



Assessment Report





World Breastfeeding Trends Initiative (WBTi)

Report



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The World Breastfeeding Trends Initiative (WBTi)

Lebanon
2015



Introduction

Breastfeeding is a cost-effective public health intervention that reduces infant morbidity and mortality in developing countries. In Lebanon, breastfeeding exclusivity and continuation rates are disappointingly low.

In a study by Kallas (2005), infant and young child feeding practices were investigated in Greater Beirut, on a sample of 292 infants and young children, aged 0-15 months, of different socioeconomic status. Greater Beirut was selected since it is a reflection of Lebanon in its social, economic and religious disparities. Ten public health care centres providing paediatric services were selected as well as 10 private centres. The study showed that although the majority of infants were breastfed, mixed feeding (breastfeeding combined with artificial feeding) was very common (Kallas, 2005).

A national study was conducted in 2005 among people who were attending health centres to determine the patterns of breastfeeding as well as the various social and cultural factors that shape these patterns. Data were collected from 830 Lebanese mothers with a child between one and five years of age randomly recruited from a representative sample of health centres selected by the Ministry of Social Affairs in all of the six mouhafazat of Lebanon (Batal et al., 2006). The majority of mothers (96%) breastfed their infant at some point. While 56% started breastfeeding within a few hours after birth, 21% started later, within a few days. Only 18% of mothers started breast-feeding within half an hour after birth. Timing of initiation of breastfeeding was associated with the type of delivery and with the facilities offered by the hospital. Fourteen percent of mothers reported that their infant was administered sweetened water as the first food after birth, whereas 38% gave breast milk as the first food. Formula milk was administered as the first food in 28% of the cases. At 1 month of age, the proportion of infants who were exclusively breastfed was 52%. It declined quickly thereafter to 23% at 4 months and 10% at 6 months (Batal et al., 2006).

In conclusion, breastfeeding initiation rates are very high but rates of exclusive breastfeeding are low and bottle-feeding is common. The Baby Friendly Hospital Initiative has not been very successful in Lebanon. More efforts are needed to train hospital personnel on how to provide information and encouragement for mothers to breastfeed soon after birth and exclusively for six months (Batal et al., 2006).

About WBTi

World Breastfeeding Trends Initiative (WBTi)

Background

The World Breastfeeding Trends Initiative (WBTi) is an innovative initiative, developed by IBFAN Asia, to assess the status and benchmark the progress of the implementation of the Global Strategy for Infant and Young Child Feeding at national level. The tool is based on two global initiatives, the first is WABA's (GLOPAR) and the second the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". The WBTi is designed to assist countries in assessing the strengths and weaknesses of their policies and programmes to protect, promote and support optimal infant and young child feeding practices. The WBTi has identified 15 indicators in two parts, each indicator having specific significance.

Part-I deals with policy and programmes (indicator 1-10)	Part –II deals with infant feeding practices (indicator 11-15)
<ol style="list-style-type: none">1. National Policy, Programme and Coordination2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)3. Implementation of the International Code of Marketing of Breastmilk Substitutes4. Maternity Protection5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)6. Mother Support and Community Outreach7. Information Support8. Infant Feeding and HIV9. Infant Feeding during Emergencies10. Mechanisms of Monitoring and Evaluation System	<ol style="list-style-type: none">11. Early Initiation of Breastfeeding12. Exclusive breastfeeding13. Median duration of breastfeeding14. Bottle feeding15. Complementary feeding

Once assessment of gaps is carried out, the data on 15 indicators is fed into the questionnaire using the WBTi web based toolkit© which is specifically designed to meet this need. The toolkit objectively quantifies the data to provide a colour- coded rating in Red, Yellow, Blue or Green. The toolkit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

Each indicator used for assessment has following components;

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

Part I: A set of criteria has been developed for each target, based on Global Strategy for Infant and Young Child Feeding (2002) and the Innocenti Declaration on Infant and Young Child Feeding

(2005). For each indicator, there is a subset of questions. Answers to these can lead to identify achievements and gaps in policies and programmes to implement Global Strategy for Infant and Young Child Feeding . This shows how a country is doing in a particular area of action on Infant and Young Child Feeding.

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

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

Background

Lebanon, officially the Lebanese Republic is a sovereign state in Western Asia. It is bordered by Syria to the north and east and Palestine to the south, whilst Cyprus is west across the Mediterranean Sea. Lebanon's location at the crossroads of the Mediterranean Basin and the Arabian hinterland facilitated its rich history and shaped a cultural identity of religious and ethnic diversity. At just 10,452 km², it is the smallest recognized country on the entire Asian continent.

Decline in breastfeeding in Lebanon, as in all countries and that for various reasons, including:

- 1 - The presence of an acute shortage of information about the importance of breastfeeding for mother and child, the family, society, the environment and the economy at all involved in the forefront of decision-makers, and the lack of knowledge of the dangers of artificial feeding on maternal and child health bill and the environment and the economy.
- 2 - Non-lactating women do not receive the required support for exclusive breastfeeding (especially working moms).
- 3 - The focus of global companies producing food for infants and young children to inject false information about «the advantages of their products» through the use of intense media and advertising.
- 4 - The occurrence of the health sector, including the government (hospital medical institutions and departments of the body) under the influence of global media companies and offices / ad for up to influence decision-makers circle on the international and domestic levels.
- 5 - The Global Initiative to monitor the evolution of breastfeeding trends WBTi done in 2010 showed the presence of a significant lack of policy formulation and preparation of programs to promote breastfeeding also showed that assessment of the reality of infant and young child feeding and the prospects for its development in Lebanon is lacking.
- 6 – Efforts now depend on local NGOs since support from UNICEF is provided to the Ministry of health and taken from the International NGO like IOCC .World Vision who supported our Baby Friendly Hospital project stopped the support.

Assessment process followed by the country

Several meetings with partners

List of the partners for the assessment process

- **Lebanese Association for Early Childhood Development (LAECD),**
- **Ministry of Health,**
- **United Nations International Children's Emergency Fund (UNICEF),**
- **International Orthodox Christian Charities (IOCC),**
- **World Vision International (WV).**
- **International Medical Corps (IMC)**

Abbreviations

ENN	Emergency Nutrition Network
ILO	International Labor Organization
IMC	International Medical Corps
IOCC	Internatinal Orthodox Christian Charities
LAECD	Lebanese Association for Early Childhood Development
MICS	Multiple Indicator Cluster Survey
UNICEF	United Nations Children Fund
WHO	World Health Organisation
WVI	World Vision

Assessment Findings

Indicator 1: National Policy, Programme and Coordination

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

Guidelines for scoring		
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	4/10	4

Information Sources Used :

1. National committee of breastfeeding
2. UNICEF
3. WHO

Conclusions

- Establishing a national program and forming a national committee to direct it headed by the director general with representatives from governmental and nongovernmental representatives and UNICEF and WHO as observers.
- Put a plan of action for 2 years.A National Coordinator was appointed with different committees to coordinate different sectors of the program.(March 2012)

Gaps :

1. Absence of the National committee director from attending meetings, without giving clear terms of reference for the National Coordinator.
2. Absence of coordination between related departments inside the Ministry of Health
3. No budget line for the program within the regular budget of the Ministry of Health
4. No clarity of the relation between the program and the Nutrition committee that was formed to face any nutritional problems that resulted from the dense Syrian ◊ Asylum to Lebanon.

Recommendations:

1. Put a National Policy raised by the Minister of Health to be approved by the government.
2. Meetings of the National Committee and the specialized committees to be regular and in the presence of all related departments in the Ministry and the international partners.
3. Finish preparation of the plan of action 2015-2016 and put budget for implementation
4. Expansion and reinforcement of partnership with NGOs, syndicates, municipalities and local communities.
5. Empower the role of the administrative sectors in the Ministry which the plan of action depend on for success and raise level of coordination between them like: Department of mother and child health, pharmacy (registration of infant and young children food, health service and pharmacy inspections), primary health care department, nutrition department for complementary food registration and media and health education.
6. Benefit from the emergency situation for transfer of many baby friendly hospitals, and developing mother to mother groups initiative to support breastfeeding in the local community.
7. UNICEF and WHO to implement their concrete technical and financial support for the National Committee and its plans of Action.
8. The Ministry to hold responsibility to find resources for financing the plan of action from its budget and cooperation with International Organization.

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 17 total hospitals (both public & private)and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly”in the last 5 years **0%**

In the year 2000 there was 21 hospitals out of 100 public and private hospital that had the award as Baby Friendly Hospital 19.5% which decreased upon reassessment in 2002.In 2012 BFHI was relaunched within the National Program in cooperation with NGOs (LAECD, WV, and IOCC).

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:From 2012 when BFHI was activated, 19 hospitals registered to become Baby Friendly who covered 32 % of deliveries. Two TOT were organized, shared by 57 participants from these hospitals.A specialized workshop was organized for hospital directors,heads of Obstetrics and pediatrics departments, attended by the Director General of the Ministry of Health.Then we started training the 20-hr course for groups of hospitals till we finished in 2014 except 3 hospitals that were in a dangerous area.There are 4 hospitals nearly ready to be assessed and take the award.

¹ **The Ten Steps To Successful Breastfeeding:**The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The steps for the United States are:

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breastmilk, unless medically indicated.
7. Practice “rooming in”-- allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

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	
2.4) 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 (please list):

1. LAECD 2002, 2006
2. IOCC
3. UNICEF
4. National committee 2014 review
5. World vision: <http://wvi.org/lebanon/article/breast-feeding-training-baby-friendly-hospitals-0>

Conclusions Formation of a committee to coordinate and implement the BFHI . follow it up and assess it under the supervision of the National coordinator.

- 1- Training of a national (TOT) team and a team for external hospital assessment .
- 2- Implement a special session for Decision makers of 19 hospitals members of the BFHI
- 3- Issuing An official decision asking public hospitals commitment to law 47/2008 inviting them to join the BFHI .
- 4- Ministerial decree asking private hospitals to comply with the law 47/2008 and encourage them to join the BFHI .

² IYCF training programmes such as IBFAN Asia's '4 in 1' IYCF counseling training programme, WHO's Breastfeeding counseling course etc. may be used.

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.

Gaps

Clear adherence of all departements of the hospitals to the BF policy including mainly:

- Violation of the national law by some hospitals ,providing prelacteal feeding before breastfeeding and offering samples for mothers upon discharge.
- No Skin to skin contact especially in caesarian cases.
- Cup feeding found difficult in few hospitals and applied successfully in other hospitals
- Referral of mothers to places where there is no community support

Recommendations

1. More monitoring to be sure of commitment to all steps.
2. Follow up with the Minister of Public Health who is the official responsible of the implementation of the law
3. Launch Baby Friendly Office Initiative(BFOI) in all PHC centers and private medical offices (obstetricians and pediatricians) , and Nurseries.
4. Reactivate the inclusion of lactation management in curriculum of schools of medicine, midwifery, nursing, medico- social, nutrition, and public health.

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 (Legal Measures that are in Place in the Country)	Scoring	Results
3a: Status of the International Code of Marketing		<i>(Check that apply.)</i>
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		✓ <i>Check that apply</i>
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 3years	1	
Total Score (3a + 3b)	6.5/10	6.5

Information Sources Used :

1. Law Organizing the Marketing of Infant and Young Child Feeding Products and Tools No. 47 of 11/12/2008 <https://extranet.who.int/nutrition/gina/en/node/8158>
2. Ministry of Public Health
3. LAECD
4. National committee 2014 review

⁵ 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)

Conclusions:

- A lot is followed by NGOs and local groups awakening mothers on presence of a Lebanese law done for their children's safety, danger of IF, and benefits of breast milk.
- A lot of negotiations between mothers is taking place on facebook within breastfeeding groups supporting each other, benefiting from each others' experience.
- A National Campaign was held in August – September 2015 within the breastfeeding week where the Minister of health sent health investigators to hospitals we know they provide samples of IF and asked them to stop taking samples.

Gaps:






1. No release for the applicable decrees of the law as stated in article 29 To publish in the Official Gazette the needed Official Decisions for the implementation of the purposes of this Law:
 - a- Rules of Procedure and the duties of the National and the local committee
 - b- Conditions and procedures of registry for classified products establishing its special registry in the Ministry of Public health to be monitored.
 - c- Terms of reference ,actions,and procedures mandated for the assigned inspectors according to this law.
 - d- Procedure of providing informative and educational material to the National committee.
 - e- Instructions related to the issuance of prescriptions for classified products.
- 2-No uniformity in the work of the national committee the committee held only 3 meetings since it was formed.
- 3- Weak administrative situation in the Ministry with respect to staff number and their enthusiasm for the implementation of the plan of action .
- 4-No coordination between official authorities (trade,media,and social security).
- 5- The lack of sufficient public awareness on adequate knowledge to defend breastfeeding and make pressure to the concerned authorities.

Recommendations:

- 1- Work to issue Ministerial decrees with the law and take the necessary measures to be applied
- 2- Activating the work of the National Committee and reform if possible. Focus its efforts to monitor the application of the law and make recommendations to the Minister to issue the necessary decisions for the good work , and work on the formation of local committees to assist the Central Committee to play its role over all the Lebanese territory.
- 3- The establishment of social mobilization and media plan, and work for the launch of an ongoing campaign of activists, mothers and supporters and report all irregularities to have pressure constantly expanding to help the Ministry of Public Health on the face of obstructionists by raising complaints to the National Committee.
- 4- Open a dialogue with the Order of doctors and hospitals to facilitate the application of the law with minimal damage to the national interest.

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	Scoring	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 17 weeks 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 (more than one may be applicable) a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	0.5 0.5	
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. (more than one may be applicable) 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) . (more than one may be applicable) 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:	2/10	2

Information Sources Used :

1. Ministry of Public Health
2. Ministry of labor
3. ILO <http://www.ilo.org/beirut/countries/lebanon/lang--en/index.htm>

Conclusions

Provided ILO Convention No. 183 and Supplement No. 191 on the conditions where mothers can return to work without a serious effect on the continuation of exclusive breastfeeding:

- At least a Maternity leave for a period of 14 weeks after birth until the mother returns to work
- Mother also need an income, so her leave must be paid, and equal to hers, as the parent need to make sure they are able to return to work the same or similar to her work after the approval.
- Mother needs when she returns to work to be paid rest periods, and place convenient to breastfeed her baby at work or near it, or a suitable place for the expression of her breast .regularly.
- Mother also need to be secured from discrimination or harassment because she breastfeeds her child.
- Support and community outreach social support for pregnant and lactating mothers:

The key question :Is there any systems to support mothers and networking community to protect and support and promote optimal nutrition for infants and young children?

Main Achievement is: Maternity leave of 10 weeks, but no maternity protection outside the public sector and the formal private who are affiliated with the National Social Security Fund.

Gaps :

1. Employers shares payment to mothers with the National security Fund who refused to provide more than 10 weeks.
2. No maternity protection system for mothers outside the National security fund.
3. The law included only the weeks provided for maternity leave with no breastfeeding breaks or a nursery for big institutions .

Recommendations : continue to work with the actors: HCC, trade unions and human and women's rights organizations and the ILO for amendments to the draft of the new labor law which has not yet been acknowledged in the cabinet and follow-up in the parliament so as to ensure mother's minimum labor leave right, according to the International Convention 183 (14 weeks or more) and work on Lebanon's commitment to the Convention and recommendation 191, at the same time make every effort so that working women in the informal sector's share of protection and support.

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			
Criteria	Scoring ✓ Check that apply		
	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. (See Annex 5b Example of criteria for mother-friendly 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 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. 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:	4/10		

Information Sources Used :

1. Ministry of Public Health
2. Schools of medicine, midwifery, and nursing in big universities

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.

⁸ 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.

Conclusions:

- The best health aspects of health and Nutrition care system are the 20-hour course information introduced within the pediatric, social, and Obstetric courses where Instructors are to be trained (like we did in 1993) .
- Probably new studies on breastfeeding to be included to enrich the courses information especially the evidence for the 10- steps for Baby Friendly Hospital.

Gaps: No unified curriculum reference available in schools of medicine, nursing and midwifery. The curriculum focuses on existing knowledge and not on the skills and ability to help solve practical mother faced, especially in the first days and weeks of success in feeding problems. We have already achieved with UNICEF and the World Health Organization, in collaboration with universities and educational training of its staff with the help of international experts. More importantly, the problem is prevalent in hospitals and doctors attitude affected by the influence of corporate practices as reported by a qualitative study carried out in 2006.

Recommendations:

1. Conduct a review of the curriculum in schools of medicine, public health and professional institutes: the use of international organizations and advanced experiments to adopt a national reference with an international standard and hold a workshop guidelines for the introduction of the necessary changes in the university curricula,
 - Simplified to fit in a reference fo institutes and schools of nursing career. In this regard, it is necessary to pay tribute to the initiative of the Jesuit university to introduction of private certification on Lactation Management for breastfeeding support and strengthen through counseling and skills necessary for the success of breastfeeding and proper measure of the problems that can be faced in the mother breast-feeding her child.
2. Continuous training for workers in primary health care rather than on theoretical knowledge, but the knowledge and skills to provide practical advice for mothers to succeed in breastfeeding and encourage the formation of support groups for breast-feeding.
3. To find "innovative solutions"to overcome promotional relationship between companies and hospital administrations and pediatricians: The main obstacle in the occurrence of the medical body, scientific societies, and hospitals under the influence of temptations of companies producing infant and young children food , and agents and "scientific offices". These issues identified by the law 47/2008 had a position towards them (not clear as expression) . But it seems that the magic in political action in Lebanon recipe is "consensual solution and everybody wins" are more like common law.

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 .

<i>Guidelines for scoring</i>			
Criteria	Scoring <i>Check that apply</i>		
	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:

1. LAECD
2. Facebook Groups
 - Breastfeeding in Lebanon :<https://www.facebook.com/groups/Breastfeedinginlebanon/>
 - Lebanon Breastfeeding Support Group: <https://www.facebook.com/groups/lebanonbreastfeedingsupportgroup/>
 - Lactica: https://www.facebook.com/LacticaLebanon/?hc_ref=SEARCH&fref=nf
3. IMC
4. World Vision
5. IOCC
6. National committee 2014 review

Conclusions:

- What was done till now of training is not adequate and need to be renewed and made systematic as part of the country yearly plans
- All activities done intermittently when funding is available . Health and Nutrition care should be within the structure and main activities of the Ministry. There is a department for Nutrition, but there should be Detailed plan of action with other departments and NGOs.

Gaps :

1. Societies moving to cities (86% of the total population) gradually lost its extended family where the mother was supported by the family hosted with her baby for forty days, or Grandma comes from the side of the Father / Mother also came to Mother House to support her. Urban communities not working to find a suitable alternative for this important actor in the sustainable success of breastfeeding .
2. Decline in breastfeeding in front of immoral promotion for baby food manufacturers and the lack of support , so that there has been a new generation of mothers in its majority did not breastfeed from their mothers, according to the sound nutrition standards. This explains the epidemic of breast cancer.
3. Providing processed foods as a suitable alternative to breast milk while knowledge is absent from health , economic and environmental cost of it.
4. Statistics indicate that about 80% of pregnant women follow up at private clinics where preparation for breastfeeding is not a priority for obstetricians which seems from the results of studies. There are companies who began marketing food to pregnant and nursing mothers through doctors to increase milk production to establish that mothers will loose confidence and are unable to breastfeed except by using drugs. As noted earlier in the maternal anxiety of not being able to meet the needs of her child milk is the most important reason for the introduction of processed foods.

Recommendations

1. Take initiative like” Breastfeeding-Friendly Physician’s Office”: before and after birth to complement BFHI : http://www.bfmed.org/Media/Files/Protocols/Protocol_14_revised_2013.pdf
2. Set up mother support groups in different communities related to primary health centers in cooperation with the municipalities and local NGOs and communities leaders and their adoption as follow-up support centers for mothers after discharge from hospitals.
3. Development and expansion of the scope of the community volunteer workers from the local communities within the communities displaced and host communities at the same time.

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 <i>Check the apply</i>		
	Yes	To some degree	No
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 WBW) 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	1	0
			✓
Total Score:	3/10		

Information Sources Used

1. LAECD
2. Ministry of Public Health
3. World vision
4. IOCC

Conclusions:

- LAECD prepared 6 brochures on breastfeeding with support of WV.
- Flipcharts were prepared by IOCC, with support from LAECD funded by IOCC and WV.
- A Brochure and 2 posters were prepared by Ministry of Health, IOCC, WV, and LAECD funded by UNICEF (through IOCC) and WV.

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;

- A guide for healthworkers on breastfeeding and Nutrition of babies during the first 2 years was prepared by LAECD funded by WHO.

Gaps: Information, communication and education strategy does not exist

Recommendations:

1. Develop a strategy for information ,communication and education with the support of UNICEF
 2. Work to develop a media plan for mobilizing a wide non-governmental organizations ,women's organizations and the public to establish and develop a public movement to put pressure on food companies and to cooperate with hospitals and medical and academic professions for the application of Law 47/2008.and the implememtation of BFHI and community support groups
 3. The production of a range of media ,information , educational and communication materials, including private bulletins for support groups that are an expression of community awareness and the importance of providing all forms of support to ensure success and continuity.
-

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 ✓ <i>Check that apply</i>		
	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.	2	1	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
		✓	
Total Score:	6.5/10		

Information Sources Used:

1. Ministry of Public Health
2. WHO
3. National AIDS Control Program in Lebanon <http://www.moph.gov.lb/en/Pages/17/3998/aids>

Conclusions Collection of information but not enough. This should be improved for prevention of new cases.

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

Recommendations:

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

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		
	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 relactation and wet-nursing, and protected spaces for breastfeeding	1	0.5	0
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		✓	
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.	1 ✓	0.5	0
b) Orientation and training is taking place as per the national emergency preparedness and response plan	1 ✓	0.5	0
Total Score:	6.5/10		

Information Sources Used:

1. MOPH
2. WHO
3. UNICEF
4. National Breastfeeding Committee
5. Emergency Nutrition Network (ENN) online <http://www.ennonline.net/iycflebanon>

Conclusions:

1. Lebanon has a policy for infant feeding in emergencies (2012) and contains all basic elements included in the IFE Operational Guidance but doesnot have an IYCF comprehensive policy.
2. A lot of NGOs working in Emergency,IOCC having funding from UNICEF.
3. LAECD working with IOCC and IMC on training,nutrition assessment for relactation,and mother to mother support with Iraqis,Syrians and Lebanese.
4. LAECD receiving Syrians for treatment at no cost in its 2 clinics.
5. Using the new ENN operational guidance and distributing the Arabic version for health professionals.

Gaps:

- The nutrition recommendations are integrated in the Emergency Health preparedness and Management tool kit developed by WHO and MOPH, as part of reinforcing national capacity in that respect. The tool kit needs to be further disseminated
- WHO supported a national NGO (The LAECD) for the development of a child and infant Nutrition Guidebook in 2015. The Guidebook needs to be further disseminated

Recommendations:

- 1- Integrate BF recommendations as part of the global National Emergency preparedness plan
- 2- Disseminate further the Tool Kit on Emergency Preparedness and the Guide book on Child and Infant Nutrition through training and seminars to health professionals at all levels.
- 3-More coordination between NGOs not to have replication of activities.

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:	6/10		

Information Sources Used:

1. MOPH
2. National IYCF Committee

Summary: After a comprehensive review of the implementation of the methodology for the situation of breastfeeding a decision was taken by His Excellency the Minister of Public Health in 12/21/2011 to launch a national program on infants and young children feeding to develop an action plan . Regular surveillance as part of the internal construction of the program and periodic evaluation of the program (every two years). On the other hand, to collect information on international food practices and indicators adopted about infant and young child feeding through Arab Project for maternal and child health and multiple survey indicators, which is implemented by the state in collaboration with UNICEF, as monitoring and evaluation will be part of the plan to be developed for the coming years.

Recommendations : There is a need to conduct a study to evaluate the changes in indicators that has occurred in the past five years. A study about routines and practice in hospitals and maternities to evaluate positive changes according to criteria of Baby Friendly hospitals and diagnose obstacles to draw new approaches to deal with.

Indicator 11: Early Initiation of Breastfeeding

Key question: What is the percentage of babies breastfed within one hour of birth? **41.3%**

Guideline:

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

Data Source :

- UNICEF Multiple Indicator Cluster Survey (MICS) 3, Central Administration of Statistics (CAS), 2009 http://www.unicef.org/lebanon/resources_8439.htm
- WHO Global Data Bank on Infant and Young Child Feeding (IYCF) <http://www.who.int/nutrition/databases/infantfeeding/countries/lbn.pdf>

Summary Comments : We do not know if the 41.3 % changed since no study implemented in the previous 5 years. It may have increased with the new baby friendly hospitals we worked with.

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: What is the percentage of babies 0<6 months of age exclusively breastfed¹⁰ in the last 24 hours? **14.8%**

Guideline:

Indicator 12	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
Exclusive Breastfeeding (for first 6 months) 14.8%		<i>Scores</i>	<i>Colour-rating</i>
	0.1-11%	3	Red
	11.1-49%	6	Yellow
	49.1-89%	9	Blue
	89.1-100%	10	Green

Data Source:

- UNICEF Multiple Indicator Cluster Survey (MICS) 3, Central Administration of Statistics (CAS), 2009 http://www.unicef.org/lebanon/resources_8439.htm
- WHO Global Data Bank on Infant and Young Child Feeding (IYCF) <http://www.who.int/nutrition/databases/infantfeeding/countries/lbn.pdf>
- World Bank 2009: <http://data.worldbank.org/indicator/SH.STA.BFED.ZS?locations=LB>
- National Health Statistics Report in Lebanon 2012 <http://www.igsps.usj.edu.lb/docs/recherche/recueil12en.pdf>

Summary Comments : Although no other study is done since 2009 we notice increase in breastfeeding especially among educated moms.

¹⁰ 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: *Babies are breastfed for a median duration of how many months? 11- 12months*

Guideline:

Indicator 13	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
Median Duration of Breastfeeding		Scores	Colour-rating
	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:

- UNICEF Multiple Indicator Cluster Survey (MICS) 3, Central Administration of Statistics (CAS), 2009 http://www.unicef.org/lebanon/resources_8439.htm

Summary Comments : Probably the % did not change since most moms believe that breastfeeding for 1 year is sufficient.

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? 76%*

Guideline:

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

Data Source:

- UNICEF (Cluster Survey) Multiple Indicator Cluster Survey (MICS) 3, Central Administration of Statistics (CAS), 2009 http://www.unicef.org/lebanon/resources_8439.htm

Summary Comments : This number may have decreased if exclusive breastfeeding increased .We cannot know until a study is conducted.

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?*
42%

Guideline

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

Data Source :

- UNICEF (Cluster Survey) Multiple Indicator Cluster Survey (MICS) 3, Central Administration of Statistics (CAS), 2009 http://www.unicef.org/lebanon/resources_8439.htm
- National Health Statistics Report in Lebanon (2012\0 <http://www.igsp.usj.edu.lb/docs/recherche/recueil12en.pdf>

Summary Comments : Our breastfeeding percentage is low due to a habit of letting the baby lick from any food the parents are eating before the age of 6 months.

Summary Part I: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Programme and Coordination	4
2. Baby Friendly Hospital Initiative	3
3. Implementation of the International Code	6.5
4. Maternity Protection	2
5. Health and Nutrition Care Systems	4
6. Mother Support and Community Outreach	5
7. Information Support	3
8. Infant Feeding and HIV	6.5
9. Infant Feeding during Emergencies	6.5
10. Monitoring and Evaluation	6
Total	46

IBFAN Asia Guidelines for WBTi

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

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

Conclusions :

- All indicators need further work especially the IYCF program policy which should control all the indicators.
- All the activities should be based on previous WBTi assessment (2010)
- The indicators 11-15 (Early Initiation of Breastfeeding, Exclusive breastfeeding, Median duration of breastfeeding , Bottle feeding, and Complementary feeding) are from last study done by UNICEF with MICS.
- The other 10 indicators are the same except for :
 - the start with new Baby Friendly Hospitals initiative implementation but not awarded
 - Appointment of a national coordinator with the formation of an IYCF committee with many subcommittees representing the 10 indicators
 - Follow up of the Lebanese law 47/2008
 - Information support
 - Increase of Health and Nutrition activities for PHC and in hospitals.
 - Increase in maternity leave and,
 - Infant Feeding during emergencies.

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

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	41.3.% %	6
Indicator 12 Exclusive Breastfeeding for first 6 months	14.8.% %	6
Indicator 13 Median duration of Breastfeeding	11 - 12months	3
Indicator 14 Bottle-feeding	76 %	3
Indicator 15 Complementary Feeding	42% %	3
Score Part II (Total)		21

IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding Practice (indicators 11-15) are 21 out of 50.

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

Conclusions :

We achieved many good practices especially by NGOs since there is no policy in the country. The main improvement needed is writing an IYCF policy, with monitoring and evaluation for all the steps

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: **46+ 21= 67**

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

Key Gaps

- 1- No funding for NGOS that were working on IYCF.
- 2- UNICEF providing all the funds to the Ministry of health who is not dealing with the program in a serious manner stressing on other priorities.
- 3- One main NGO (WV) who was funding the BFHI program stopped the support after reaching many achievements with few hospitals.
- 4- No coordination between MoH and NGOs like before which supported the program.
- 5- No IYCF policy ,nor monitoring and evaluation system.
- 6- Intermittent enforcement for the Lebanese law which let the IF companies return to its violations.
- 7- Assignment of a new National coordinator who have no experience in IYCF issues.

Key Recommendations

- 1- Writing an IYCF national policy.
- 2- Increasing awareness of future mothers about breast feeding difficulties, its benefits to children, mothers, and society at large may further promote breastfeeding, and improve exclusivity and continuation rates in Lebanon.
- 3- A national strategy for early intervention during school years to increase young women's awareness may improve their self-confidence and determination to succeed in breastfeeding later.
- 4- Prolonging maternity leave, having day-care facilities at work,
- 5- Creation of lactation peer support groups and hotlines,
- 6- Training of doctors and nurses in proper lactation support