

THE CONVENTION ON THE RIGHTS OF THE CHILD

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**REPORT ON THE SITUATION OF
INFANT AND YOUNG CHILD FEEDING
IN MOROCCO**



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SUMMARY

The following obstacles/problems have been identified:

- Decline of breastfeeding as a concern of public health.
- Decline of exclusive breastfeeding of 23.3% within 19 years (1992-2011).
- Lack of knowledge about optimal breastfeeding practices.
- Only few voluntary provisions of the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions (the Code) can be found in the national legislation, resulting in many Code violations.
- In 2010, only 43 out of 112 Hospitals were certified as “Baby-Friendly” and lack of governmental leadership on this issue.
- Maternity leave benefits are not granted to women working in the informal sector.
- Lack of knowledge on different ways of mother-to-child transmission of HIV.
- Lack of information on the current status of the 2008 pilot programme “Prevention of mother-to-child transmission of HIV”.
- No emergency preparedness plan to ensure integrated response to protect and support breastfeeding/ infant and young child feeding in case of emergencies.

Our recommendations include:

- Raise awareness about **optimal breastfeeding practices** among the population.
- Strengthen **Code implementation and enforcement** and set **independent monitoring system**.
- Strengthen **BFHI implementation** independently of any other national measure.
- Extend **maternity benefits** to women working in the **informal sector**.
- Raise awareness about **HIV mother-to-child transmission** among the population, especially mothers, through **comprehensive promotion campaigns**.
- Provide information on the “**Prevention of mother-to-child transmission of HIV**”.
- Ensure **integrated response** to protect and support breastfeeding **in case of emergencies** through the implementation of a national plan and designation of persons to coordinate activities

1. General points concerning reporting to the CRC

In 2014, the CRC Committee will review Morocco’s combined 3rd and 4th periodic report.

At the last review in 2003 (session 33), IBFAN presented a report on the state of breastfeeding.

In its [Concluding Observations](#), the Committee referred explicitly to breastfeeding. In para 44, the Committee articulated concern “*at the relatively high child, infant and maternal mortality rates; the lack of coordination between the various existing health programmes; the important disparities between rural and urban areas regarding access to health services; the high incidence of iodine-deficiency disorders; and the decreasing use of breastfeeding, taking into account the existence of a national strategy for breastfeeding*”.

Thus, in para 45, it recommended Morocco to: “(a) Reinforce its efforts to allocate appropriate resources, and develop, adopt and implement coordinated policies and programmes to **improve and protect the health situation of children**, particularly in rural areas; (b) **Facilitate** greater and **equal access to primary health service, reduce the incidence of maternal, child and infant mortality [...]** and **promote proper breastfeeding practices**”.

2. General situation concerning breastfeeding in Morocco

General data¹

	2008-2012	2010	2012
Annual number of birth, crude (thousands)	-	-	738.7
Neonatal mortality rate (per 1,000 live births)	-	-	18
Infant mortality rate (per 1,000 live births)	-	-	27
Infant – under 5 – mortality rate (per 1,000 live births)	-	-	31
Maternal mortality ratio (per 100,000 live births) (adjusted)	-	100	-
<i>Delivery care coverage (%):</i>			
Skilled attendant at birth	73.6%	-	-
Institutional delivery	72.7%	-	-
C-section	16%	-	-
Stunting (under 5 years)	-	-	-

¹ UNICEF, Info by country: Morocco. Available at: http://www.unicef.org/infobycountry/morocco_statistics.html

Breastfeeding data

	1992	2011	2008-2012 ²
Early initiation of breastfeeding (within one hour from birth)	49% ³	30.3% ⁴	52%
Children exclusively breastfed (0-5 months)	51% ⁵	27.8% ⁶	31%
Children ever breastfed	-	96.6% ⁷	-
Introduction of solid, semi-solid or soft foods (6-8 months)	-	-	52%
Breastfeeding at age 2	-	-	14.7%

In 2005, the Ministry of Health has declared that the **decline of breastfeeding constitute a concern of public health**.⁸ Despite the efforts made in the field of information and education, the situation is deteriorating as we can see in the national surveys on the population and family health (1987, 1992, 1997, 2003-4, 2011).

Early initiation of breastfeeding

The 2011 national survey shows that among the children under 5 years that have ever been breastfed, **less than one third (30.3%) have been initiated to breastfeeding within one hour after delivery**. The regional situation seems to have an impact on the early initiation of breastfeeding. Indeed, 54.5 % of children are early breastfed in the region of Taza-Al Hoceima-Taounate, following by the region of Gharb- Chrarda-Bni Hssen (40.9%) then by Doukkla-Abda (40.1%) and Tanger Tétouan (38.2%). **The regions that represent the lowest proportions are in Wilaya of Grand-Casablanca (11.6%), then Meknès-Tafilalt (18.9%), Oriental region (20.6%) and Rabat Salé-Zemmour-Zaër (22.3%).**⁹

According to UNICEF, for the period 2008-2012, the rate of children exclusively breastfed was of 52%. However, this coverage rate remains low and questions the quality of medical support and advice given to young mothers, especially when taking into account that almost 3 mothers out of 4 deliver their babies in a hospital institution.

² UNICEF, Info by country: Morocco. Available at:

http://www.unicef.org/infobycountry/morocco_statistics.html

³ Ministère de la Santé, "Allaitement Maternel": Extrait du Guide pratique à l'usage des professionnels de santé, p.2, Avril 2005, Source tirée du « ENPS 1992 National». Available at: <http://fmppo.ump.ma/FMPO/wp-content/uploads/2014/03/AllaitementMaternel-ExtraitGuidePratiqueMS-34-copies.pdf>

⁴ ENPSF-2011, p. 192.

⁵ Ministère de la Santé, "Allaitement Maternel": Extrait du Guide pratique à l'usage des professionnels de santé, Avril 2005. Available at: <http://fmppo.ump.ma/FMPO/wp-content/uploads/2014/03/AllaitementMaternel-ExtraitGuidePratiqueMS-34-copies.pdf>

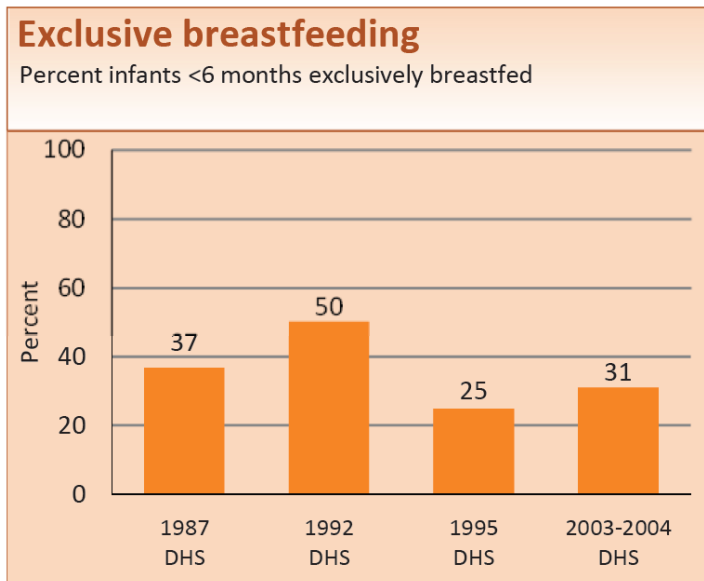
⁶ ENPSF-2011, p. 194.

⁷ ENPSF-2011, p. 191.

⁸ Ministère de la Santé, « Allaitement Maternel »: Extrait du Guide pratique à l'usage des professionnels de santé, p.2, Avril 2005. Available at: <http://fmppo.ump.ma/FMPO/wp-content/uploads/2014/03/AllaitementMaternel-ExtraitGuidePratiqueMS-34-copies.pdf>

⁹ ENPSF-2011, p.192.

Exclusive breastfeeding under 6 months



Source¹⁰ : Child Info, « *Countdown to 2015: Maternal, Newborn & Child Survival in Morocco* », May 2013

As highlighted in a 2003 USAID report, exclusive breastfeeding for the first six months of life is not widely perceived as a norm, even by health workers.¹¹

The rates of exclusive breastfeeding dropped from 51% in 1992¹² to 27.8% in 2011, which amounts to a **decline of 23.2% within 19 years**. The living environment has been identified as influencing feature of such behavior: children living in rural areas enjoy more exclusive breastfeeding (30.5%) compared to children living in urban areas (24.4%).

Predominant breastfeeding under 6 months

The rate of ‘predominant breastfeeding under 6 months’¹³ (breastmilk and certain liquids) of age (45.5%) is higher than the rate of exclusive breastfeeding.¹⁴ As highlighted by WHO, predominant breastfeeding has been associated with an increased risk of diarrhoea. Avoidance of any liquids other than breastmilk is key to ensure appropriate feeding of infants under 6 months of age.¹⁵

¹⁰ “Countdown to 2015: Maternal, Newborn & Child Survival: Morocco”, May 2013. Available at: http://www.childinfo.org/files/countdown/Morocco_Accountability_profile_2013.pdf

¹¹ Morocco Reproductive and Child Health Programs: 30 Years of Collaboration United States Agency for International Development (USAID) and the Ministry of Health of the Kingdom of Morocco for the period 1971-2000, published in October 2003. Available at: http://pdf.usaid.gov/pdf_docs/PNADA256.pdf

¹² Ministère de la Santé, “Allaitement Maternel”: Extrait du Guide pratique à l’usage des professionnels de santé, Avril 2005, Source tirée du « ENPS 1992 National ». Available at: <http://fmpo.ump.ma/FMPO/wp-content/uploads/2014/03/AllaitementMaternel-ExtraitGuidePratiqueMS-34-copies.pdf>

¹³ Proportion of infants 0-5 months of age who receive breastmilk as predominant source of nourishment.

¹⁴ ENPSF-2011, p.194.

¹⁵ WHO, “Indicators for assessing infant and young child feeding practices: part 3 country profiles”, 2010.

The **prevalence of inadequate feeding practices** could result of a lack of information on optimal breastfeeding practices, including the importance of exclusive breastfeeding.

Continued breastfeeding at 2 years

The 2011 survey showed that two thirds of children aged between 12 and 15 months were still breastfed (60.2% were in urban area and 72.3% from them were in rural area), whereas between 20 and 23 months, less than 1 child out of 3 was still breastfed (24.9% in urban area compared to 30.1% in the rural area).¹⁶ Thus, it is interesting to note that **continued breastfeeding rates are higher in rural area than in urban area.**

Children ever breastfed

According to the 2011 survey, 96.6% of children were ever breastfed. It has been revealed that the living environment had little influence on mothers to practice breastfeeding (96.2% in urban area and 97.1% in rural area).¹⁷

Addition of sugar in meals

In 2011, more than one third of infants (37.9%) have received food that contained from 35% sugar in urban area and 40.3% in rural area. Those rates are negatively affected by mothers' level of education.¹⁸

Bottle feeding

The impact of the living environment is also reflected in the rate of bottle feeding, which is **twice as high in urban areas than in rural areas.** Besides, the **education level of the mother** also influences bottle-feeding: mothers without school degree tend to less bottle-feed (34.1%) than mothers which a high school degree (58.9%).¹⁹

3. Government efforts to encourage breastfeeding

National Policies²⁰

The country has adopted a number of policies and strategies in favor of maternal and child health including:

- ▶ National plan of action for accelerating the reduction of maternal and neonatal mortality 2012-2016

¹⁶ ENPSF-2011, p. 196.

¹⁷ ENPSF-2011, p.191.

¹⁸ ENPSF-2011, p. 202.

¹⁹ ENPSF-2011, p. 201.

²⁰ WHO, "Saving the lives of Mothers & Children: Rising to the Challenge: Morocco", 2013. Available at: http://apps.who.int/iris/bitstream/10665/116151/1/High_Level_Exp_Meet_Rep_2013_EN_14806.pdf

- ▶ National plan of action for child health 2012-2016 (developed at the level of the division not yet approved by the Ministry of Health officials)
- ▶ National strategy of reproductive health 2011-2019
- ▶ National nutrition strategy 2011-2019²¹
- ▶ Rural areas health plan to address inequalities 2012-2016
- ▶ Notification of maternal deaths

In addition to that, surveys have been conducted on the issue of infant and young child feeding:

- ▶ ***National survey on multiple indicators and the health of youth (ENIMSJ 2006-2007)***²²

This report touches upon the nutrition of the child, including breastfeeding.

- ▶ ***National survey on the population and family health (ENPSF-2011)***²³

The Ministry of Health conducted this survey on a serie of topics, including maternal health, breastfeeding and infant and young child feeding.

Campaigning

In 2012, the Government organized for the third time a National Week on the promotion of breastfeeding under the theme “*Early breastfeeding: essential for successful breastfeeding*”. This campaign aimed at raising awareness among mothers and their relatives on the necessity of breastfeeding young infants. With this campaign, **the Ministry of Health targeted at reaching the rates of 50% of early initiation of breastfeeding and 50% of exclusive breastfeeding for children under 6 months by 2016.**²⁴

The International Code of Marketing of Breastmilk Substitutes and its implementation in Morocco

According to our IBFAN International Code Documentation Centre, Morocco has **only few voluntary provisions of the Code that can be found in the national legislation.**²⁵ Even

²¹ Royaume du Maroc, Ministère de la Santé, « La Stratégie Nationale de la Nutrition 2011-2019 ». Available at : http://www.unicef.org/morocco/french/Strategie_Nationale_de_Nutrition_.pdf

²² Royaume du Maroc, Ministère de la Santé, Enquête Nationale à Indicateurs Multiples et Santé des Jeunes ENIMSJ 2006-2007 ». Available at : http://www.childinfo.org/files/ENIMSJ_Morocco_FinalReport_2006_Fr.pdf

²³ ENPSF-2011.

²⁴ Aujourd’hui Journal Maroc « Louardi lance une campagne pour promouvoir l’allaitement maternel », 2012. Available at: http://www.aujourd'hui.ma/maroc/societe/louardi-lance-une-campagne-pour-promouvoir-l-allaitement-maternel--99443#.U9jbluN_vxA

²⁵ IBFAN, “*State of the conduct by Country: A survey of measures taken by governments to implement the provisions of the International Code of Marketing of Breastmilk Substitutes & subsequent World Health Assembly resolutions*”, International Code Documentation Centre (ICDC),Malaysia, April 2014.

though the **Code has not been officially implemented**, the distribution of free food samples has been prohibited since 1992.²⁶

Health care system²⁷

The coverage with primary health care services is regularly increasing in Morocco. Currently, Morocco has 2552 basic health care services, i.e. a ratio of 1 facility per 11.700 population. Yet, the access to care is still difficult, mainly for populations with low resources. 25% of the Moroccan population lives more than 10km away from a basic health facility. Health care utilization in the public sector remains very limited, with a rate of use of curative service of 0.5 consultations per inhabitant per year, a figure that can be considered low in relation to the needs of the population. In terms of planning and monitoring, the network of basic health care facilities does not include the private sector which has nearly 5800 physicians' in general medical practice. This reflects a lack of complementarity between the private and public sector.

A set of interventions targeting the main causes of under-5 mortality in Morocco has been packaged and implemented under the umbrella of the Integrated Management of Childhood Illness Strategy (IMCI). The three components of the IMCI strategy improve the quality of child health care services at primary health care level, the health system related elements and child health-related family and community practices.

Moreover, it has been reported that in the year 2011, skilled health personnel attended 77% of pregnant women and 73.6% of deliveries. Progress in family planning services has been made, as an essential element of safe motherhood. Achievements in safe motherhood were visible through two main strategies aimed at enhancing the quality of maternal and neonatal health services and raising public awareness towards safe motherhood issues.

Training of medical personnel

The in-training of the health workforce is a burden on the Ministry of Health. Despite the efforts made in the pre-service education, **medical and paramedical institutions are not fully committed to teaching the public health approaches** and Ministry of Health primary health care guidelines in a sustainable manner and to a good standard of quality, an issue that will impose a continued burden on and investments from the Ministry of health.²⁸

²⁶ Dr. A. Barkat et al., « Allaitement maternel: avantages et conseils pour le réussir », 2009. Available at : <http://pharmacies.ma/mail1/Allaitement.pdf>

²⁷ WHO, "Saving the lives of Mothers & Children: Rising to the Challenge: Morocco", 2013. Available at: http://apps.who.int/iris/bitstream/10665/116151/1/High_Level_Exp_Meet_Rep_2013_EN_14806.pdf

²⁸ WHO, "Saving the lives of Mothers & Children: Rising to the Challenge: Morocco", 2013. Available at: http://apps.who.int/iris/bitstream/10665/116151/1/High_Level_Exp_Meet_Rep_2013_EN_14806.pdf

4. Baby-Friendly Hospital Initiative (BFHI)

The Baby Friendly Hospital Initiative has been launched in 1992. In 1998, only 17 of 98 hospitals were officially designated by UNICEF as "Baby Friendly," fulfilling ten criteria supportive of breastfeeding.²⁹

Those rates increased between 2009 and 2010, giving that 43 out of 112 Hospitals were designated as Baby Friendly. We see a net **improvement from 17% in 1998 to 38% in 2010.**³⁰

5. Maternity protection for working women

Maternity leave

Maternity leave benefits are granted to pregnant workers whose pregnancy has been attested by a doctor.³¹ However, mothers who are not insured, such as **women working in the informal sector, are not entitled to this maternity leave benefits.**³²

Duration: the leave lasts for 14 weeks, unless the labour contracts, the collective agreement or internal regulations establishes more favorable conditions. Moreover, the female worker has the right to suspend her labour contract for a period starting 7 weeks before the birth up to 7 weeks after it.³³

Benefits³⁴: The daily benefit paid by the National Social Security Fund³⁵ shall be equal to 2/3 of the average daily wage. It cannot be in any case lower than 2/3 of the legal minimum wage.³⁶

Paternity leave

This leave is granted to every head of the household employee, functionary or agent of the public service.³⁷

²⁹ "Morocco: 30 Years of Collaboration United States Agency for International Development (USAID) and the Ministry of Health of the Kingdom, A retrospective Analysis", 2002. Available at:

http://pdf.usaid.gov/pdf_docs/pnacp902.pdf

³⁰ Miriam H. Labbok, "Global Baby-Friendly Hospital Initiative Monitoring Data: Update and Discussion", *Breastfeeding Medicine*, Vol . 7, N .4, 2012, p. 215. Available at:

http://www.researchgate.net/publication/230617756_Global_baby-friendly_hospital_initiative_monitoring_data_update_and_discussion/file/79e415037abf6c5f21.pdf

³¹ Labour Code §152

³² Dahir stating Act n. 1.72.184,27 July 1972 on the Social Security regime §37 (1)

³³ Labour Code §152, §154(1), §156(2)

³⁴ "The insured female worker who has contributed for 54 consecutive or not days during the 10 months preceding the time she stopped working because of the birth has the right to cash benefits from the date of the work stoppage for 14 weeks." Source: Dahir stating Act n. 1.72.184,27 July 1972 on the Social Security regime §37 (1)

³⁵ Dahir stating Act n. 1.72.184,27 July 1972 on the Social Security regime §37 (1) (2), §33

³⁶ Dahir stating Act n. 1.72.184,27 July 1972 on the Social Security regime §38, §35, §36

³⁷ Dahir from Kaada 1365 (22 October 1946) changed by Dahir n. 61.005, 18 January 1963, on paternity leave.

Duration: length of the leave shall be of 3 days in case of one or multiple birth. These 3 days shall be consecutive or not, after agreement between the employee and the employer, but shall be taken in the period of 15 days around the date of birth.³⁸

Breastfeeding breaks³⁹

During a period of 12 months starting from the date the worker comes back to work, she has the right to breastfeed her child, during working time, in a special rest break, which shall be paid as regular working time. These periods shall be of half-an-hour in the morning and half-an-hour in the afternoon. These breaks shall be paid as regular working time. They are not to be considered as the regular rest breaks of the company.

Additionally, **the working mother shall, in agreement with her employer, be granted time to breastfeed her child at any moment during the working day.**

Nursing facilities⁴⁰

The Labour Code foresees the **establishment of a special room for breastfeeding** in every company or immediately close to it, as soon as the company reaches at least 50 employees over the age of 16.

Those rooms can also serve as children daycares for children of women working in the company.

6. HIV and infant feeding

In 2011 the Ministry of health conducted a survey on the population and family health. According to the latter, among the women affected by AIDS, 80% affirmed to know about the contamination to the child during the pregnancy, 70% acknowledged knowing about the contamination by giving birth and finally, **60% of women knew about the contamination risks through breastfeeding.**⁴¹

Since 2008, Morocco has launched a pilot programme “Prevention of mother-to-child transmission of HIV” (PTME) focused on regions of Grand Casablanca, Marrakech, Tensift-al Haouz and Sous-Massa- Draâ. This programme has been regularly followed by a Committee and two national consultants. An evaluation of this programme was scheduled by the end of

³⁸ Dahir from Kaada 1365 (22 October 1946) changed by Dahir n. 61.005, 18 January 1963, on paternity leave. §1, §2

³⁹ Labour Code §161

⁴⁰ Labour Code §162

⁴¹ ENPSF-2011, p.117.

2010.⁴² Currently, we do not have any further information about the follow up of the pilot programme.

7. Infant feeding in emergencies (IFE)

Over the last decade, the IFE Core Group (constituted by WHO, UNICEF, UNHCR, WFP, IBFAN-GIFA, CARE USA, Foundation Terre des hommes and the Emergency Nutrition Network (ENN)) issued two training modules as well as an Operational Guidance that aim to provide concise, practical guidance on how to ensure appropriate infant and young child feeding in emergencies. In 2010, WHA urged all Members States to “ensure that national and international preparedness plans and emergency responses follow the evidence-based Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies, which includes the protection, promotion and support for optimal breastfeeding, and the need to minimize the risks of artificial feeding, by ensuring that any required breast-milk substitutes are purchased, distributed and used according to strict criteria”.

Currently, there is **no information available on any emergency preparedness plan** to ensure integrated response in order to protect and support breastfeeding in case of emergencies in Morocco.

⁴² Royaume du Maroc, Ministère de la Santé, «Evaluation finale du Programme de prévention de la Transmission du VIH de la Mère à l’Enfant impliquant les services de santé de base dans les régions du Grand Casablanca, Marrakech-Tensift-Al Haouz et Sous-Massa-Draâ», 2011. Available at : http://www.unicef.org/morocco/french/RAPPORT_PTME_2011_MAROC.pdf

ANNEX:

Example of violations of the International Code of Marketing of Breastmilk
Substitutes

from the IBFAN-ICDC report *Breaking the Rules 2014*

For more information: <http://www.ibfan-icdc.org/>

- In Morocco, a larger than life poster at the Casablanca airport promotes **Ain Saiss** mineral water with the slogan “*From birth and for life*”.



Taking off in a big way; well placed promotion in heavy traffic areas such as airports.