

Workshop on Strengthening Infant and Young Child Feeding Practices and Programmes in South Asia Region (SAFANSI Project)



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IBFAN Asia organized a Planning Workshop on Strengthening Infant and Young Child Feeding Practices and Programmes in South Asia Region (SAFANSI Project), in New Delhi on 10th December 2012. It brought together 54 participants from 8 SA countries - Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka, and experts from SAIFRN and World Bank. (Annexure 1)

The workshop began with opening session on welcoming, introductions and purpose of the workshop by **Dr. Arun Gupta**. He mentioned the purpose of the workshop wherein participants from the eight South Asian countries will participate and prepare national plans of action for advocacy to implement the *Global Strategy for IYCF* based on the information shared at the World Breastfeeding Conference 6-9 December 2012. Plans thus developed with the participation of both CSOs and governments, build on existing priorities and action by the governments. An IBFAN South Asia regional plan of action for advocacy and capacity building, will also be developed at the workshop, with inputs from national CSOs and governments.

Ms. Ashi Kohli Kathuria gave a brief overview of the SAFANSI project. She said that Nutrition is accorded high priority in the Bank's strategy for the South Asia region. Appropriate infant and young child nutrition practices . and particularly breastfeeding . are crucial to achieving improvements in key sector indicators, such as the stunting and underweight rates. The Regional Assistance Strategy (RAS) for Nutrition notes the importance of breastfeeding in attaining improvements in the rates of malnutrition by including the change as an indicator of progress. She expected that support for the World Breastfeeding Conference (WBC), 2012, and the South Asia action planning workshop following the WBC will provide the action framework for each country to further the IYCF global agenda, thus assisting in achieving World Bank objectives related to nutrition for each country in the region.

The first session was on Infant and Child Feeding Policies and Programs: Experiences from South Asia. In this session there was sharing of experiences from India, Bangladesh and Afghanistan. The session was chaired by **Ms. Purnima Menon-IFPRI**

Dr. J.P. Dadhich from India gave update on WBTi in South Asia. He gave an overview of the three assessments done by five South Asian countries namely Afghanistan, Bangladesh, Bhutan,

India and Sri Lanka and two assessments done by three South Asian countries i.e. Maldives, Nepal and Pakistan.

He showed how each country has progressed with each assessment and emphasised on specific impact of WBTi in some of the South Asian countries:

Afghanistan made progress in implementing several programmes in the health system for mainstream counselling on breastfeeding, started conducting training on breastfeeding counselling and complementary feeding, for health care providers. It has also started collecting data on infant and young child feeding practices, which did not exist earlier. The International Code of Marketing of Breastmilk Substitutes has become a regulation under MoPH in Afghanistan. All this has happened after 2006, when for the first time report was launched in Afghanistan.

Bhutan has developed a National Strategy and Policy on IYCF and the IYCF Indicators have been introduced into the National Nutrition Survey, which made available the data collected on Infant and Young Child Feeding practices.

In India, progress is slow. Under maternity protection there is a provision for increased maternity leave for women in Central Government and financial maternity benefits to pregnant and lactating women under the IGMSY scheme and also a draft proposal on food security bill.

Maldives has data on Infant and Young Child Feeding practices collected, which did not exist earlier.

Nepal has developed National Nutrition Policy and Strategy on IYCF and Government of Nepal, with support from various international NGOs & Local NGOs, has started carrying out training of different level of health professionals on IYCF.

Pakistan Government has notified the implementation of Breastfeeding Law (Ordinance) with rules and regulations and also developed curriculum/ manual on IYCF training for Community Health Workers.

Dr. S.K. Roy started his presentation on IYCF Strategy development in Bangladesh with the declarations by the Honourable Prime Minister of Bangladesh made during the World Breastfeeding Week of 2009, 2010, 2011 which had a significant contribution like sanction of six months maternity leave with pay, developing a strong BMS Code, making provision for breastfeeding corners everywhere in the country, appointment of nutritionists in each hospital of Bangladesh, and WBW to be observed by the Government.

Dr. Roy gave an overview of the key milestones achieved in past two decades. The National BMS Code Ordinance 1984, Amendment as Law 1990, Rules 1993, National IYCF Strategy 2007,



National IYCF Action Plan 2009, National Communication Framework and plan 2010, National IYCF Alliance 2010, and maternity leave for 6 month with pay 2011 (for public sector).

He also showcased all IYCF related publications in the local language. In Bangladesh IYCF is being taught in 23 govt. & 55 private medical colleges in 3rd year, nursing colleges and in Medical Assistant Training Schools.

Various efforts and initiatives of NGOs are being carried out for improving IYCF Practices in collaboration with Institute of Public Health Nutrition and he attributed the influence of a national media campaign that started in Dec 2010 and reached peak intensity in Feb 2011. Also the effect of several programs that focus on maternal and child health care, implemented for the 1-2 years before the survey that cover about 25 percent of the country's population, as reasons for apparent increase of EBF in Bangladesh Demographic and Health Survey 2011.

Up next **Dr. Homayoun Ludin** shared his experience from Afghanistan on Costing of IYCF. Dr. Ludin explained in detail the cost involved under various heads like:

- IYCF Policy and Strategy: The process of IYCF policy and Strategy started in 2007 wherein the cost of one consultant, 6 workshops prepared and shared with partners
- TOT to develop master trainers: Four person from each provinces (34), a total 136 master trainers developed at cost of USD 203368
- Provincial IYCF training: wherein at least one midwife per health facility, CHW and community support groups, BFHI and BMS Code training would take place
- BMS Code: Cost involved in development and endorsement of the National BMS Code
- National Breastfeeding Communication Campaign: wherein cost involves designing Flip charts, Hard card, Dari and Pashto, danglers (4 Colours), provide specifics for portable DVD Player and high quality DVDs for Khalas, develop 12 Radio Jingles/ Spot 60 seconds in Dari and Pashto
- Organizing Coordination workshops and developing communication strategy
- Celebrating World Breastfeeding Week at National and Provincial level

In the end he summarized the total cost involved for all the above activities to an estimate of USD **2338258**

The last session was by **Dr. Michael J Dibley** - Sydney School of Public Health who gave an overview of **South Asia Infant Feeding Research Network – SAIFRN**.

SAIFRN network has members from Academic institutions, Ministries of Health, Research Organizations, and NGOs. Dr. Dibley talked about the various activities undertaken by the network like Network meetings (Regional workshops), Dissemination seminars (in-country seminars), Further analysis of national level data from region, IYCF policy analysis, Pilot studies to develop new and innovative IYCF interventions, Capacity Building, and facilitation of online courses.



He emphasized on the future directions of SAIFRN that include, to establish multi-country trial of interventions, Need for quality evidence in several countries, improve communications to support translation of research into policy and action like for e.g. policy briefs, continue to develop partnerships, seek other sources of funding like NH&MRC Health Partnership projects, ARC linkages, and MRC/DIFID, and lastly to establish more continuity for work.

Group work to develop country action plans was held after this. There was briefing on guidelines to be followed for the group work and the participants were divided into group as per the country and a total of seven groups formed i.e. Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, and Srilanka. There was a facilitator assigned for 2-3 groups put together for any clarity or suggestions. Each group selected a group representative to lead the group work and also for the presentations of the work plan developed. The countries developed national plans of action keeping in view the situation of IYCF policies and programmes in their country, mapping the key stakeholders on IYCF, SAFANSI project value addition and interventions, Capacity needs and Support, and Monitoring, Evaluation, Documentation and learning needs of the country.

The post lunch session was **Group presentations from countries.** The session was moderated by Ms. Ashi Kohli Kathuria . World Bank and Dr. Arun Gupta-IBFAN Asia wherein each country presented results of the group work.



Afghanistan



Dr. Homayoun Ludin presented the key gaps identified like inadequate IYCF and limited community outreach of current IYCF counselling and support, limited knowledge and skills of relevant staff, low community mobilization, and limited resources and capacity for technical support and supervision at national and provincial levels.

The group also gave some recommendations based on gaps identified on community outreach like to develop a defined package of community nutrition outreach intervention including IYCF, accelerate social mobilization and community awareness efforts and promote community participation, provision and utilization of available food.

In terms of gap identified on limited knowledge and skills of staff on IYCF, the recommendation was to do capacity building and organizing initial and refresher training sessions for health provider.

The country needs to establish and promote nutrition surveillance, monitoring and reporting system and link with the existing HMIS. The recommendations emerged to address the issue of poor monitoring and evaluation was to advocate for capacity building and resources.

The value addition from the SAFANSI project were identified as establishment of nutrition surveillance, strengthened monitoring, evaluation and research, capacity building (facility based and community based), advocacy for fund-raising and implementation of IYCF policy and strategy, and support on implementation of communication strategy.

The key stakeholders identified were Ministry of Public Health, Ministry of Agriculture, Ministry of Education, Ministry of Realigns affairs, Ministry of Women& Affairs, Ministry of Information and Culture, Ministry of Interior, Ministry of Work, Social Affairs, Ministry of Finance, Municipality, Donors (EU, WB, USAID, CIDA, UN agencies), and CSOs.

Bangladesh



Dr.S.K.Roy presented the key gaps in the existing IYCF policies and programmes. The strategy identified by the group were to reduce malnutrition in mothers, strengthen and implement complementary feeding guidelines, Code implementation and monitoring, IYCF-MIS need to be established, and to develop and implement MSG.

The key gaps identified were infant feeding during emergency, counselling in HIV + mothers, poor non government sector maternity protection.

Mapping the key stakeholders in IYCF included Government-NNS, Education, LGRD, Food, Information, Women & Children, MOHFW (DGHS/DGFP), World Bank, DFID, USAID, UNICEF, WHO, FAO, BBF, SAIFRN, Newer Horizons: SCOUTS, Girls guide, Rotary, LIONS, Women's Forum, Legal association and many more. The stakeholder having maximum power was Bangladesh Breastfeeding Foundation & Govt. of Bangladesh.

SAFANSI project value addition and interventions included improved advocacy, create evidence & analysis, capacity strength on policy & programming, promote research to prevent commercial intervention on child and mother and on sustainable home based complementary foods, enhance training and innovations.

Bhutan



Ms. Karma Lhamo from National Assembly Bhutan presented the action plan.

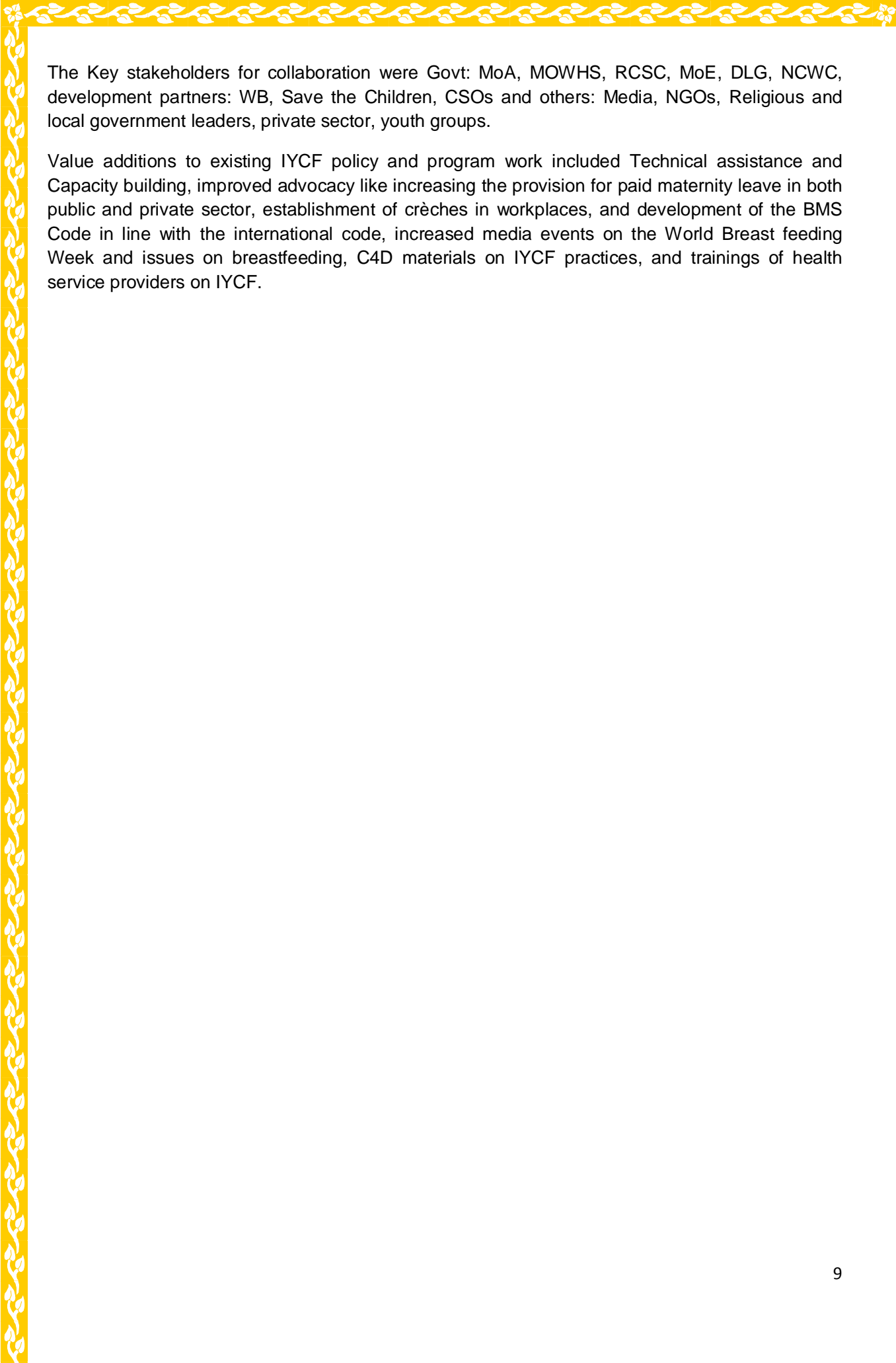
The existing situation of IYCF in Bhutan promotes exclusive breastfeeding for 6 months in line with IYCF Policy, provides Nursing break for one hour everyday for working mothers in public sector/Pvt Sector, has provision of paid maternity leaves for 3 months in public sector and 2 months for private sector and flexi-timing for public sector, and encourage replacement feeding for all babies born to HIV mothers.

The policy gaps identified were less paid maternity leave in public sector private sector and also at the discretion of the employer, lack of resources (trained human resources and financial resources), and No rules and regulations for marketing of breast milk substitutes.

The strategies identified by the group to overcome the gaps were to revitalize the Child Health Advisory Group, develop rules and regulations on BMS in line with the International Code, strengthening of monitoring system, and encourage mother and child friendly workplaces. She informed that Royal government of Bhutan is drafting the Maternity Protection Bill in line with the IYCF Policy.

The programme gaps identified were lack of knowledge and skills on IYCF among health care providers and village health Workers, No lactation clinics to counsel on breast feeding issues in the hospitals, weak monitoring system.

The strategies to overcome the gaps were review of the training curriculum of the Royal Institutes of Health Science to incorporate IYCF, development of training modules on IYCF for the VHWs, One Lactation Clinic to be opened in the JDWNR Hospital, development of communication for development (C4D) strategy on IYCF and to develop M&E systems on IYCF practices.



The Key stakeholders for collaboration were Govt: MoA, MOWHS, RCSC, MoE, DLG, NCWC, development partners: WB, Save the Children, CSOs and others: Media, NGOs, Religious and local government leaders, private sector, youth groups.

Value additions to existing IYCF policy and program work included Technical assistance and Capacity building, improved advocacy like increasing the provision for paid maternity leave in both public and private sector, establishment of crèches in workplaces, and development of the BMS Code in line with the international code, increased media events on the World Breast feeding Week and issues on breastfeeding, C4D materials on IYCF practices, and trainings of health service providers on IYCF.

India



Dr. J.P.Dadhich-National Coordinator BPNI presented the key gaps in policy and programme for India. There is no National Policy on IYCF, no dedicated budget line, National Breastfeeding Committee meetings are inadequate, BFHI, International Code (IMS Act) enforcement not effective, women in unorganized sector have no provision in law, Maternity leave-for government is 3 months by law, but 6 months by pay commission for central government employees, counselling support to mother inadequate, training of health & nutrition providers is inadequate, No systemic efforts for institutional capacity building, no policy on HIV and Infant Feeding & the guidelines officially updated, lack of policy on infant feeding and emergencies, inadequate IYCF indicator in MIS (no complementary feeding)

The key stakeholders identified were Government of India-Ministry of Women & Child Development & NIPCCD, Ministry of Health & NIHFW, Ministry of Labour, Planning Commission, Ministry of Rural development, Ministry of Information Technology, Department of Education, Finance Ministry, Ministry of Corporate Affairs, Ministry of Law, and Media. Development Partners like World Bank, DFID, Aus AID, WHO, and UNICEF, professional and partner organizations were also identified.

SAFANSI project value addition and interventions would be multisectoral advocacy with Government of India and its Ministries, WBW-media workshop based on WBTi assessment gaps, develop Communication strategy, plan state policy and programme assessment using SBTi tool, can lead to improved networks with partner organizations like Forces, JSA, RTF, BMA, WABA, IAP, AACI, INFACI and also with IBFAN.

Maldives

Dr. Mohamad Saeed presented the key gaps in IYCF policies i.e. Lack of trained lactation counsellors, few front line workers trained, and Lack of focus and /or support for appropriate complementary feeding. He said that Maldives has developed a National Nutrition Strategy wherein there is enforcement of national legislation on the marketing of BMS, maternity protection, developed social protection schemes with nutrition components such as subsidies on fruits and vegetable imported.

The other gaps identified with respect to country IYCF were lack of emphasis on infant feeding in emergencies, lack of funding for the implementation of IYCF, paid maternity leave for 90 days only, and no mention of re assessment of BFHI or WBTi. The strategy is to develop a national plan of action and also the national breastfeeding committee to address and push the issue of IYCF.

Key stakeholders involved are Center for Community Health & Disease Control, Society for Health Education (SHE), WHO, UNICEF, MOH, Ministry of Women and Gender, Ministry of Youth, Government Departments, and the media

He mentioned that SAFANSI Project can help in generating funds, can visit country and do a situation assessment and build relationship with government and other NGOs, assist in training and advocacy on implementation of IYCF and Code, organize awareness campaigns at rural islands. He informed that Government of Turkey and Aus Aid is coming with funds for Nutrition in Maldives, SAFANSI could be linked with already ongoing projects of SHE.



Nepal



The group identified many a gaps in the IYCF policy and programmes based on the WBTi assessment. Dr. Prakash Shreshtha presented the gaps identified i.e. inactive National breastfeeding committee, no BFHI hospitals in Nepal, inadequate maternity protection, limited coverage of IYCF in pre and in-service curricula, lack of skill trained HR to strengthen and scale up IYCF, lack of mother support at community level, and weak monitoring and evaluation system.

The action plans identified to overcome the gaps are revitalization of BFHI, advocacy for 6 months maternity leave, review and incorporate comprehensive curricula for all cadres of health staff training, identify and create enabling environment for support for mothers, develop a comprehensive communication framework and generate support for involvement of mass media and journalist for IYCF, and strengthen monitoring and evaluation system.

The key stakeholders involved in IYCF activities in Maldives are Ministry of Health and Population, Child Health division, National Planning Commission, Donors like UNICEF, World Bank, WHO, AusAid, NGOs- SAIFRN, NEBPROF, and professional organization in Maldives.

According to Dr. Prakash Shreshtha, SAFANSI project would help in enhanced advocacy at all levels specially for strict implementation of BMS code and public awareness on harmful effects of artificial feeding (including RUTF), Capacity building to develop quality trainers at all levels and training on BMS code implementation, develop research on Innovative approaches of counseling and appropriate and context specific complementary foods using indigenous and locally available foods

Sri Lanka



The gaps identified in IYCF policy and programmes were lack of detailed National Plan and an independent monitoring and assessment system, insufficient legal empowerment on violations, inadequate implementation of the maternity protection benefits in private sector, lack of need assessment for training of health personal, poor coordination between Ministry of Health and the NGOs, insufficient funds for Mass media programmes, inadequate use of knowledge by the health workers, limited usage and disseminations of IYCF related data, and bottle feeding practices

The group informed that draft IYCF policy has been finalized and is to be submitted to the Cabinet for approval.

The key stakeholders in IYCF are government ministries, UN agencies-UNICEF, WHO, NGOs and private sector.

The group felt that if SAFANSI project is implemented in the future it would help generate funds to monitor IYCF activities at grassroots level and also for developing TOTs relevant to IYCF.

The last session of the planning workshop was on the next steps to take forward the action plans developed by each country and closing remarks by Dr.Arun Gupta. He thanked everyone present for making the workshop a success. He called for action to be taken on the work plan developed for the country so as to enhance infant and young child feeding practices. He urged the countries to work on bridging the gaps and to reveal more positive changes by the next assessment. Every country needs to work on protecting, promoting and supporting breastfeeding in order to ensure that every child born meets its rights to survival with health.



Way Forward:

1. To enhance implementation of the Global Strategy for Infant and Young Child Feeding (WHO 2002) through increased commitment of governments & development partners in SAR as demonstrated by no. of Government planning or policy documents emphasizing infant and young child feeding interventions and National plan of action for IYCF developed and endorsed by the national partners including governments.
2. Advocacy and media events to be organized to strengthen regional/country Infant and Young Child Feeding policy and programme capacity.
3. Develop South Asia Analytical Report on Infant and Young Child Feeding to have improved evidence and analysis of IYCF policies and programmes.

Annexure 1

Participant of South Asia Meeting on 10th December 2012

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