REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH

Lebanon NUTRITION SECTOR

STANDARD OPERATING PROCEDURE FOR INFANT AND YOUNG CHILD FEEDING IN EMERGENCY IN LEBANON[1]

Version 2 – May 2024

PURPOSE

The purpose of this document is to provide guidance and information to national and international agencies to ensure the provision of appropriate, timely, and safe infant and young child feeding support for pregnant or lactating women and infants aged 0–2 years in Lebanon within the context of emergency response efforts.

CONTEXT

Protecting and supporting breastfeeding, particularly in emergencies, is key, as breastfeeding protects against the increased risks of illness among infants, ensures safe and optimal nutrition for the baby, and provides a comforting environment for both the mother and baby. Breastfeeding within the first hour of birth and exclusive breastfeeding of infants during the first six months, with no introduction of other food or drinks, not even water, is the recommended nutrition, as it allows infants to meet their nutritional requirements and provides valuable protection from disease and infection[2]. After 6 months, the infants' requirements increase beyond what is provided by breast milk alone, and therefore infants should receive complementary foods in addition to breastfeeding for up to two years and beyond.

At the national level, efforts have been directed to the promotion, protection, and support of optimal infant and young child feeding (IYCF) interventions spearheaded by the Ministry of Public Health (MoPH) in collaboration with partners. Existing national documents include the National Nutrition Strategy [3] as the main strategic umbrella of work, the National Infant and Young Child Feeding Policy [4,] and the national law (Law 47/2008)[5] that legislates the International Code of Marketing of Breast-milk Substitutes and subsequent resolutions (the Code), and recently the draft implementation decrees for the National Law along with the Nutrition Sector Strategy[6]. Partnering organizations have been actively engaged in raising awareness and providing support to mothers facing breastfeeding difficulties and caregivers of children 0-23 months at the community level. Despite that, field reports from partners still show actions that undermine infant and young child feeding. IYCF practices in Lebanon fall short of global recommendations, with

32.4%[7] of infants less than 6 months exclusively breastfed and not more than 6%[7] of infants 6-23 months meeting the minimum acceptable diet for complementary feeding[7].

Despite notable efforts, IYCF practices remain suboptimal in Lebanon. This situation is exacerbated by a significant influx of infant formula donations, particularly during emergency situations. Furthermore, there are limitations in institutional capacity, both in terms of human and financial resources, at the national level for monitoring and enforcing Law 47/2008. Additionally, a joint statement[8] has been issued to facilitate immediate, coordinated, multi-sectoral action on IYCF practices during emergencies. Although an initial version of the Standard Operating Procedure (SOP) was developed in 2020, further refinement and implementation are necessary amidst ongoing emergencies. Prioritizing and endorsing appropriate IYCF practices during emergencies is paramount to safeguarding the health and well-being of infants and young children.

COORDINATION

Coordination and monitoring of IYCF activities are carried out under the umbrella of the Ministry of Public Health, and the Infant and Young Child Feeding National Committee, with support from UNICEF and other relevant partners. Activities are coordinated with the Nutrition Sector.

CONTACT INFORMATION

- To reach out to the Ministry of Public Health Infant and Young Child Feeding Committee: motherchild@moph.gov.lb
- To reach out to the Nutrition Sector: coordination.lebanon.nut@humanitarianresponse.info

1. ASSESSMENT OF NEEDS OF INFANTS AND YOUNG CHILDREN

1.1. Outreach

Households with pregnant or lactating women and infants, and young children under 2 years of age should be identified as a vulnerable group and prioritized for assistance especially in locations with high food insecurity (The Integrated Food Security Phase Classification (IPC) level 3 and above). Partners should be able to map and identify the population cohorts during their outreach activities, such as door-to-door home visits and coordination with municipalities and stakeholders at the community level.

1.2. Simple Rapid Assessment (SRA)[9]

Following the identification of infants and young children aged 0-2 years, a rapid assessment needs to be conducted using the Simple Rapid Assessment (SRA) tool. The SRA evaluates age-appropriate feeding, breastfeeding ease, and the baby's overall condition. Its purpose is to determine whether:

- The baby is not at immediate risk of inadequate feeding, and the mother requires only supportive care.
- The baby is at immediate risk of inadequate feeding and should be referred for a Full Assessment.

Who conducts the SRA*?* The SRA should be performed by frontline workers, including healthcare providers, or any other individual or organization trained to conduct the SRA **(Doc A).**

Where is the SRA conducted? The SRA can be conducted at the household level, community level, or within the Primary Health Care (PHC) facility.

Who is referred for Full Assessment?

- Infants who are not breastfed (whether under or over six months old);
- Infants who receive age-inappropriate feeding (under six months and not exclusively breastfed, or over six months and given no complementary foods);
- Infants at risk of inadequate feeding;
- Mothers experiencing breastfeeding difficulties;
- Beneficiaries requesting infant formula;
- Infants or mothers displaying lethargy or illness, or cases involving a mother having her first child.

1.3. Full Assessment (FA)[9]

The full assessment (FA) should be conducted on infants referred via the SRA. Full Assessment helps health and nutrition workers to address the challenges and understand:

- If the baby is suckling effectively;
- If the mother feels confident and her milk is flowing;
- If the milk production of the mother is adequate;
- Possibility of re-lactation;
- Difficulties and practices related to provision of formula milk for non-breastfed infants;
- Difficulties and practices related to age-appropriate feeding.

Full Assessment of infant feeding has three Steps:

I. Listening and learning from the mother or caregiver in all cases.
II. Observing breastfeeding if the child is breastfed.

III. Observing artificial feeding if the child is artificially fed.
IV. Evaluating Complementary Feeding: For infants or children who are not given breast milk or infant formula and rely on complementary feeding, assess the quality, quantity, and appropriateness of the complementary foods provided to ensure they meet the child's nutritional needs.

Who conducts the FA? The FA should be conducted by a trained IYCF specialist affiliated with the IYCF National Hotline.
Where is the FA conducted? The FA can be conducted within households, at the community level provided there is a safe and private place, at the PHC level, or the mother-baby corner.
Based on the FA, infants will be referred to either skilled IYCF support or artificial feeding support.

2. SKILLED INFANT AND YOUNG CHILD FEEDING SUPPORT

2.1. Skilled IYCF counseling for caregivers/mothers of infants 0-23 months

Counseling is a core approach to improve feeding practices and behavior change, it is conducted by trained IYCF specialists, involves a two-way conversation between an IYCF specialist and mother/caregiver, employing a three-step process of:

- **Assess**: Ask, observe and listen to the mother or caregiver's concern and experience with infant or young child feeding
- **Analyze**: Think about the mother or caregiver's concerns and prioritize what information and counseling cards to have
- **Act**: Provide information, praise, and identify solutions together that the mother or caregiver can try.

This approach aids caregivers in making informed decisions for themselves and their child's well-being. Counseling is distinct from education and messaging, focusing on understanding feelings and building confidence. Sessions are conducted one-on-one at the PHC level, households, or mother-baby corners. Remote counseling, including video calls, is available if needed. IYCF specialists utilize counseling cards to convey key

messages on breastfeeding and complementary feeding and address any challenges[10] based on the updated community infant and young child feeding counselling package released by UNICEF[11].

IYCF specialists can be contacted via the IYCF National Hotline (Calls: 04-727500 & 70-231739 / WhatsApp: 70-231739 / Telegram: 81-023200).

2.2. Breastfeeding Support:

Protect, promote, and support exclusive breastfeeding in infants under six months and continued breastfeeding in children aged six months to two years or beyond. Mothers will receive social behavioral change interventions on optimal IYCF practices through various platforms and community initiatives.

2.2.1 Expression of Milk: The IYCF specialist plays a crucial role in providing guidance to mothers on various aspects of breastfeeding, including hand expression. It's crucial to recognize that there are various reasons for expressing milk beyond simply increasing supply. These include situations such as re-lactation, when the baby is sick and separated from the mother, when the baby is low birth weight, or for stimulating the baby. Expressing milk is also utilized in addressing issues such as engorgement and other breastfeeding challenges. It's essential for the specialist to inform mothers about milk storage guidelines to ensure the safety of expressed milk[12]. Regarding the use of breastfeeding supplementary feeding devices (ex: cups ad bags) and breast pumps, it should be considered only when necessary and feasible, particularly in clinical settings where adequate cleaning can be ensured[13]. It's important to take into consideration factors such as electricity availability, especially in regions where electrical non-rechargeable pumps may not be practical due to electricity challenges.

2.3. Infants who are not breastfed:

In emergencies, interventions to protect and support infants and children who are not breastfed are necessary for them to meet nutritional needs and minimize risks. The consequences of not breastfeeding depend on the age of the child, the infectious disease environment, access to assured supplies of appropriate breast milk substitutes (BMS), fuel and feeding/cooking equipment; and WASH conditions. Where an infant is not breastfed, explore, in priority order, the viability of re-lactation, wet nursing and donor human milk based on cultural context and acceptability to mothers14. Breastfeeding is the safest way

to feed an infant. All efforts must be taken to protect, promote and support breastfeeding. However, in difficult circumstances, it may be necessary to use infant formula as a last resort. Infants in these special situations are highly vulnerable and must be urgently identified, protected and provided with appropriate support.

If mothers/caregivers find the following options as unacceptable or if delivering them is not feasible, an alternative solution is to ensure access to a reliable supply of an appropriate BMS through referral for nutrition cash assistance.

2.3.1 Provision of infant formula: The final decision to provide or not provide infant formula is taken by the trained IYCF specialist performing the FA in consultation with other health care providers if needed. Care should be taken that no stigma is attached to choosing to use infant formula and that a mother's informed choice is respected. Infant formula for children aged 0-6 months can be provided for the following cases (doc B) [15, 16]:

- The mother has died or is absent for unavoidable reason
- Acceptable maternal or infant medical reasons or mental health reasons (doc C).
- The infant was fully dependent on artificial feeding when emergency occurred

Infant formula should be provided discretely to families and in conjunction with education**.**

2.3.2 Counseling and Education on use of infant formula (doc D): Families relying on artificial feeding should be counseled on the use of infant formula in order to minimize risk through one-to-One Skilled Counseling[11] and Education and practical demonstration on the Quantity (measurement) of mixing a feed, frequency of feeds, hygienic practices and safe preparation and cup feeding. Frontliners are encouraged to refer caregivers to partners providing hygiene feeding kits. And infants who are not breastfed should be followed up and regularly monitored. Education on the usage of infant formula should only be conducted in private spaces and away from breastfeeding mothers. IYCF specialists who have received capacity building on artificial feeding support should regularly provide education on infant formula preparation and ensure that clean water is available.

2.4. Complementary Feeding:

At the age of 6 months (180 days), a child's energy and nutrient needs begin to surpass what is provided by breast milk alone. Hence, it becomes imperative to introduce adequate, age-specific, safe, and nutritious complementary foods while continuing breastfeeding up to the age of 2 years and beyond. This period marks a critical phase of child development characterized by rapid growth and increased nutritional requirements. IYCF specialists must employ various hands-on activities and interactive methods to enhance feeding practices, ensuring diversity, frequency, and quality of the diet. Additionally, IYCF specialists should be trained on providing adapted counseling on complementary feeding (Doc E)[17].

3. MINIMIZE THE RISKS OF ARTIFICIAL FEEDING

3.1. Donations in emergencies

To donate or accept donations of BMS, other milk products or feeding equipment (including bottles, teats and breast pumps) in emergencies is not allowed. Donated BMS are typically of variable quality; labeled in the wrong language; not accompanied by an essential package of care; distributed indiscriminately; not targeted to those who need them and do not provide a sustained supply[18]. Analysis, through the results of the simple rapid assessment and the full assessment, should include whether a demand for BMS constitutes an actual need and/or whether other interventions, including improved support for breastfeeding, are indicated to ensure infant nutrition and health. The scale of artificial feeding support needed will determine the level of intervention and coordination required.

3.1.1 BMS specification: BMS labels must comply with the Law 47/2008. Labels should be in the Arabic language and include: the words “Important Notice” or their equivalent; a statement on the superiority of breastfeeding; a statement that the product should only be used on the advice of a health worker as to the need for its use and the proper method of use; instructions for appropriate and safe preparation and storage and a warning on the health hazards of inappropriate preparation and storage. Where labels of infant formula supplies do not conform to the Law requirements, consider relabeling and/or un-branding. Infant formula must be compliant with relevant Libnor Standards[19].

3.1.2 Procurement of BMS supplies and feeding equipment: Procurement should be managed so that infant formula supply is always adequate while taking into consideration the access to clean water, and continued for as long as the targeted infants need it – that is, until breastfeeding is re- established or until at least 6 months of age, after which infants should be supported to transition to complementary feeding. Providing just a few tins not recommended based on the MoPH's guidelines. Using a cup for administering Breast Milk Substitutes (BMS) is recommended due to its ease of cleaning. Cups utilized for this purpose should lack a spout and possess a shallow design, enabling easy access for cleaning by allowing fingers to reach the bottom effortlessly[18].

4. COMPLEMENTARY FEEDING SUPPORT

Ensure all complementary feeding interventions protect and support appropriate practices by providing context-specific advice and support, including how to adapt foods available to feed different age groups and hygienic food preparation and storage. For further information refer to the Lebanon Nutrition Sector - Guidance Note Series Support to Complementary Feeding of 6- to 23-months-Old[20].

4.1. Donations in emergencies:

Do not send or accept donations of complementary foods in an emergency. Risks include donated complementary foods may not meet nutritional and safety standards, Code labeling requirements, and may undermine local food use and recommended IYCF practices[17]. For donated foods that are not designed as complementary foods but can be used for complementary feeding, it is important to prevent the emergency response from being used to create a potential market for specific foods; to ensure interventions are needs based rather than donor-driven; and to guarantee adequate quality and safety of the diet[17].

4.1.1 Complementary foods specification: Ensure complementary feeding interventions comply with Lebanon Nutrition Sector - Guidance Note Series Support to Complementary Feeding of 6- to 23-months-Old[20]. This requires that all information or messages concerning the use of complementary food products should include a statement on the importance of breastfeeding for up to two years or beyond, the importance of not introducing complementary feeding before six months of age, and the

appropriate age of introduction of this food (this must not be less than six months), and be easily understood by parents and other caregivers, with all required label information being visible and legible. Provide clear instructions on safe preparation, use, and storage. Labels and designs of complementary food packaging need to be distinct from those used on BMS to avoid cross-promotion[12]. Ensure safety of complementary feeding: Any complementary food products provided to infants and young children should meet minimum standards of safety and quality as indicated by Libnor. Minimum safety and hygiene practices should be ensured for food preparation.

5. MONITORING OF THE CODE

In accordance with the implementation decrees, agencies witnessing any violations of Code or Law 47/2008, including donations of BMS, bottles, teats, or similar items from agencies, governments, or donors, should report such violations through the BMS violation reporting tools:

- English Version: Breast Milk Substitute (BMS) Code Violation Tracking and Reporting Tool
- Arabic Version: أداة تتبع وإبلاغ عن انتهاكات المدونة لقواعد تسويق بدائل حليب الأم

Moreover, partner organizations who have IYCF specialists on board are required to train their staff on the Law 47/2008.

Reportable violations include:

- Accepting unsolicited donations of BMS, bottles, or teats.
- Blanket distribution of unsolicited or free supplies of BMS, bottles, or teats.
- Indiscriminate distribution of properly procured formula.
- Donations of complementary food to children aged 0-5 months.
- Distribution of milk products (including dried) that can potentially be used as BMS to the general population.
- Distribution of expired infant formula or formula with less than 6 months shelf life.
- Inadequate labeling (lack of health hazard warning, inappropriate language, absence of statement on breastfeeding superiority, insufficient information on safe preparation, etc.).
- Distribution of money vouchers for the purchase of infant formula.

- Promotion of BMS at distribution points (displays, logos, etc.) or on social media platforms.

Upon receipt of the report, the IYCF National Committee will contact the entity in question to provide guidance on achieving compliance with the Code and Law.

6. MULTISECTORAL APPROACH

6.1. **PHC services:** Refer vulnerable Lebanese and other populations, such as displaced Syrians and migrants, to the nearest PHC facility as per the MoPH list. The comprehensive package of services include: consultations, vaccinations, medication for acute and chronic conditions, child health services, noncommunicable disease care, sexual and reproductive health services, malnutrition screening and management, mental health services, disability services, dental care as well as health promotion and referral.

6.2. **Water, Sanitation, and Hygiene (WASH):** Ensure that mother and child-friendly spaces meet minimum WASH standards. Collaborate with WASH sector partners to access guidance and support in achieving these standards, ensuring facilities are equipped with adequate sanitation facilities, clean water sources, and hygienic conditions conducive to maternal and child well-being.

6.3. **Child Protection**: Integrate child protection measures into IYCF services by implementing clear procedures, establishing referral pathways, and enforcing staff codes of conduct. Embed IYCF messages within child protection communications to raise awareness of nutritional needs and identify children who may be at risk of malnutrition or other vulnerabilities. Foster collaboration between IYCF and child protection services to ensure comprehensive support for children's well-being.

6.4. **Gender-Based Violence (GBV)**: Incorporate GBV prevention and response measures into maternal and child health services, including IYCF programs. Develop protocols for identifying and addressing GBV during the FA, ensuring that IYCF specialists are trained to recognize signs of GBV and provide appropriate referrals. Integrate GBV awareness into community

outreach efforts through the SRA. Collaborate with GBV working-group and

organizations to ensure coordinated care.

6.5. **Early Childhood Development (ECD)**: Integrate ECD initiatives into IYCF support at both PHC and community levels. Enhance IYCF programs to include components that promote holistic child development, such as responsive stimulation and play for developmental care, developmental milestones screenings, and caregiver education on age-appropriate feeding practices and responsive caregiving.

6.6. **Reproductive Health**: Ensure access to reproductive health services for families with pregnant and lactating women and infants and young children in need. Refer these families to the nearest PHC facility as per the MoPH list.

6.7. **Mental Health**: Identify and refer mothers and children in need of mental health and psychosocial support to the nearest PHC as per the List of PHCCS Within the MoPH Network that Have an Operating Psychiatrist. Utilize the National Hotline for emotional support and suicide prevention (Embrace Lifeline) at 1564 as a resource to connect individuals with appropriate mental health services, providing essential support for their emotional well-being.

6.8. **Food assistance:** prioritize families identified with pregnant and lactating and children 0-2 years of age for food assistance. Families should be referred to relevant food aid services.

7. HUMAN RESOURCES AND CAPACITY

All staff involved in supporting families, including healthcare providers such as nurses, pediatricians, medical societies, donors, and other staff should receive orientation on Infant and Young Child Feeding Practices in emergencies (IYCF-E). They should also be familiar with the Law 47/2008, the joint statement, and the following Standard Operating Procedures (SOPs).

7.1. **Frontline workers:** are individuals from partner organizations who are in direct contact with families and households. Frontline workers are responsible for executing the Simple Rapid Assessment (SRA) and referring

to the full assessment if there is a need. Front-liners can consist of any

person who is in direct contact with the families including volunteers, aid workers, community health workers, and other health care providers that are trained on IYCF-E and the execution of the SRA. Front- liners should also be trained on Psychological First Aid (PFA).

7.2. **IYCF specialists:** are trained health care providers providing IYCF counseling and support. Training provided should comply with the Ministry of Public Health/UNICEF/WHO training package. Tasks of the IYCF specialist include conducting the full assessment and provision of IYCF counseling, re-lactation and referral to artificial feeding support. IYCF specialists also provide counseling on complementary feeding as well as education and counseling for mothers and caregivers receiving artificial feeding support. IYCF specialists should also be trained on PFA, safe identification and referral for mental health and GBV safe referral and identification. The IYCF specialists can be reached through the IYCF National Hotline.

7.3 **Providers of Cash for nutrition Assistance**: These organizations are members of the Nutrition Sector providing cash assistance based on the standard operating procedures which enables, offer nutrition cash assistance to procure infant formula for families referred via the full assessment in accordance with Law 47/2008 and the Code. In addition to organizations from other sectors who may also offer cash assistance that can be utilized for purchasing formula when required.

7.4. **IYCF support groups:** are community support groups offering education and peer support for families with infants and young children less than 2 years of age (mother to mother support, peer support, etc.)

8. ASSESSMENT AND MONITORING

Partners implementing IYCF support are encouraged to report against the indicators set in the nutrition sector log-frame 2024 LRP Nutrition Sector Log frame and present data of the IYCF rapid assessments on yearly basis.

OUTCOME 1: Young children and their caregivers have access to and demand for services aiming at prevention and management of all forms of malnutrition and the associated developmental risks (0-5 years of age).

- **Indicator B**: Percentage of children 0-5 months of age who are exclusively breastfed

- **Indicator C**: Percentage of children 6-23 months of age who received Minimum Dietary Diversity (MDD)

Percentage of children 6-24 month who receive foods from 5 or more groups out of 8.

Output 1.1: Promote, protect and support optimal nutrition infant and young child feeding practices from 0 to 59 months

- **Indicator 1.1.A:** Number of caregivers of children 0-23 months received skilled IYCF support (counseling on breast-feeding and optimum feeding, and complementary feeding)

- **Indicator 1.1.B:** Number of caregivers of children aged 0-59 months reached benefiting from SBC interventions on optimal nutrition, breast-feeding, responsive feeding and dietary diversity.

- **Indicator 1.1.C:** Number of caregivers received IYCF counseling who are referred to and/or are receiving cash or food assistance.

9. ADVOCACY, POLICY, AND COMMUNICATION

- Organizations including public organizations, local actors, ministries and donors should be aware and encouraged to endorse the IYCF joint statement.
- Key messages on infant and young child feeding in emergencies should be disseminated including the Joint Statement on IYCF.
- Emphasis should be put on the importance of abiding by Law 47/2008 and the implementation decrees.
    - Do not seek, call for, or accept donations of infant formula or other breast-milk substitutes or feeding equipment including bottles and teats.
    - Never include infant formula or any other milk products including powdered or Ultra High Temperature milk in the general distribution of food or food baskets.

Appendices

REPUBLIC OF LEBANON
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DOC A – SIMPLE RAPID ASSESSMENT[9]

Instructions for Trained Frontline Workers: Administer this rapid assessment whenever encountering a caregiver with a child under 2 years.

Do not ask the last 4 questions in italics (in Part 1 of the SRA), but note them down if observed.

If any difficulties are observed, refer the caregiver-baby pair for a Full Assessment or other appropriate support.

SIMPLE RAPID ASSESSMENT (Part 1)			
Name of Baby:	**Date of Birth of Baby:** **Nationality:**	**Location:**	**Front-liner**
Gender of Baby: □ Girl □ Boy	**Date of Birth of Mother:**	**Date:**	**Organization Name:**

Age of baby:	0 – 5 months **□ 0-28 days**	6 – 11 months	12 – 23 months
Is the baby being breastfed?	□ Yes **□ No**	□ Yes **□ No**	□ Yes **□ No**
Is the baby getting anything else to eat/drink?	**□ Yes** □ No	□ Yes **□ No**	□ Yes **□ No**
Is the baby unable to suckle at the breast?	**□ Yes** □ No	**□ Yes** □ No	**□ Yes** □ No
Are there any other difficulties in breastfeeding?	**□ Yes** □ No	**□ Yes** □ No	**□ Yes** □ No
Is this the mother's first child?	**□ Yes** □ No	**□ Yes** □ No	**□ Yes** □ No
Is the mother aged under 18 years?	**□ Yes** □ No	**□ Yes** □ No	**□ Yes** □ No
Did the caregiver request infant formula? [Observation]	**□ Yes** □ No	**□ Yes** □ No	**□ Yes** □ No
Does the baby look very thin / lethargic / ill? [Observation]	**□ Yes** □ No	**□ Yes** □ No	**□ Yes** □ No
Is the mother or child visibly disabled? [Observation]	**□ Yes** □ No	**□ Yes** □ No	**□ Yes** □ No
Is this the child's mother? [Observation]	□ Yes **□**	□ Yes **□**	□ Yes **□ No**

	No	No	
SIMPLE RAPID ASSESSMENT (Part 1)			
For mother of children 0-5 months			
What was your child fed the previous day?	□ Breastmilk □ Formula and/or animal milk □ Other (specify):		
What are the main reasons for you to feed your child with infant formula? (Choose all that apply)	□ I believe that infant formula is better than breastfeeding □ I can't breastfeed/I don't have breastmilk □ I don't have enough breast milk □ I believe that infant formula contains ingredients that make my baby healthy □ It's a good supplement to breast milk □ Recommended by doctor/nurse/midwife □ I am chronically ill □ I am under medication □ Other (specify):		
For mother of children under 2 years of age			
What foods are fed to Children 6-23 months of age on the previous day?	□ Breast milk □ Grains, roots, bread or flour and tubers □ Legumes, nuts and seeds □ Eggs □ Dairy products (milk, infant formula, yogurt, cheese) □ Flesh foods (e.g., meat, fish, poultry, organ meats) □ Vitamin A-rich fruits and vegetables □ Other fruits and vegetables		
Have there been any changes to how you have fed your child in the last months?	□ Yes □ No □ I don't know		
If yes, why? (choose all apply)	□ Decreased breast milk □ Lack of Foods for children □ Child will not feed □ Lack of money to buy food □ Lack of fuel/ cooking		
How many times per day is a child under 2 years of age eating his/her meal? (Choose one)	□ Once a day □ Twice a day □ Three times a day □ More than three times a day		

If any of the red boxes are ticked then refer to full assessment.

Referrals will be conducted via the Referral Information Management (RIMS) platform to ensure a uniform and standardized referral process.

Households referred via Simple Rapid Assessment to Full Assessment should be referred

via the IYCF National Hotline for IYCF support:

WhatsApp: 70-231739

Telegram: 81-023200

Calls: 04-727500 & 70-231739

DOC B – Eligibility Criteria for BMS Support[15, 16]

Eligibility Criteria for BMS Support	
All of the following	One or more
A full assessment has been carried out by a qualified health or nutrition worker trained in IYCF and documented incl. household assessment	The mother has died or is absent for unavoidable reasons
	The infant has been rejected by the mother due to having experienced rape or psychosocial trauma
	Acceptable maternal or infant medical reasons
Infant is 0-6 months old	The mother is re-lactating, support until lactation is reestablished
Wet nursing is not an option	HIV positive mother who has chosen not to breastfeed and where AFAA criteria are met

DOC C – Maternal Conditions Justifying Permanent or Temporary Avoidance of Breastfeeding[16]

Condition	**Justification for Avoidance**	**Duration**
HIV infection	If replacement feeding is acceptable, feasible, affordable, sustainable, and safe (AFASS).	Permanent
Severe illness	Prevents a mother from caring for her infant, e.g., sepsis.	Temporary
Herpes simplex virus type 1 (HSV-1)	Direct contact between lesions on the mother's breasts and the infant's mouth should be avoided	Temporary

	until all active lesions resolve.	
Maternal medication		
Sedating psychotherapeutic drugs	May cause side effects such as drowsiness and respiratory depression; better avoided if a safer alternative is available.	Temporary
Anti-epileptic drugs	May cause side effects such as drowsiness and respiratory depression; better avoided if a safer alternative is available.	Temporary
Opioids and their combinations	May cause side effects such as drowsiness and respiratory depression; better avoided if a safer alternative is available.	Temporary
Radioactive iodine-131	Better avoided; a mother can resume breastfeeding about two months after receiving this substance.	Temporary (2 months)
Excessive use of topical iodine	Can result in thyroid suppression or electrolyte abnormalities in the breastfed infant; avoid on open wounds or mucous membranes.	Temporary
Cytotoxic chemotherapy	Requires that a mother stop breastfeeding during therapy.	Temporary

Doc D – Guidance for Artificial Feeding Support [21,22]

This guidance is for any organization or individual that would need to provide artificial feeding support for families with infants less than 6 months, and following the simple rapid assessment completed.

ASSESSMENT OF NEEDS

The estimated quantity of infant formula needed should be based on assessment information. The quantity needed can be calculated based on individual infants' needs. For each infant, the amount of infant formula should be calculated to suffice at least until the infant is 6 months of age or as long as the baby needs it. Table 1 is an estimation for the amount of infant formula needed by the infant depending on their age. However, these needs are estimates and therefore amounts should be adapted according to the infants' consumption and calculations need to be conducted to ensure that the caregiver has enough infant formula until the child turns 6 months.

TABLE 1 - AMOUNT OF PREPARED FORMULA AND INFANT NEEDS PER DAY[21]

Age of infant in months	Weight in kilos	Amount of formula per day	Number of feeds per day	Size of each feed in ml
0-1	3	450ml	8	60ml
1-2	4	600ml	7	90ml
2-3	5	750ml	6	120ml
3-4	5	750ml	6	120ml
4-5	6	900ml	6	150ml
5-6	6	900ml	6	150ml

PROVISION OF ARTIFICIAL FEEDING COUNSELING

Use of infant formula by an individual caregiver should always be linked to education, one-to-one demonstrations (which should be held discreetly and away from breastfeeding mothers) and practical training on the quantity (measurements) of mixing a feed, frequency of feeds, hygiene practices, safe preparation and cup feeding. Regular follow-up is also required by the IYCF specialist.

INITIAL VISIT:

- Observe what resources are available in the household to support artificial feeding,
- Observe the caregiver managing an artificial feed,
- Identify any problems following observations and decide with caregiver how to

overcome these

- Explain what infant formula will be given and when and where to receive it,
- The advantages of cup feeding and how to cup feed,
- Warning of potential hazards of using infant formula,
- Education on the preparation of infant formula using appropriate hygiene measures.

FOLLOW UP:

- Check and record infant weight
- Observe feed preparation: Check that preparation is hygienic and safe accordingly and provide any education that is needed.
- Observe a feed: Check if feeding is safe
- Find out any difficulties the caregiver may be facing and discuss practical solutions and/or refer for appropriate support
- Check for warning signs of misuse of infant formula (e.g., possibility of over concentration, over dilution, formula being shared).

Doc E – Recommendations - WHO Guideline for complementary feeding of infants and young children 6–23 months of age[17]

Recommendation	Description
Continued breastfeeding	Breastfeeding should continue up to 2 years or beyond (strong, very low certainty evidence).
Milks for children fed milks other than breast milk	Milks 6–11 months: for infants 6–11 months of age who are fed milks other than breast milk, either milk formula or animal milk can be fed (conditional, low certainty evidence). b. Milks 12–23 months: for young children 12–23 months of age who are fed milks other than breast milk, animal milk should be fed. Follow-up formulas are not recommended (conditional, low certainty evidence) 1.
Age of introduction of complementary foods	Infants should be introduced to complementary foods at 6 months (180 days) while continuing to breastfeed (strong, low certainty evidence).

Dietary diversity Infants and young children 6–23 months of age should consume a diverse diet.	a. Animal source foods, including meat, fish, or eggs, should be consumed daily (strong, low certainty evidence). b. Fruits and vegetables should be consumed daily (strong, low certainty evidence). c. Pulses, nuts and seeds should be consumed frequently, particularly when meat, fish, or eggs and vegetables are limited in the diet (conditional, very low certainty evidence).
Unhealthy foods and beverages	a. Foods high in sugar, salt and trans fats should not be consumed (strong, low certainty evidence). b. Sugar-sweetened beverages should not be consumed (strong, low certainty evidence). c. Non-sugar sweeteners should not be consumed (strong, very low certainty evidence). d. Consumption of 100% fruit juice should be limited (conditional, low certainty evidence).
Nutrient supplements and fortified food products	In some contexts where nutrient requirements cannot be met with unfortified foods alone, children 6–23 months of age may benefit from nutrient supplements or fortified food products. a. Multiple micronutrient powders (MNPs) can provide additional amounts of selected vitamins and minerals without displacing other foods in the diet (context-specific, moderate certainty evidence). b. For populations already consuming commercial cereal grain-based complementary foods and blended flours, fortification of these cereals can improve micronutrient intake, although consumption should not be encouraged (context-specific, moderate certainty evidence). c. Small-quantity lipid-based nutrient

	supplements (SQ-LNS) may be useful in food insecure populations facing significant nutritional deficiencies (context-specific, high- certainty evidence).
Responsive feeding	Children 6–23 months of age should be responsively fed, defined as "feeding practices that encourage the child to eat autonomously and in response to physiological and developmental needs, which may encourage self-regulation in eating and support cognitive, emotional and social development" (13) (strong, low certainty evidence).

References

[1] This SOP is considered as an interim guidance for infant and young child feeding in

emergencies in Lebanon. The guidance will be regularly reviewed and updated as needed.

[2] WHO Breastfeeding Recommendations

[3] National Nutrition Strategy and Action Plan

[4] Lebanon IYCF Policy 2018

[5] Law 47/2008

[6] Nutrition Sector Strategy

[7] National Nutrition Smart Survey

[8] Infant and Young Child Feeding in Lebanon - Joint Statement December 2019

[9] Infant Feeding in Emergencies

[10] IYCF Counseling Cards & IYCF Counselling Cards in the context of COVID-19

[11] The Community Infant and Young Child Feeding Counselling Package

[12] Storing Expressed Breast Milk - WHO Guidelines

[13] CDC - How to Keep Your Breast Pump Clean

[14] Infant and Young Child Feeding in Emergencies - Operational Guidance for Emergency Relief Staff and Programme Managers

[15] Principles and recommendations for infant feeding in the context of HIV and a summary of evidence

[16] Acceptable medical reasons for use of breast-milk substitutes

[17] WHO Guideline for complementary feeding of infants and young children 6-23 months of age Guidance on Ending the Inappropriate Promotion of Foods for Infants & Young Children

[18] Procurement and use of breastmilk substitutes in humanitarian settings

[19] Libnor Standards - Infant Formula

[20] Lebanon Nutrition Sector - Guidance Note Series Support to Complementary Feeding of 6- to 23-months-Old

[21] How to Prepare Formula for Bottle-Feeding at Home

[22] Protocol for Management of Non-breastfed Infants 0-6 Months