default.aspx>

**Conclusions:**

IEC materials should be updated and accessible to the target group, but it is too expensive to air TV breastfeeding spots in Jordan

**Gaps**

Individual counselling and group education services related to infant and young child feeding are not so efficient

**Recommendations**

A national IEC campaign or programme using electronic and print media should be activated and continues

<sup>8</sup> 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;

### 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 infant feeding 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 of exclusive breastfeeding and continued breastfeeding in the general population.   | 1             | 0.5            | 0  |
|  |               | ✓              |    |
| 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  |
|  |               | ✓              |    |
| <b>Total Score:</b>  | <b>5.5/10</b> |                |    |

***Information Sources Used:***

1. Ministry of Health (MOH) <http://www.moh.gov.jo/AR/Pages/default.aspx>

***Conclusions:***

AIDS is not considered as a big health program in Jordan

***Gaps :***

AIDS is not considered as a big health program in Jordan

***Recommendations:***

The country should have a comprehensive policy on infant and young child feeding that includes infant feeding and HIV

## 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<br>√ 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 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:  | 1                             | 0.5            | 0  |
| a) basic and technical interventions to create an enabling environment for breastfeeding, including counseling by appropriately trained counselors, support for relaxation 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  |
|   |                               | ✓              |    |
| 9.4) Resources have been allocated for implementation of the emergency preparedness and response plan   | 2                             | 1              | 0  |
|   | ✓                             |                |    |
| 9.5)  | 1                             | 0.5            | 0  |
| 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  |
|   | ✓                             |                |    |
| <b>Total Score:</b>   | <b>6.5/10</b>                 |                |    |

### Information Sources Used :

1. Ministry of Health (MOH) <http://www.moh.gov.jo/AR/Pages/default.aspx>

### Conclusions:

There is a good response to ER situation in Jordan, but still the budget is needed to host and offer medical service to the refugees

***Gaps :***

1. The country has a comprehensive policy in emergencies but it doesn't focus on infant and young child feeding

***Recommendations:***

1. An emergency preparedness plan should be undertaken by the country to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding
2. Adhere to the regulation of marketing of breast milk substitutes in Emergency situation

## 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<br>✓ 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  |
|  | ✓                             |                |    |
| <b>Total Score:</b>  |                               | <b>6/10</b>    |    |

### Information Sources Used:

1. Ministry of Health (MOH) <http://www.moh.gov.jo/AR/Pages/default.aspx>

### Conclusions:

Monitoring and evaluation are collected to improve infant and young child feeding practices, but it needs strengthening

### Gaps:

Baseline and follow-up data are not always collected to measure outcomes for major infant and young child feeding programme activities.

### Recommendations :

Monitoring of key infant and young child feeding practices should be built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys

**Indicator 11: Early Initiation of Breastfeeding**

**Key question:** *What is the percentage of babies breastfed within one hour of birth?* **18.6%**

**Guideline:**

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

**Data Source :**

Population and Family Health Survey 2012 .<https://dhsprogram.com/pubs/pdf/FR282/FR282.pdf>

**Summary Comments :**

The rate of early initiation of breastfeeding is low especially when mothers delivered in private hospitals where babies stay in nurseries. This rate is lower in north region than middle and south.

**Indicator 12: Exclusive Breastfeeding for the First Six Months**

**Key question:** What is the percentage of babies 0<6 months of age exclusively breastfed<sup>9</sup> in the last 24 hours? **23%**

**Guideline:**

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

**Data Source :**

Population and Family Health Survey 2012  
<https://dhsprogram.com/pubs/pdf/FR282/FR282.pdf>

**Summary Comments :**

The rate of EXBF among children less than six months is low, because of early introduction of complementary food due to the misconception that breast milk is not adequate. 37% from children consume other milk, 9% consume water in addition to breast milk and 14% consume supplementary food.

<sup>9</sup>Exclusive breastfeeding means the infant has received only breastmilk (from his/her mother or a wet nurse, or expressed breastmilk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (2)



**Indicator 13: Median Duration of Breastfeeding**

**Key question:** What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles? **71%**

**Key question:** Babies are breastfed for a median duration of how many months? **12.5 months.**

**Guideline:**

| Indicator 13                                   | <u>Key to rating adapted from WHO tool (see Annex 11.1)</u> | <u>IBFAN Asia Guideline for WBTi</u> |               |
|--|---|--------------------------------------|---------------|
|  |   | Scores                               | Colour-rating |
| <b><u>Median Duration of Breastfeeding</u></b> | 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 :**

Population and Family Health Survey 2012 .<https://dhsprogram.com/pubs/pdf/FR282/FR282.pdf>

**Summary Comments :**

Most mothers think that BF after one year is not beneficial for their children and also they consider that BF will be embarrassing to them when the baby's age is more than 12 months so they like to stop breastfeeding before 2 years. This rate is inversely proportional to the education level of the mother and it seems that baby boys breastfed longer than baby girls.

### Indicator 14: Bottle feeding

Percentage using a bottle with a nipple = 71.1 %

| Indicator 14                    | Key to rating adapted from WHO tool (see Annex 11.1) | IBFAN Asia Guideline for WBTi |               |
|---------------------------------|--|-------------------------------|---------------|
|                                 |  | Scores                        | Colour-rating |
| Bottle Feeding<br>(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 :

Population and Family Health Survey 2012 .<https://dhsprogram.com/pubs/pdf/FR282/FR282.pdf>

#### Summary Comments :

Mothers in Jordan like to feed their babies by bottle especially at night in order to let their babies sleep ,also breastfeeding mothers use bottle feeding along with BF so that they don't need to be stuck with their children and can leave them sometimes whenever they need to go out. Bottle feeding is associated with diarrhea because of improper preparation of the bottle milk.

**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?* **66%**

**Guideline**

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

***Data Source***

**Jordan Population and Family Health Survey 2012**

[http://www.dos.gov.jo/dos\\_home\\_e/main/linked-pdf/pop\\_2012.pdf](http://www.dos.gov.jo/dos_home_e/main/linked-pdf/pop_2012.pdf)

***Summary Comments :***

Children 6-8 months should eat 2-3 times/day a nutritious food rich in iron,protein and vitamins in addition to breastfeeding and to avoid junk food and fizzy drinks.

### **Summary Part I: IYCF Policies and Programmes**

| <b>Targets:</b>                                | <b>Score (Out of 10)</b> |
|--|--------------------------|
| 1. National Policy, Programme and Coordination | <b>8</b>                 |
| 2. Baby Friendly Hospital Initiative           | <b>4.5</b>               |
| 3. Implementation of the International Code    | <b>7.5</b>               |
| 4. Maternity Protection                        | <b>6</b>                 |
| 5. Health and Nutrition Care Systems           | <b>7.5</b>               |
| 6. Mother Support and Community Outreach       | <b>5</b>                 |
| 7. Information Support                         | <b>7</b>                 |
| 8. Infant Feeding and HIV                      | <b>5.5</b>               |
| 9. Infant Feeding during Emergencies           | <b>6.5</b>               |
| 10. Monitoring and Evaluation                  | <b>6</b>                 |
| Total  | <b>63.5</b>              |

### **IBFAN Asia Guidelines for WBTi**

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

| <b>Scores</b> | <b>Colour- rating</b> |
|---------------|-----------------------|
| 0 – 30.9      | <b>Red</b>            |
| 31 – 60.9     | <b>Yellow</b>         |
| 61 – 90.9√    | <b>Blue</b>           |
| 91 – 100      | <b>Green</b>          |

### **Conclusions:**

All items need work, but the regulation of marketing of BM substitutes needs monitoring and implementation also the BFHIs needs strengthening.

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

| IYCF Practice   | Result | Score     |
|---|--------|-----------|
| Indicator 11 Starting Breastfeeding (Initiation)        | 19 %   | 3         |
| Indicator 12 Exclusive Breastfeeding for first 6 months | 23 %   | 6         |
| Indicator 13 Median duration of Breastfeeding           | 12.5 % | 3         |
| Indicator 14 Bottle-feeding                             | 71 %   | 3         |
| Indicator 15 Complementary Feeding                      | 67 %   | 6         |
| <b>Score Part II (Total)</b>                            |        | <b>21</b> |

**IBFAN Asia Guidelines for WBTi**

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

| Scores   | Colour-rating |
|----------|---------------|
| 0 – 15   | <b>Red</b>    |
| 16 - 30√ | <b>Yellow</b> |
| 31 - 45  | <b>Blue</b>   |
| 46 – 50  | <b>Green</b>  |

**Conclusions** All practices need improvement especially early initiation and exclusive breastfeeding

**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:

$$63.5+21=84.5$$

| Scores     | Colour- rating |
|------------|----------------|
| 0 – 45.5   | <b>Red</b>     |
| 46 – 90.5√ | <b>Yellow</b>  |
| 91 – 135.5 | <b>Blue</b>    |
| 136 – 150  | <b>Green</b>   |

**Key Gaps**

- Breastfeeding is not considered a priority
- BF committee is not powerful

**Key Recommendations**

We need to work a lot