



World Breastfeeding Trends Initiative (WBTi)

# Assessment Report







**World Breastfeeding Trends Initiative (WBTi)**

# Report



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# The World Breastfeeding Trends Initiative (WBTi)

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Libya  
2015

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## Introduction

Libya is a country in the Maghreb region of North Africa, bordered by the Mediterranean Sea to the north, Egypt to the east, Sudan to the southeast, Chad and Niger to the south, and Algeria and Tunisia to the west. The three traditional parts of the country are Tripolitania, Fezzan and Cyrenaica. With an area of almost 1.8 million square kilometres (700,000 sq mi), Libya is the fourth largest country in Africa, and is the 16th largest country in the world. Libya has the 10th-largest proven oil reserves of any country in the world.

The largest city and capital, Tripoli, is located in western Libya and contains over one million of Libya's six million people. The other large city is Benghazi, which is located in eastern Libya. The Libyan crisis refers to the ongoing conflict in Libya, beginning with the Arab Spring protests of 2011, which led to the First Libyan Civil War, foreign military intervention, and the ousting and death of Muammar Gaddafi. The civil war's aftermath led to violence and instability across the country, which erupted into renewed civil war in 2014. The ongoing crisis in Libya has so far resulted in tens of thousands of casualties since the onset of violence in early 2011. During both civil wars, the output of Libya's economically crucial oil industry collapsed to a small fraction of its usual level, with most facilities blockaded or damaged by rival groups.

Information about infant feeding in Libya is scanty but Breastfeeding, remains the general rule, particularly among rural populations and its early initiation is common but the duration of exclusive breastfeeding remains very short. The number of women who breast-feed has suffered a catastrophic decline recently. The practice of giving sweetened water, traditional liquids and fruit juice very early is widespread among mothers. Bottle-feeding has been introduced, however, and is becoming widespread among higher socioeconomic groups, educated, urban and working mothers.. Supplementation of the infant's diet with semi-solid foods, another important aspect of infant feeding, is generally delayed in Libya, especially in rural areas, but it is practiced from the early months in some societies. The primary reason reported for early and sudden weaning was insufficient amount of breastmilk and the second was refusal of the breast by the child due to the early introduction of bottle-feeding and liquids other than breastmilk .

## 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.

<b>Part-I deals with policy and programmes (indicator 1-10)</b>	<b>Part –II deals with infant feeding practices (indicator 11-15)</b>
<ol style="list-style-type: none"><li>1. National Policy, Programme and Coordination</li><li>2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)</li><li>3. Implementation of the International Code of Marketing of Breastmilk Substitutes</li><li>4. Maternity Protection</li><li>5. Health and Nutrition Care Systems (in support of breastfeeding &amp; IYCF)</li><li>6. Mother Support and Community Outreach</li><li>7. Information Support</li><li>8. Infant Feeding and HIV</li><li>9. Infant Feeding during Emergencies</li><li>10. Mechanisms of Monitoring and Evaluation System</li></ol>	<ol style="list-style-type: none"><li>11. Early Initiation of Breastfeeding</li><li>12. Exclusive breastfeeding</li><li>13. Median duration of breastfeeding</li><li>14. Bottle feeding</li><li>15. Complementary feeding</li></ol>

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

### DEMOGRAPHICS

- Estimated number of population in 2010 was 6,253,000
- Under-5 Mortality rate in 2013 was 15 per 1,000 live births
- Infant mortality rate in 2013 was 18 per 1,000 live births
- Neonatal mortality rate in 2010 is 10 per 1,000 live births
- Total under-five deaths in 2010 is 2 per 1,000 live births

### Health Care Facilities:

- The total number of hospitals in Libya is 97 Hospitals
- The total number of primary health care facilities is 1424: 103 private hospitals, 113 private clinics, 37 maternity hospitals is hospital

### Efforts for promotion of Breastfeeding:

Breastfeeding is still widely practiced in Libya, where 89% of women breastfed their babies, and early initiation of breastfeeding within the first hour after birth in 29% of births, and the rate of exclusive breastfeeding up to six months was 13%. The median duration of breastfeeding is 9 months in rural and urban areas. The practice of giving sweetened water, traditional liquids and fruit juice very early is widespread among mothers. While only 6% of children were never breastfed, 40% were mixed-fed, receiving the breast and the bottle during the first month, and this practice increased to 61% for the second and third months of age (ALMCHS, 1995). The primary reason reported for early and sudden weaning was insufficient amount of breastmilk and the second was refusal of the breast by the child due to the early introduction of bottle-feeding and liquids other than breastmilk (Ghashut, 1991; ALMCHS, 1995).

The National Center for Disease Control NCDC is a specialized center, which significantly contribute to the promotion of public health and protection of citizens, particularly in the area of prevention of diseases, development and implementation of health policies and strategies by increasing the ability to find scientific methods for the prevention and control in collaboration with specialized international centers and WHO and relevant organizations and international institutions. It was established in 1993 as the *National Monitoring Centre on tuberculosis and chest diseases*. In 2002 it was integrated with some national centers under the name of the *national Center for the prevention of communicable diseases control* and in 2010 it was renamed *the National Centre for Diseases Control (NCDC)* under the Ministry of Health.

In 2014 the National Center for Disease Control established an administration for promotion and protection of health which has a Department called *protection of mother and child* which has several committees including the *Joint Scientific Committee for Baby-Friendly Hospital Initiative* BFHI and *the International code of marketing of breastmilk substitutes*.

The Commission worked in consultation with the Dr. Ghada Sayed IBFAN Arab World Regional Coordinator on:

- 1 - Preparation of a draft of the Libyan Code of marketing of breastmilk substitutes and forwarded to the Minister of Health for approval and waiting for the issuance of a decision on the adoption, dissemination and implementation.
- 2 - Developing a policy of Baby-friendly hospitals.
- 3 - A committee was formed to develop a protocol to study IYCF situation, but because of the security situation of the Libyan state, the study was not completed because of the difficulty to obtain data from the South and East of Libya despite the completion of data collection from other parts.
- 4 - The Commission prepared a report on maternity protection was referred to the Director of the Department of Health Promotion and Protection to be forwarded to the Ministry of Health.
- 5 - A national coordinator for infant and young childfeeding (IYCF) in Libya (Dr Khairia Salem al-Saadi)



6 - Many hospitals were communicated for the implementation of the BFHI, a breastfeeding coordinator was assigned for six hospitals but as a result of the deteriorating security situation and the economic situation the process stopped working and we could not continue training or assessment.

7- A working group of 15 doctors from different specialities attended 6 workshops on IYCF and WBTi in preparation of the International Board Lactation Consultants Exams but did not continue to the same conditions.

8 - A committee for IYCF in emergencies was formed but did not start functioning.

9 - A committee for prevention of transmission STD and AIDS from mothers to their children.

10 - Dr Khayreya El Saadi was a guest for 3 times in TV channels to talk about the BFHI and the International Code of marketing of breastmilk substitutes

11 - Celebrating the World Breastfeeding Week 2015 : lectures on the BFHI and the Code as part of the celebration program and a campaign to raise awareness of the benefits of breastfeeding in Tripoli for mothers in primary health care facilities.

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

Dr Khayreya El saadi attended a training on WBTi in EMRO and when she went back to Tripoli , she conducted a Workshop on WBTi and completed the report.

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

- Dr Khiria El Saadi national manager of Infant and Young Child Feeding IYCF Program.
- Dr. Mohamed bugalia: Head of health protection and promotion programs

# 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 ?*

<b>Guidelines for scoring</b>		
<b>Criteria</b>	<b>Scoring</b>	<b>Results</b> ✓ <i>Check any one</i>
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	✓
<b>Total Score</b>	<b>5/10</b>	<b>5</b>

### Information Sources Used :

1. The National Center for Disease Control
2. Information and Documentation Centre in the health sector in Libya

### Conclusions :

As a result of political instability and lack of fund for developing and implementation of a national plan we could not continue on and reach our goals.

### Gaps:

1. Lack of Funds
2. Declining security situation.
3. political instability.

### Recommendations :

1. Financial support to complete the implementation of this indicator.
2. technical support from the World Health Organization, UNICEF and IBFAN Arab world to complete the implementation of this indicator.

## Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding<sup>1</sup>)

### 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 37 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 %**

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

<sup>1</sup> **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 – Qualitative Criteria

*Quality of BFHI programme implementation:*

<i>Guidelines for scoring</i>		
Criteria	Scoring	Results √ <b>Check that apply</b>
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme <sup>2</sup>	1.0	
2.3) A standard monitoring <sup>3</sup> 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 <sup>4</sup> 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	
<b>Total Score</b>	<b>0/5</b>	<b>0</b>
<b>Total Score</b>	<b>0/10</b>	<b>0</b>

### **Information Sources Used :**

1. MOH of Libya
2. National Center for Disease Control in Libya

**Conclusions :** Despite efforts to implement the initiative, but the national team has not received the 20 hours trainings of the Baby- Friendly Hospitals, they did self education by reading the BFHI book, organizing workshops and meetings for developing policies.

### **Gaps :**

1. Absence of training for trainers TOT on the BFHI
2. Lack of financial support.
3. Lack of security and political stability

**Recommendations:** the cooperation of the World Health Organization, UNICEF and IBFAN in training and financial support for the implementation of this indicator.

<sup>2</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>3</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.

<sup>4</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?*

<i>Guidelines for scoring</i>		
<b>Criteria</b> <i>(Legal Measures that are in Place in the Country)</i>	<b>Scoring</b>	<b>Results</b>
<b>3a: Status of the International Code of Marketing</b>		✓ <i>(Check that apply. If more than one is applicable, record the highest score.)</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 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>5</sup>	5.5	
a) Provisions based on at least 2 of the WHA resolutions as listed below are included		
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>		✓ <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 three years	1	
<b>Total Score (3a + 3b)</b>	<b>2.5/10</b>	<b>1</b>

<sup>5</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)

**Information Sources Used:** National Center for Disease Control in Libya

**Conclusions:** A joint scientific committee was formed by the National Center for Disease Control, for the implementation of the Baby- Friendly Hospital Initiative and International Code of Marketing of Breastmilk Substitutes, after several meetings of the Committee: a national Baby Friendly Policy and draft of the Libyan Code of Marketing of Breastmilk Substitutes and a memorandum of Maternity Protection were prepared and sent to Dr. Ghada Sayed for reviewing and opinion. The draft of the Code was sent to the Minister of Health for approval

<https://www.facebook.com/search/top/?q=إطلاق مبادرة مستشفيات صديقة الطفولة في ليبيا>

**Gaps :** Libyan Code was not yet adopted, as a result of political instability.

**Recommendations:** communication with the Ministry of Health by World Health Organization (EMRO) to urge them to adopt the Code to complete the rest of the subsequent proceedings.

## 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?*

<i>Guidelines for scoring</i>		
<b>Criteria</b>	<b>Scoring</b>	<b>Results</b> <b>Check</b> <b>✓ that apply</b>
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave a. Any leave less than 14 weeks b. 14 to 17weeks c. 18 to 25 weeks d. 26 weeks or more	0.5 1 1.5 2	✓
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. a. Unpaid break b. Paid break	0.5 1	✓
4.3) Legislation obliges private sector employers of women in the country to 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. A Space for Breastfeeding/Breastmilk expression B Crèche	1 0.5	✓
4.5) Women in informal/unorganized and agriculture sector are: a. accorded some protective measures b. accorded the same protection as women working in the formal sector	0.5 1	✓
4.6) a. Information about maternity protection laws, regulations, or policies is made available to workers. b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	0.5 0.5	✓
4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	
4.9) There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	✓
<b>Total Score:</b>	<b>6/10</b>	<b>6</b>



**Information Sources Used (please list):**

1. Labour law number 12 for the year 2010.  
<https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/86041/96764/F490676181/LBY86041%20Arabic.pdf>

**Conclusions :**

A paternity leave is granted in public and private sector for at least 3 days.

**Gaps:**

1. Employers in the private sector do not implement the labor law, where they give mothers a maternity leave for one month only.
2. Even in the public sector, most officials do not specify creches or do not care to assign a place for breastfeeding.

**Recommendations:**

- The adoption of the memorandum of maternity protection in Libya by the Ministry of Health
- Increase the duration of maternity leave to give babies their right to be exclusively breastfed for 6 months

## 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?

<b>Guidelines for scoring</b>			
<b>Criteria</b>	<b>Scoring</b> √ <i>Check that apply</i>		
	<b>Adequate</b>	<b>Inadequate</b>	<b>No Reference</b>
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country <sup>6</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. (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. <sup>7</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>8</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>4.5/10</b>	

<sup>6</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>7</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>8</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 :**

MOH Libya

National Center for Disease Control in Libya

**Conclusions:** A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country indicates that infant and young child feeding curricula or session plans and the in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers are appropriate and needs further improvement because it does not include BFHI training.

**Gaps::**

1. Lack of sufficient and trained human resources.
2. Difficulty to accept changes (Governmental and private hospitals)
3. Lack of financial resources and incentives
4. ABM companies offer financial benefits and incentives

**Recommendations:**

1. World Health Organization and UNICEF financial and technical support
2. Training of trainers for local trainings.

## 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
			✓
<b>Total Score:</b>	<b>0/10</b>		

**Information Sources Used :** The National Center for Disease Control

**Conclusions:** Mother support and community outreach systems are not in place to protect, promote and support optimal infant and young child feeding and all aspects are important and needs improvement.

### Gaps:

1. No counseling services on infant and young child feeding. at all in Libya
2. the deteriorating political and security stability

### Recommendations:

1. Start a counseling program to support Infant and young child feeding
2. Provision of a guideline for a counseling to support Infant and young child feeding.

## 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?

<i>Guidelines for scoring</i>			
Criteria	Scoring		
	√	<i>Check that 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	0	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>9</sup>	2	0	0
			✓
<b>Total Score:</b>	<b>0/10</b>		

### Information Sources Used :

1. The National Center for Disease Control
2. National Coordinator for infant and young child feeding.

**Conclusions :** There are few events for supporting the mother with information through TV and RADIO media and a facebook group (إطلاق مبادرة مستشفيات صديقة الطفولة في ليبيا) and it needs improvement as guidance of IYCF strategy.

**Gaps :** no training program

**Recommendations:** financial support and training to start this program

<sup>9</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	some degree	No
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV	2	1	0
8.2) The infantfeeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0
8.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5	0
8.4) HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5	0
8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.	1	0.5	0
8.6) Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible.	1	0.5	0
8.7) HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake.	1	0.5	0
8.8) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0
8.9) On-going monitoring is in place to determine effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including who are HIV negative or unknown status.	1	0.5	0
<b>Total Score:</b>	<b>2.5/10</b>		

**Information Sources Used :** The National Center for Disease Control

**Conclusions :** HIV control department has developed a national guideline of HIV were IYCF and HIV was included but not yet fully implemented.

Gaps :

1. No training of the health workers
2. Lack of fund.
3. Political and security instability.

**Recommendations :**

1. WHO, UNICEF and IBFAN for providing TOT training on counseling in HIV and IYCF.
2. Allocate more fund to develop training and implementation of HIV policy for infant feeding of HIV positive mothers

## 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		
	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:			
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	1	0.5	0
			✓
9.4) Resources have been allocated for implementation of the emergency preparedness and response plan	2	1	0
			✓
9.5)a) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	1	0.5	0
			✓
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>0/10</b>		

**Information Sources Used :** The National Center for Disease Control

**Conclusions:** A committee was formed at the national level to develop a policy and plan of action for this indicator.

**Gaps :**

1. Lack of financial resources
2. lack of security and political stability
3. Lack of training

**Recommendations:** We strongly need UNICEF , EMRO and IBFAN financial and technical support .

## 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
			✓
<b>Total Score:</b>	<b>0/10</b>		

**Information Sources Used :**The National Center for Disease Control

**Conclusions:** monitoring and evaluation systems are not in place.because of lack of training and funds.

**Gaps :** Lack of Training

**Recommendations:** We strongly need UNICEF , EMRO and IBFAN financial and technical support .



## Indicator 11: Early Initiation of Breastfeeding

**Key question:** What is the percentage of babies breastfed within one hour of birth? **28.8 %**

### Guideline:

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

**Data Source:** Libyan National family Health Survey 2014

<https://drive.google.com/file/d/0B5AcFoLjhlCkZzQyeTU3WDBST1k/view>

**Summary Comments :** From the Libyan National family Health Survey 2014 the percentage of babies breastfed during the first hour was 28.8% that is in the red area score because they are not implementing BFHI in the hospitals and lack of political will.

## 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>10</sup> in the last 24 hours? **13%**

### Guideline:

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

**Data Source:** Libyan National family Health Survey 2014

<https://drive.google.com/file/d/0B5AcFoLjhlCkZzQyeTU3WDBST1k/view>

### Summary Comments :

the percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours of the survey was 13%, which is in the yellow area of the score and this needs more effort to increase it, needs political will to adopt BFHI and implement it, and needs fund allocation.

<sup>10</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:** *Babies are breastfed for a median duration of how many months? 8.8 months*

### Guideline:

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

**Data Source:** Libyan National family Health Survey 2014

<https://drive.google.com/file/d/0B5AcFoLjhlCkZzQyeTU3WDBST1k/view>

### Summary Comments :

**Babies are breastfed for a median duration of 8.8 months, which scored as 3 and it is in the red area, and this may be because of weakness of health care system regarding IYCF implementation, because of political instability and lack of fund allocation.**

## 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? 59%*

### Guideline:

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

### Data Source :

- MICS 2003
- National Libyan survey for family health (PAP-FAM) 2007

### Summary Comments :

- From MICS 2003, % of Bottle feeding for U2 children 58.3% decreases in rural to reach 56% comparable to 59% in urban population<sup>(1)</sup>
- bottle feeding during the first 3 months 50% -- and increased to 59% at the end of the first year of age<sup>(2)</sup>

## 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?*

### Guideline

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

### Data Source :

1 - National Libyan survey for family health (PAP-FAM) 2007

### Summary Comments :

- complementary feeding for children less than 4 months = 5.7%.<sup>(1)</sup> no data available more than this. Because the WBTi indicators are new and no study done according to it before 2015, but one study with coordination of Dr. Ghada Sayed IBFAN arab world and Dr. khiria saadi who is the focal point of IYCFS in Libya.through the national CDC.

## Summary Part I: IYCF Policies and Programmes

Targets:	Score (Out of 10)
1. National Policy, Programme and Coordination	5
2. Baby Friendly Hospital Initiative	0
3. Implementation of the International Code	0
4. Maternity Protection	6
5. Health and Nutrition Care Systems	4.5
6. Mother Support and Community Outreach	0
7. Information Support	0
8. Infant Feeding and HIV	2.5
9. Infant Feeding during Emergencies	0
10. Monitoring and Evaluation	0
Total	19

**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** Total Libyan score of infant and young child feeding policies and programmes (indicators 1-10) was 20 which is in the red area and this showed very low score and needs a big effort for all areas to improve it. But more effort for indicators (2,3,6,7,8,9,and 10)

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

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	28.8 %	3
Indicator 12 Exclusive Breastfeeding for first 6 months	13 %	6
Indicator 13 Median duration of Breastfeeding	8.8 months	3
Indicator 14 Bottle-feeding	_____ %	3
Indicator 15 Complementary Feeding	_____ %	3
<b>Score Part II (Total)</b>		18

### 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	Red
16 - 30	Yellow
31 - 45	Blue
46 – 50	Green

**Conclusions** Total score of infant and young child feeding Practice (indicators 11-15) are 18/50 which is very low score and needs a big effort to improve it, in addition score 14 and 15 no data meet the need of the indicators and this needs more valuable studies.

**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:  $20+18=38$

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

**Key Gaps are:** As mentioned for every indicator the key gaps in Libya are:

- 1 – less coordination between the country and the international organisations as WHO, UNICEF and IBFAN.
- 2– Lack of training of health care workers.
- 3 – lack of fund.
- 4 – lack of political stability and political will.

**Key Recommendations:** To increase the score of the 15 WBTi indicators we recommend the following:

- 1 – more coordination between health sector in Libya and EMRO nutrition department, UNICEF, and IBFAN which in real the most active one for helping the Libyan focal point of IYCF.
- 2– provide activities of TOT training programs for all the component of IYCF.
- 3 – allocate fund for training and implementation of IYCF.
- 4 – encourage and motivate the the political will to develop programs aiming at Improving and sustaining infant and young child feeding (IYCF) practices