

# Report of the South Asia Regional Workshop “Strengthening Infant and Young Child Feeding Policies and Programmes in South Asia Region”



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## Report of the South Asia Regional Workshop “Strengthening Infant and Young Child Feeding Policies and Programmes in South Asia Region”



IBFAN Asia organized the South Asia Regional Workshop “Strengthening Infant and Young Child Feeding Policies and Programmes in South Asia Region” from 9<sup>th</sup> to 12<sup>th</sup> December 2014 at Parwanoo, Himachal Pradesh, India. It brought together 52 participants from seven SA countries - Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, and Sri Lanka, including six governments. (Annexure 1). The participants included government officials and representatives of civil society organisations from these SA countries.

### **DAY 1: December 9<sup>th</sup> 2014 (4:30pm)**

The workshop began with an opening session where Dr. Shoba Suri welcomed all to the South Asia Regional Workshop 3 and there was a round of introduction of all country representatives; Afghanistan, Bangladesh, Bhutan, India, Nepal, Maldives, and Sri Lanka.

Dr. Arun Gupta spelled out the purpose of the SAFANSI project with the World Bank. He also mentioned that World Bank has funded breastfeeding for the first time. In the initial years it's only the Scandinavian countries /donors who took interest in breastfeeding as an issue. Of late Bill and Melinda Gates Foundation has shown interest in breastfeeding but IBFAN has taken conscious view of not taking



money from them. He also shared IBFAN's funding policy. He then shared the objectives that included strengthening the global strategy for infant and young child feeding in South Asia, to get policy, planning, national plan in place and endorsed by national governments, to strengthen WBTi and publish analytical report for South Asia, and strengthen IYCF training.

The World Breastfeeding Trends Initiative (WBTi) and World Breastfeeding Costing Initiative (WBCi) is one of the key results of this project and has led us to believe over a period of time that it generates action of unprecedented nature. People across Arab world-Oceania- Latin America are excited to have an advocacy event in their countries. South Asian countries will share their experiences.

He said he would like to expand the work of 8 South Asian countries in other parts of the world too and approach the World Bank for further support.

He made following points to stimulate the participants for outcomes of the workshop,

- We want to share and showcase our work with each other and learn from each other.
- Use of WBCi tool and how best it can be used to do a plan of action, calculate the budget etc.
- Lalitpur example shared as a best practice; how do you want IYCF training to scale up; how can we take this up with governments and the World Bank.

Dr. Mohammad Saeed, Member, Policy Council, IBFAN in his opening remarks said that the team here is all equipped with tools to advocate IYCF and IBFAN is working for children. He emphasized on the fact that, so many countries have corporate influence and we need to be the watch dogs. He felt that all countries need to assess strength, weakness and strategies and find ways to improve, as a crucial part of this workshop.

Dr. J.P. Dadhich, National Coordinator, BPNI shared the agenda of the 3 day workshop and also mentioned the contents in the kit.

Participant input was taken on the draft agenda of the workshop, for any additional agenda item that participants wanted to highlight for discussion. The day ended with a thought provoking session wherein all participants wrote their expectations and fear related to this workshop.



Some of the additional agenda items as desired by the participants were discussion on the need to focus on the knowledge of Medical college faculty on IYCF, status of maternity protection from countries, detail on upcoming movie Tigers & its release in India, role of mass media communication on IYCF and how training can be converged with technology.

## **DAY 2: December 10<sup>th</sup> 2014 (09:00 am)**



### **Session 1: Progress on IYCF Action Plan: An update of IYCF activities in 4 focus countries (Afghanistan, Bangladesh, India, Nepal), outcomes, existing gaps and lessons learnt**

The first session was on Update of IYCF activities in the four focus countries, outcomes, existing gaps and lessons learnt. In this session there was sharing of experiences from Afghanistan, Bangladesh, India, and Nepal. The session was chaired by Dr. Lalith Chandradasa, National Nutrition Coordinator, President Secretariat, Government of Sri Lanka.

#### ***Afghanistan***

Afghanistan made progress in implementing several programmes in the health system for mainstream breastfeeding and bringing about behavioural change. The country has developed IYCF policy & strategy and IYCF component added to the public nutrition policy. IYCF indicator and component added in Basic Package of Health Services under SEHAT (System Enhancement for Health Actions in Transition) project/Ministry of Public Health (MoPH) being the focal Point. Afghanistan has completed three WBTi assessments and have integrated in their policy on IYCF. The country is ranked in 12<sup>th</sup> position among the 51 country assessment. In the year 2014, have published and produced 8300 posters, 500 IYCF flip cards, 18000 BMS code brochures and 12300 TV –radio spots aired and published 18 articles in various magazine on breastfeeding and IYCF. The country has progressed on BFHI through continued advocacy efforts and has gone up to 80 in 2014 from 8 in 2006-08. The country celebrated world breastfeeding week and invited government officials and took commitments from them. The WBCi was launched in the country and a training workshop held wherein participants were Government officials, technical staff, UN agencies (UNICEF,WHO,WFP,FAO), health and nutrition implementing NGOs and health and management staff. The outcome was that all participants realized that IYCF is not free program but need enough budget to be cost.



An IYCF national workshop on Infant and Young Child Feeding action plan was organized by Ministry of Public Health for developing national and provincial IYCF action plan for year 2014 and 2015. The

participants were 34 provincial Nutrition officers and 34 provincial NGO focal point, in general from Government, donor, UN agencies, and health and nutrition leadership and management staff.

Six master trainers were developed using the 4 in 1 training programme of BPNI, who further trained IYCF counselling specialist.

**As a lesson learnt it was observed that behavior change communication, social mobilization and advocacy improve the program outcome; coordination and Involvement of ministry of public health and other relevant ministries strengthen the program result; and financial resources accelerate the on-time accomplishment of interventions.**

**Some of the challenges faced** are irregular IYCF reporting and maternity leave, lack of resources both financial and HR. As a recommendation , need to conduct national& regional workshop for health directors on IYCF, resource mobilization and advocacy for maternity protection, and on coordination & monitoring the BMS code.

**As a way forward,** need to set up on IYCF and conduct WBTi assessment in 2015 to identify gaps and develop recommendations to overcome the same, implementation of IYCF communication strategy, inclusion of IYCF in educational curriculum, and advocacy for institutionalizing nutrition technical expertise including IYCF in health facility.

### ***Bangladesh***



Bangladesh shared the use of WBCi in mobilizing government staff and found the tool very useful for creating budget with govt officials for improving the status of IYCF in the country. The purpose of the WBCi workshop was to help government in **development of specific plan of action and budget lines for the interventions** on optimal breastfeeding indicators.

Bangladesh **organized divisional workshop on dissemination of the BMS Act 2013 for the government officials.** Recommendations of the workshop was the need to disseminate the BMS Act quickly among people by campaign and promotion, need to include it in the mobile court Act 2009 & criminal procedure, 1896. The need for counseling all the pregnant mother about hazards of BMS product and benefits of breastfeeding and mass dissemination through electronic and print media and need to develop documentary on hazards of BMS, benefits of breastfeeding and complementary feeding for awareness building.

The action plan for 2015 included conducting WBTi re-assessment, revitalization of 300 BFHI hospitals, Conference on IYCF, and BMS Act dissemination, monitoring and legal action to name a few.

### ***India***

Dr. Shoba Suri, IBFAN Asia presented the various activities undertaken to improve IYCF practices under the SAFANSI project since its inception in 2012. The major activities under taken in year 2012 were World Breastfeeding Conference and the SAR WS 1. Advocacy and media events focussing on breastfeeding and IYCF formed a major part of activities in 2013.

In 2014 the participation at the One Asia Breastfeeding Partner's form 10 at Brunei saw the launch of the book on compilation of 100+ recipes from across Asia titled 'Best Feeding'.



The WBCi tool was officially during the World Health Assembly (WHA) 2014 in Geneva in a side event. This included participation of national governments, UN agencies, civil society organisations etc. The tool was also dissemination across 21 countries in Oceania, Asia, Arab World, and Latin America.

Sensitization workshops to enhance awareness about the provisions of the IMS Act and mechanisms for monitoring the violations were organized in three states namely Odisha, Assam, and Ranchi. Two more workshops in Lucknow and Andhra Pradesh have been planned for the end December. The workshops participants included health officials like Civil Surgeons, Medical Officers, Nurses and other health professionals.

A training of national trainers was organized in which state level functionaries of Integrated Child Development Services Scheme of Government of India were trained in a 13 days training programme using '4 in 1' training programme developed by BPNI/IBFAN Asia. Seven master trainers and 23 IYCF counselling specialist were developed.

A qualitative study was undertaken to understand the current practice of infant and young child feeding among households, with a focus on complementary feeding practices at district Lalitpur, Uttar Pradesh. The main objective of the study is to better understand the barriers to the adoption of appropriate IYCF practices by pregnant and lactating women. The data collection has been completed and the data is being analysed and tabulated.

Then an overview of the activities and publications in research, advocacy, social mobilization undertaken by BPNI/IBFAN Asia for the other donors was shared with the participants.

## ***Nepal***



Dr. Srijana Basnet shared the capacity building activity on IYCF in Nepal. Nepal conducted TOT using the 4 in 1 training programme of BPNI/IBFAN Asia to develop 8 master trainer's and 39 IYCF counselling specialist utilizing the expertise of the national trainer developed at the TOT programme in India during 2013. The trainers developed will help in establishing The work is in progress for implementing "Mother's Milk Substitute Act "in Nepal.

In order to promote BFHI, IEC materials necessary for the establishment of the baby friendly hospital initiative was developed and donated to different wards and OPDs of Tribhuvan University Teaching Hospital after the training.

The training on WBCi financial planning tool was organized during the WBW 2014. Participants included those working in the various sectors related to childhood nutrition in Nepal ( government officials, Nepal Pediatric society representatives, Pediatricians, Nurses and representatives of civil society organizations from Nepal). The participants found the tool to be user friendly and to be standardized software and can be very useful in planning for programme implementation plan.

Due to the lack of trained personnel on BMS code in Nepal, a training of national trainers on the BMS code was organized with technical resource from BPNI, India. The two day workshop had participation from those working in the various sectors related to childhood nutrition in Nepal and the trainers will now be used for further capacity building in monitoring code violations.

The WBW 2014 was celebrated, and various activities were undertaken like translation of the action folder from WABA, and dissemination. Exhibition on breastfeeding and complementary feeding and talk programme in F.M radio and publication of article in local paper on breast feeding and complementary feeding to name a few.

The action plan for 2014-15, advocacy for reactivation of the national committee on promotion of breastfeeding and authorizing the Nutrition Technical Committee (NUTEC) to take active role, increase collaboration between government and different stakeholders working on IYCF, develop comprehensive communication frame work on IYCF, organize training of trainers on BMS code implementation, organize capacity building on IYCF for health professionals, and WBTi reassessment.

## **Session 2: Situation of IYCF and progress of plan of action developed at SAR WS 2 from Bhutan, Maldives, and Sri Lanka**

The second session was on situation of IYCF and progress of plan of action developed at SAR WS 2 from Bhutan, Maldives, and Sri Lanka. The session was chaired Ms. Abeda Akhter, Deputy Secretary, Ministry of Health & Family Welfare, Bangladesh.

### ***Bhutan***

The Bhutan team was new and represented by community health worker and Nurse from Ministry of Health. This has been a major drawback as to the continuity of discussion on the issue of IYCF, due to change in representation from Bhutan.

The team shared the nutritional status, status of infant and young child feeding practices and action plan for 2015, to revise and update IYCF Policy, incorporation of CODE for marketing of breast milk substitutes in the Health Bill , development of Nutrition Strategic Plan focusing of Maternal and Child Nutrition, maternity benefits being proposed to the cabinet, strengthening IYCF monitoring system, encourage mother and child friendly workplaces, and advocate for commitment towards mother and child nutrition by High Level Decision makers.



They shared the ongoing activity, as to undertake National nutrition and Anemia survey, development of Multisectoral National Nutrition Strategic Plan, identification of nutrition focal persons in the districts for plan implementation, piloting of locally available complementary feed in priority districts (roll out plans), and establish of workplace crèche in Ministry of Health.

### ***Maldives***

Dr. Fathimath Thohira, Health Protection Agency, Government of Maldives and Dr.Mohammad Saeed, Society of Health Education represented Maldives. They shared IYCF indicator's status in their country. Rates of malnutrition has gradually declined from 1996 to 2009 AND Nutrition situation has not improved in pace with other health developments in the country.

The National Strategy for infant and Young Child Feeding is dated 2006-2010, advocates exclusive breastfeeding for 6 months and complementary feeding with foods that provide for optimal growth to be introduced to the infant after 6 months and continue breastfeeding for up to 2 years. The Integrated National Nutrition Strategic Plan (INNSP)2013-2017 has been developed.

Some of the provisions of the International Code of Marketing of Breast-milk Substitutes (BMS) into the National Code of BMS has been approved by the parliament but not legalized into an Act and implemented. The Code is being



enforced as a part of food safety regulations **“Regulation on Import, Produce and Sale of Breast Milk Substitutes in the Maldives”** and traders and stakeholders, healthcare workers sensitized.

Nine hospitals in Maldives have been declared BFHI, however require monitoring, and programme needs to be further strengthened.

Under the IYCF activities 2012-14, The National Infant and Young Child Feeding Guideline drafted and BCC Strategy for Maternal and Child Nutrition developed. Online surveillance system for monitoring nutrition interventions including growth monitoring, vaccination and IYCF information has been established and IYCF components integrated into Newborn care and IMCI trainings.

WBW 2014 was celebrated by organizing a football match, keeping the theme Breast feeding: A Winning goal for life, and also Health Fair (focused on Breast feeding and IYCF awareness). **Awareness/IEC** by radio and TV programmes, Friday prayer lecture, leaflets and information disseminated.

WBCi tool was launched to health care workers to help them planning workshop costing. It brought together 28 participants from all the four islands- Hithadhoo, Maradhoo, Maradhoo Feydhoo and Feydhoo and 12 health workers attended the practical session on WBCi. Many health workers felt the WBCi tool is simpler and easier for generating estimated budgets for workshops such as IYCF and MCH.

Special counseling classes on exclusive breastfeeding mothers, support for working mothers on the concept of expressed milk, complimentary feeding throughout the week and training programme on growth monitoring, IYCF, Breastfeeding counseling, newborn care, IMCI, PMTC sensitization were undertaken.

The major challenges faced include, limited national level capacity on IYCF, high staff turnover rate, high expatriate staff- doctors, nurses, dependency on imported food- High lobby group of infant milk formulas and commercial infant foods and delay in enforcement of the regulation on BMS and infant food, difficulty in implementing and enforcing existing policies and strategies due to changing political climate, limited resources (HR, technical, funds), and changing policy priorities (which is dynamic), changing leaderships.

**As part of their action plan for 2015, they committed to undertake WBTi reassessment, training health workers on WBCi, and developing plan of action for 2015-16.**



## **Sri Lanka**

Ms. Wimala Ranatunga presented on the IYCF awareness activities by the Sarvodaya Women's Movement. A training of trainers on breastfeeding promotion was organized to develop the capacity of district officers of the Sarvodaya Women's Movement to impart new knowledge, skills, and attitudes among lactating & Pregnant mothers and adolescent girls with the intension of promoting breastfeeding and strengthening the support



services for breastfeeding. A total of 34 people were trained during this programme from 8 districts in Sri Lanka. There was a monitoring and evaluation meeting organized after the TOT programme, participants were benefited from the training and vastly improved the knowledge of breastfeeding among the communities.

World Breastfeeding Week (WBW) 2014 was celebrated by organizing, National Level programme for District Coordinators on the proposed plan to disseminate the information, Select one garment Factory from each district; orientate the relevant officials from one garment factory from each district on breastfeeding, conducted 26 District level programme for the WBW setting up 6 counseling centers in selected places, and district Level Poster campaign on breastfeeding initiatives.

They organized breastfeeding awareness workshops in Garment Factories, among working mothers and their superiors in the companies. Advocacy programmes in remote districts (Badulla, Jaffna and Anuradhapura) were organized to educate community/ government servants/ NGOs.

Survey on Breastfeeding awareness among the Young Mothers was conducted, which showed overall knowledge on breast feeding was fairly good among the mothers, but there were many gaps in putting knowledge into utilization. Services/ counseling for new and young mothers on breast feeding practices were found inadequate.

They shared their initiative of system of monitoring the health seeking behaviour of women and children by giving Smartphone's to Public Health Midwife.

Any plans for 2015??

The chair Ms. Abeda Akhtar, concluded the session by saying that the Government and NGOs should work together, countries need to set priorities and monitoring needs to be strengthened.

## **Session 3: Best Practices/Models from different countries**

The third session was on best practices/models from different countries, wherein they shared best practice in areas of maternity protection/International Code/ Breastfeeding & IYCF counselling & Skill Training etc which could be replicated by other countries. The session was chaired Mr. Gautam Aich sarkar, Joint Secretary, Ministry of Health & Family Welfare, Bangladesh & Dr. Mohammad Saeed, Program Coordinator, Society for Health Education, Maldives.



**Afghanistan** presented on IYCF as a key component in Health promotion and in National health system. Health Promotion Interventions as key approaches reaching the target and categories include health education, prevention and health protection by advocacy as key strategy. Health promotion intervention through communication strategies of raising awareness, social mobilization and advocacy. The interventions include health information centre, developing mother IYCF counseling cards, posters & bill boards to generate awareness, WBW activities through religious leaders, TV & radio spots, commitment boards at advocacy level, documents focused on breastfeeding.



**Bangladesh** talked on the Monitoring of the Breastmilk Substitutes, Infant Foods, Commercially Manufactured Complementary Food and the Accessories Thereof (Regulation of Marketing) Act, 2013 (BMS Act). Government of Republic of Bangladesh developed Act on marketing of breastmilk substitutes in 1984 Ordinance no. (XXXIII), which was amended in 1990 which was weak and thus after declaration of Prime Minister a new law the BMS Act 2013 was passed and also a monitoring system in Bangladesh.

BMS Act monitoring committee has been formulated in all 64 districts of Bangladesh. Various shops were visited to look for violations and 80 baby food products from 10 manufactures were picked up for examination. It was found that shopkeepers were paid huge amounts by baby food companies to display their products. There were violation happening in hospitals and health facility where posters, leaflets and gifts were being given to doctors and health workers.

Ministry appointed civil surgeons as nodal person to take appropriate action, as a result hospitals and health facility led awareness of BMS Act and its violations. It is likely to lead to reduction in the display of BMS products, take legal action against baby food companies sponsoring meetings and seminars of health workers.

The process included:

- Organized round table discussion to create awareness among the stakeholders and, media personnel on BMS Act violations, orientation of manufacturers, of media personnel like editors, reporters and journalists of local and national newspaper, and orientation in higher secondary schools on benefits of breastmilk and hazards of BMS.

- District level BMS Act monitoring Committee has been activated, for regular monitoring of BMS Act and taking legal action against violations.
- Dissemination of in Divisional Level by organizing divisional level workshop.



**India** presented a model on the effect of peer counseling by mother support groups on Infant and Young Child feeding practices: The Lalitpur Experience. The objective was to evaluate the effect of peer counseling by mother support groups (MSGs) in improving the infant and young child feeding practices in the community. This was a quasi-experimental before and after study conducted over a period of 5 years (Dec 2006-2011) by Department of Paediatrics, BRD Medical College, Gorakhpur in collaboration with Government of UP and UNICEF office of UP. The intervention comprised of counseling and providing support to these mothers by the MSGs comprising of at least 3 women in each village who were trained in counselling, both facility and community based strategy were used.

The following are the process/interventions:

- 643 MSGs were developed as model centers on set standards are played a vital role in advocating and promoting IYCF practices in the community.
- Sensitization of administration and health officials
- Capacity building of health and community worker
- Training of the MSGs by the middle level trainers
- Setting up of village resource centres
- ✓ A strong mechanism established to supervise and monitor the quality of services being provided by family level workers

Project interventions effectively improved IYCF practices in district Lalitpur, UP. Concept of '**mother support groups**' and subsequent counseling and support of the mothers are feasible and sustainable using local resources at the community level. This project has demonstrated real convergence at village level and heightened motivation of workers to prevent malnutrition and morbidity in infants and young children. The project has paved the way for several such districts/areas to follow suit.

This project has shown that infant and young child feeding practices can be improved and sustained that include early breastfeeding, exclusive breastfeeding, complementary feeding and reduction of pre-lacteal feeds. Most importantly feedback from the community is the these are learnt by the community. There are some lessons that quality of complementary feeding needs to be improved further. Project does need to scale up in other places and Government of India is considering the options.

**Nepal** highlighted counselling on breastfeeding and complementary feeding as a best practice/model. The capacity building on IYCF for under graduate and post graduate students, Lactation Management Clinic, Well Baby Clinic, and Birthing Centre and Maternity ward could help enhance the breastfeeding and IYCF as a strategy.

The master trainers conducted training on breastfeeding and IYCF of doctors, nursing staff & health workers to develop as middle level trainers, who further sensitize, and counsel the pregnant and lactating women in the health facility and community on breastfeeding and complementary feeding.



This has shown results by improvement in initiation of breastfeeding and no pre-lacteal feeds.

**Sri Lanka** highlighted policy backup to strengthen IYCF. The specific policy on IYCF like National nutrition policy – 2010 (Cabinet Approved), Breastfeeding Code (Gazetted under CAA), National Nutrition Strategic Plan (Cabinet Approved), Multi sectorial action plan for nutrition (Inter agency nutrition action plan) (National Nutrition Council), and School Health Policy are existing. The Sri Lankan government also has circulars on guidelines on IYCF, protocol on managing mal-nutrition in the community, IYCF during emergencies, and circular on Breastfeeding. Also highlighted the maternity benefit for government, private and female estate workers. The need for specific guidelines and training programmes for capacity building of service providers and need for in-service training, and incorporation of the subject into basic training curricula and courses. This shows how Sri Lanka score the highest on WBTi score and maintains it, it is like having policies and programmes in place and coordinated fashion.



#### **Session 4: Sida Work Plan 2015-2017**

Dr. Shoba Suri shared the year wise work plan for 2015-17, with focus on Asia for Swedish funded global project, part of consortium WABA-International Baby Food Action Network (IBFAN) Asia-Africa and Gifa with the participants.

#### **Session 5: Preventing & Managing Acute Malnutrition: Sharing Country Experience**

The session was chaired by Dr. Motawali Younusi, Deputy Director, Child Health, Ministry of Public Health, Afghanistan.

Dr. J.P. Dadhich gave an overview of the existing scientific evidence on the management of acute malnutrition. He highlighted the world wide prevalence of undernutrition with specific reference to South Asia. He emphasized on the status of wasting and stunting by country among 12-23 months children, with some of the South Asian countries having higher prevalence. RUTFs are being recommended in the management of Acute Malnutrition, however the evidence available for proving RUTF as the solution is weak. He projected that UNICEF has proposed for standards on RUF, and it is being procured and marketed in countries and largest market being Africa followed by Asia. Cochrane database of systematic reviews suggest limited evidences on use of RUTF for SAM cases and suggest more high quality studies are needed to prove the effect. Scientific study comparing RUTF to standard care for management of MAM have not yielded significant difference. Community based promotion of IYCF and use of local foods to reduce malnutrition in tribal regions of India have been proved. The presentation concluded by posing a question as to “Should RUFs be used without sufficient evidence being in their exclusive use to treat Acute Malnutrition? And How South Asian Countries are dealing with the situation?”



Afghanistan shared their experience of managing and sustainable reduction in malnutrition using the “Nutrition Education Rehabilitation Session” a community-based approach in resource-poor settings. The sessions raise awareness of optimal IYCF (Exc. breastfeeding and complementary feeding) practices in the community; sustainably prevent malnutrition and common diseases in children in the community; promote healthy feeding, cooking, health-seeking and hygiene practices; and rehabilitate malnourished children especially MAM. In this approach the community is mobilized and volunteers are trained to learn and practice cooking energy dense meals and feeding them to malnourished children. In the approach caretakers of identified malnourished children are invited to participate in the 12- day session and the volunteers’ help caregivers prepare/cook and feed energy rich/calorie dense meals to their malnourished children. As a part of the programme the caregivers are requested to bring a fist full of grain and piece of wood, which is used for the demonstration of the cooking. Along with providing food counseling on child care and education is imparted to caregivers.

Afghanistan has used the approach to quickly address the problem of malnutrition. It provides a source of learning about what positive and unique behaviors people themselves practice in the community. This intervention has helped create evidence for the government.

Bangladesh shared the experience of Intensive Nutrition Education with or without Supplementary Feeding in improving the Nutritional Status of moderately malnourished children. The supplementary nutrition in the form of ‘khuchri’, prepared using rice, lentil, vegetables, meat/egg and fat. The intervention resulted in significant improvement in weight for age as compared to baseline. The components of home based intervention for preventing malnutrition included breastfeeding, complementary food, introducing “khichuri” as complementary food and preparation, functions of food, disease control by home management of common childhood diseases, and healthy child care practices.

Nepal shared their experience where they prevent acute malnutrition cases by optimal IYCF practices, integration of early childhood development in IYCF, growth monitoring, and community promotion of IYCF. Efforts are ongoing to develop food based dietary guidelines using local foods. However, country does not have a uniformity for management of acute malnutrition and RUTF is being administered by health facility with no protocols.

### **DAY 3: December 11<sup>th</sup> 2014 (09:00 am)**

The third day of the workshop started with the recap of Day 2, which was presented by Ms. Nupur Bidla. As per the agenda plan the upcoming day was briefed by Dr. Shoba Suri, where she presented what all sessions will happen and the activities to be undertaken by all the country groups.

#### **Session 1: WBTi the revised tool for assessment of Policy & Programmes**

The session was chaired by Dr. Arun Gupta, BPNI/ IBFAN Asia, India

Dr. J. P. Dadhich presented the “WBTi the revised tool for assessment of Policy and Programmes”. He explained in detail what is WBTi, how it works, and the history of WBTi and its status so far. The WBTi 15 indicators were described, first 10 on policies and programmes and next 5 being on practices. Then he highlighted upon how WBTi works, starts with country assessment, gap Identification, action by generating report cards & reports, policy changes and finally the country does reassessment after 3-5 years. The progress from 51 countries having done the assessment was presented. In the end the tool revision and the changes done to the tool was explained.

The session was followed by discussion on the process of training on the revised tool, which Dr.J.P.Dadhich suggested is not required but the RCO is available for any help. There were suggestions of submitting the report card to Ministry of Health or Family Welfare so that there are any changes at the policy level. It was suggested to have the maternal nutrition status to the tool, which is unlikely as tool has been adapted from WHO tool on infant and young child feeding and IBFAN Asia has developed guidelines for scoring and coding. The Chair, Dr. Arun Gupta summarized and shared a key factor saying that any member working on WBTi assessment should be completely free from any kind of conflict of interest.

## Session 2: WBTi Assessment & its impact on Policy & Programmes (Afghanistan, Bangladesh, India, Maldives, Nepal and Sri Lanka) Country Presentations

**Afghanistan:** Dr. Ludin from Afghanistan shared the impact of WBTi assessment on policy and programme in Afghanistan. During the presentation he shared how all the members of IYCF task force formed the WBTi task force headed by coordinator, Dr. Ludin. Each member of task force worked on specific indicators and the MICS data was utilized. WBTi has brought together more than 13 stakeholders like UN agencies, NGOs, governments for assessment of policy and programmes in Afghanistan. The gaps and recommendation for all the policy & programme indicators were enlisted. The WBTi assessment has led to remarkable change in the policy situation in Afghanistan, which is well correlated with score going up from 30 in 2005 to 99 in 2012. The report card form 2012 WBTi assessment can be seen, which highlights the scoring and color coding for all indicators.

He emphasized that there was a great change seen in the indicator of Baby Friendly Hospital Initiative (BFHI). There were only 8 BFHI hospitals in the year 2008 and this increased to 80 BFHI hospitals by the end of the year 2014. The other changes as a result of WBTi assessment were developed IYCF Policy and Strategy & IYCF communication Strategy, also the procedure for Code of BMS with an active national BMS committee. The other activities carried out were celebration of world breastfeeding week (WBW) at national and provincial level, training of 210 IYCF trainers in all provinces, developing IEC material, developing facility & community based IYCF guidelines.



Afghanistan receives its funding resources from UN and other organizations like Save the Children, World Bank, Health Promotions Departments, and UNICEF especially for BFHI, Communication and Trainings.

**Bangladesh** was represented by Dr. S. K. Roy and presented the country status. Dr. Roy shared the comparison in the score of all the 15 indicators from the three assessments in the year 2005, 2008 and 2012 where he emphasized the major change in the first indicator, its score being 4.5 in the year 2005 to 10 in the year 2012, as given below:

Bangladesh is working towards bridging the gaps and has been allocated funding from the government. There new BMS Act 2013

Values	Indicators	2005	2008	2012
IYCF Policies and programmes score out of 10	National Policy, Programme and coordination	4.5	6	10
	Baby Friendly Hospital Initiative (Ten steps to successful Breastfeeding)	8	8	8.5
	Implementation of the international code	8	10	8
	Maternity Protection	5	1	4.5
	Health and Nutrition care	4.5	4.5	6.5
	Community outreach	6	6	6
	Information Support	6	5	8
	Infant Feeding and HIV	4.5	4.5	7
	Infant Feeding During Emergencies	7	4	4
	Monitoring and Evaluation	6	7	8
IYCF Practices Percentage (%)	Early initiation of Breastfeeding rate	3	6	6
	Exclusive Breastfeeding for first 6 months	6	6	9
	Median duration of Breastfeeding Rates	10	10	10
	Bottle Feeding Rates	6	3	6
	Complementary feeding rates	6	6	6

has been developed and being disseminated and implemented in the country. 207 BFHI hospitals have been revitalized in the year 2014 remaining will be completed within 2015, their monitoring process is ongoing. As a major achievement, Prime minister of Bangladesh has requested for 6 months maternity leave for the private sector. 10,000 nurses have been appointed in government hospitals for supporting and ensuring maternity support in the health facilities. The national nutrition policy has been developed and capacity building on IYCF and maternal nutrition is being conducted regularly throughout the country. A national strategy on IYCF during emergency has been developed and training course is being developed. However, they have a team of doctors and pediatricians who have been trained to handle natural disasters and emergency situation.

**India:** Dr. J.P. Dadhich presented the India situation on the WBTi assessment and its impact on policy and programmes. Not much has happened in India after the last assessment in 2012 but the efforts are continuous. The major impact has been seen in the National Food Security Act 2013, pregnant women and lactating mothers, besides being entitled to nutritious meals as per the prescribed nutritional norms will also receive maternity benefit of at least of INR 6000. This has resulted from continued advocacy over years but just recently got recognized. Dr. Dadhich shared about the inclusion of a well conceptualized section on Nutrition dealing especially with '*infant and young child feeding*' in The 12<sup>th</sup> Plan chapters on 'Women's Agency and Child Rights' and 'Health' of the Planning Commission, Government of India. This strengthens the intent for action to be taken on breastfeeding and infant and young child feeding issues. He introduced the training packages developed by BPNI/IBFAN Asia "The Infant and Young Child Feeding Counseling: A Training Course. The 4 in 1 course (An Integrated course on Breastfeeding, Complementary Feeding & Infant feeding, HIV counseling and Growth Monitoring)", which has been recognized by Ministry of Health, Government of India in their Guidelines for enhancing optimal Infant and Young Child Feeding practices. Also, in the year 2012, the Integrated Child Development Scheme, Ministry of Women & Child Development, Government of India has enhanced focus on under-3s and included care and Nutrition Counselling service for mothers of under-3s in their restructured document. It has also recognized Institutions / voluntary organizations with expertise on IYCF practices, like Breastfeeding Promotion Network of India (BPNI) to be engaged in the process.

**Maldives:** Dr. Mohammad Saeed from Maldives shared their WBTi assessment and impact. As a result of WBTi assessment, Maldives has seen lot of change in its policy and strategy, like developed National IYCF and Nutrition strategy, BMS Code adopted and approved, government advocates on exclusive breastfeeding for 6 months and continue breastfeeding for up to 2 years, malnutrition, IMR & MMR have drastically declined. All working women are entitled to maternity leave for 60 days, 1 hour nursing break and 12 months leave without pay. More commitment from government and funds are now available for Nutrition/IYCF activities. Maldives is also threat from Baby



Milk Substitute companies as they are reaching mothers, no exception from other countries, however the government has adopted BMS Code and are monitoring the violations.

**Nepal:** Prof. Prakash S. Shrestha shared the WBTi assessment and its impact on policy & programmes from Nepal. He presented that WBTi assessment has been conducted in the years 2005, 2008 and 2012 respectively. The scores for the policy indicators have shown rise over the three assessments, however the practice indicators are stagnant and not shown any improvement. The country has moved to better color rating over the assessments i.e. from yellow in 2005, & 2008 to blue in 2012. WBTi has helped in bringing together multiple stakeholders including government, professional organization, INGO's, NGO's, Women's & Children's right groups in same platform and the political commitment by government has increased, however, the full implementation of the recommendations of WBTi is lacking. The government has published National Guidelines on IYCF and training are being conducted for various level of health professionals on IYCF. They have developed emergency prepared plan and response which clearly addresses the infant feeding during emergencies and also the National Guidelines on HIV/AIDS Strategy and guidelines on prevention of mother to child transmission of HIV. WBTi acts as a tool for the government to become aware of the exact situation and existing policies. However there is need for repeated advocacy to the stakeholders, in particular the government. The policy makers and donor agencies should focus on the gaps identified by WBTi, develop plan of action in order to bridge the gaps. However, he emphasized on some difficulties faced like political instability, lack of co-ordination between different sectors related to IYCF, National Demographic Health Survey is done once in 5 year and National Health monitoring system do not fully incorporate indicators on IYCF, BFHI is non functional due to lack of long term policy & regulating mechanism, and large gap exists in maternity protection in Government, Private & informal sectors to name a few.

**Sri Lanka:** Dr. Chandradasa from Sri Lanka highlighted the gaps from the WBTi assessment. They are lack of detailed National action plan on IYCF, lack of independent monitoring system, Insufficient legal empowerment on violations of BMS Code, inadequate implementation of the maternity protection benefits in private sector, lack of need assessment for training of health personnel, insufficient funds for mass media programmes, Limited usage and dissemination of IYCF related data, and Bottle feeding practices. Based on the recommendation most of the gaps have been bridged, country has developed IYCF strategy based on which the policies will be developed, BMS Code has been revised and enforcement authority has been changed to chief food authority who is the DGHS (earlier it was under consumer affairs authority), for maternity protection a request has been made to the Ministry of Labour to extend the existing public sector benefits to cover the private sector as well and establishing creches at work places is being actively promoted, funds for IYCF have been solicited through the multi-sectoral platform, being the key achievements.

### **Session 3: Knowledge of Medical College faculty on IYCF**

The session was chaired by Ms. Aseefa Luthfy, Maldives Food & Drug Authority, Maldives.

Dr. K.P.Kushwaha shared in his presentation that building evidence and resources in Medical Colleges is a key to promoting optimal Infant and Young Child Feeding (IYCF) practices. He emphasized that it is quite easier to change practices in the community than hospital and explained the facility based approach. He shared the survey findings from five Hospitals associated with Medical Colleges in Uttar Pradesh, namely MLN Medical College, Allahabad, GSVM Medical College, Kanpur, MLB Medical College, Jhansi, JN Medical College, Aligarh and BRD Medical College, Gorakhpur. Various parameters were surveyed like IYCF



practices, antenatal information for importance and management of breastfeeding, both general and specific information on breastfeeding knowledge, and breastfeeding difficulties, training of health workers in the hospitals. It was found that only one hospital (20%) was aware of IMS Act, and only two hospitals (40%) encouraged mothers to place their baby in skin to skin contact immediately after delivery and any time. All doctors had the knowledge on breastfeeding however 80% doctors of 2 clinical departments were unable to recognize breastfeeding difficulty and none were able to help mothers in positioning and attachment. None were able to write difference between full breast, engorged breast and mastitis correctly, which shows lack of knowledge and skilled training among the health professionals. As a part of the project capacity building trainings on IYCF was organized for the faculty, post graduates and health workers in the five medical colleges. IYCF counseling center has been established in the five hospital cum medical colleges, and skilled counseling is being imparted. As a result there has been marked improvement seen in the IYCF practice on initiation of breastfeeding and other practices like support to mother in breastfeeding or management of problems of the breast etc.

#### Session 4: Special Session: CODEX 2014 experience



In this special session Dr.J.P.Dadhich, India and Dr.S.K.Roy, Bangladesh shared their experience from the CODEX 2014 meeting held at Bali, Indonesia. The session was chaired by Ms.Aseefa Luthfy, Maldives Food & Drug Authority, Maldives.

Dr. J.P. Dadhich explained what is CODEX, being a Latin word meaning “Food Code”. He informed the participants of workshop the currently the Codex Alimentarius Commission has: 186 Codex Members - 185 Member Countries and 1 Member Organization (EU), and 224 Codex Observers - 52 IGOs, 157 NGOs, 15 UN. The organizational committee involves general subject committees because their work has relevance for all foods and, since this work applies to all foods, they are sometimes referred to as “**horizontal committees**”. There are ten such committees. The purpose of CODEX is, to protect consumer’s health and to ensure fair practices in the food trade. The important standards relevant to IYCF are standard for infant formula and formulas for special medical Purposes intended for infants and standards for cereal based complementary foods. The **Agreement on Technical Barriers to Trade (TBT)**, aims to protect consumers

through information, mainly in the form of labeling requirements, nutritional requirements, quality provisions, and methods of analysis to promote fair trade practices. The International Code on the Breastmilk Substitutes requests the FAO/WHO Codex Alimentarius Commission to give full consideration, within the framework of its operational mandate, to action it might take to improve the quality standards of infant foods, and to support and promote the implementation of the International Code". The Global Strategy for Infant and Young Child Feeding also mentions "Processed-food products for infants and young children should, when sold or otherwise distributed, meet applicable standards recommended by the Codex Alimentarius Commission and also the Codex Code of Hygienic Practice for Foods for Infants and Children." He also highlighted how there is Conflict of Interest with Industry being omnipresent in policy and planning, and program implementations.

The CCNFSU 36 (2014) at Bali had 54 participants from member countries out of a total of 209. Member countries with industry representatives on official delegations were 21 out of 54 countries and the total Industry Representation on country delegations were 46 out of total of 209. There were 16 industry organizations out of a total of 30 participating in the meeting in the Observers and International delegations.

The National CODEX process called for mobilizing action at country level, come together and formulate a position, monitor what the international/ national organizations i.e. Business Interest NGOs are doing so as to question them for COI and demand transparency in public interest, and to provide feedback for global solidarity.

Dr.S.K.Roy in his experience sharing gave an overview of the CODEX process and mentioned that at the CODEX meeting there was discussion on infant formula, follow up formula, labeling issue and Ready to use food.

During the discussion the participants shared the standards and norms from their country, like India having a strong structure in FSSAI, and various committees/departments working on the CODEX. The chair Ms. Aseefa Luthfy, Maldives mentioned that they too have a National CODEX Committee, which decided who will attend the meetings and emphasize on the relevant issues.

## **Session 5: IBFAN and BPNI Video**

In this session IBFAN video "All about IBFAN" and BPNI Film were shown to the participants of the workshop.

The IBFAN film shows the IBFAN Network in action in Europe, America, Africa, Asia and Oceania, safeguarding the lives and health of children everywhere from the activities of the baby feeding industry. The video is of 7 minutes duration and is available on YouTube in English, Spanish and French. It shows the extensive work being done by IBFAN network worldwide for over 30 years.

BPNI Film showcases glimpses of its 22 years journey since it was born in 1991 in Sevagram, Maharashtra, India. Over these years BPNI started playing an active role in policy analysis and development. Monitoring the baby food companies for compliance with the Infant Milk Substitute (IMS) Act has always been a priority. BPNI pioneers in coordinating national as well as global projects on mobilizing worldwide action on breastfeeding policies and programs. BPNI has always anchored strong ethical values and is known for its integrity. The video is of 10 minutes duration and available on our website <http://bpni.org/bpni-film-2014-launched-showcasing-glimpses-of-our-22-years-long-journey>.

## Session 6: Increasing Government commitments towards coordinated action at Country level



This session was a panel discussion with government representatives from Afghanistan, Bangladesh, Maldives and Sri Lanka. The session was moderated by Dr. Arun Gupta, India.

According to Afghanistan, Ministry of Public Health will work in order to integrate all these programmes into national programmes. Maldives government representative said that they we have strong commitment to IYCF. They have advocated more people that can work for this environment. Maldives would like to take help of IBFAN Asia for the capacity building on IYCF in their country. Sri Lanka highlighted the conflict they are facing between NGO's and Government. Dr. Chandradasa representing Sri Lankan government expressed their interest in being a part of advocacy or regional meetings on Code and requested IBFAN to organize the same, so as to move ahead in one voice. Bangladesh expressed its commitment for IYCF and need for political will to move ahead.

## Session 7: Planning Ahead 2015-17 (Country Group Work)

This was a country group work on planning ahead for 2015-17, and Dr. Arun Gupta briefed all the country representatives about the group work on Plan of Action.

The country group sat together, discussed and developed the country plan of action for 2015-17 based on the 10 policy and programme indicators of WBTi, namely policy & programme coordination, BFHI, Implementation of International Code on marketing of Breastmilk Substitutes, Maternity Protection, Health & Nutrition Care Systems, Mother Support & Community Outreach, Information Support, Infant Feeding & HIV, Infant Feeding in Emergencies, Monitoring & Evaluation.

## Session 8: Presentation of Plan of Action Developed

The session was chaired by Dr. Arun Gupta, BPNI/IBFAN Asia, India. The representative from each country presented the plan of action developed for 2015-17. The plan of action developed by countries is tabulated below:

### Bangladesh



Indicators	2015	2016	2017
<b>Policy, Programme &amp; Coordination</b>	<ul style="list-style-type: none"> <li>BMS by law will be formulated.</li> <li>Dialogue with Policy makers</li> <li>National BF committee will be formed.</li> <li>Incorporation of BF programs into Strategy papers</li> </ul>	<ul style="list-style-type: none"> <li>incorporation PIP, Incorporation into different operational plan</li> <li>Nationwide program starts July 2016</li> <li>Workshops in central, divisional and district level sub district</li> </ul>	<ul style="list-style-type: none"> <li>Inter Op coordination meetings at central, district levels</li> </ul>
<b>BFHI</b>	<ul style="list-style-type: none"> <li>Revitalization and Accreditation 200 hospitals</li> <li>Developing Monitoring and evaluation team and system and reporting</li> </ul>	<ul style="list-style-type: none"> <li>Training for BFHI 200 hospitals and accreditation</li> <li>Reporting</li> </ul>	<ul style="list-style-type: none"> <li>100 hospitals BFHI training and accreditation</li> <li>MIS reporting</li> </ul>
<b>Implementation of International Code of Marketing of BMS</b>	<ul style="list-style-type: none"> <li>Finalize By lawDissemination</li> </ul>		
<b>Maternity Protection</b>	<ul style="list-style-type: none"> <li>Dialogue with MOHFW, MOWCA, Ministry of Commission, Ministry of Labour Ministry of Planning, Ministry of Finance</li> </ul>	<ul style="list-style-type: none"> <li>Develop mechanism of engagement and strategy and action plan</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of the required programs on mat. protection</li> </ul>

Indicators	2015	2016	2017
<b>Nutrition &amp; Health Care System</b>	<ul style="list-style-type: none"> <li>Maternal and adolescent nutrition</li> <li>Training, dissemination, awareness building</li> <li>Central, district, sub district level supervisory body formation</li> </ul>	<ul style="list-style-type: none"> <li>continued</li> </ul>	<ul style="list-style-type: none"> <li>continued</li> </ul>
<b>Mother Support &amp; Community Outreach</b>	<ul style="list-style-type: none"> <li>Central level workshop</li> <li>MSG formation with CC, CG and CSG</li> <li>Training of CHCP, FWA, Female HA, EPI centre staff</li> </ul>	<ul style="list-style-type: none"> <li>Training continued</li> <li>Reporting system in place</li> <li>Advocacy and awareness</li> <li>Hands on training for mothers at EPI centre</li> </ul>	<ul style="list-style-type: none"> <li>complete the MSG formation and functional</li> </ul>
<b>Information Support</b>	<ul style="list-style-type: none"> <li>Produce all kinds of communication and information materials for policy program and beneficiary levels</li> </ul>	<ul style="list-style-type: none"> <li>Distribution and dissemination</li> </ul>	<ul style="list-style-type: none"> <li>Innovative research</li> </ul>
<b>Infant Feeding &amp; HIV</b>	<ul style="list-style-type: none"> <li>Position paper on HIV feeding including baseline survey</li> <li>Collect policies and mapping</li> </ul>	<ul style="list-style-type: none"> <li>HIV AIDS infant feeding awareness</li> <li>Linkage action between treatment, counselling centre and affected mothers of infants</li> </ul>	continue SOP in all centres and reporting regularly
<b>Infant Feeding in Emergencies</b>	<ul style="list-style-type: none"> <li>Awareness of BMS Act covering emergency feeding</li> <li>Development of IYCF guideline for infants and children feeding at emergency</li> <li>Coordination and activate emergency teams.</li> </ul>	<ul style="list-style-type: none"> <li>strengthening the system</li> </ul>	<ul style="list-style-type: none"> <li>Continued</li> </ul>
<b>Monitoring &amp; Evaluation</b>	<ul style="list-style-type: none"> <li>All 9 Indicators of IYCF will be under uniform monitoring system under MIS of MOHFW</li> <li>Monitoring tool development for validation of data</li> </ul>	<ul style="list-style-type: none"> <li>Development of format and indicators to include the Govt Central system of MIS of DGHS and DGFP under MOHFW.</li> </ul>	<ul style="list-style-type: none"> <li>continued M&amp;E</li> <li>Publication of report and share with relevant stakeholder yearly</li> <li>Finding bottleneck and way forward</li> </ul>

## India



Indicators	2015	2016	2017
<b>Policy, Programme &amp; Coordination</b>	<ul style="list-style-type: none"> <li>• SBTi assessment 3 states (UP, AP, HR)</li> <li>• WBTi assessment 2015</li> <li>• Call to action based on WBTi</li> <li>• Advocacy with State Governments (Plan of Action) including implementation of IMS Act</li> </ul>	<ul style="list-style-type: none"> <li>• SBTi assessment 3 states (Delhi, JHR, MH)</li> </ul>	<ul style="list-style-type: none"> <li>• SBTi assessment 3 states (PB, HP, J&amp;K)</li> </ul>
<b>Implementation of International Code of Marketing of BMS</b>	<ul style="list-style-type: none"> <li>• Sensitization workshop in select states</li> <li>• National Workshop on IMS Act for Key BPNI members</li> <li>• Breaking the Law Series</li> <li>• Media Conference on IMS Act</li> </ul>	<ul style="list-style-type: none"> <li>• District/State workshop on IMS Act</li> <li>• Breaking the Law Series</li> <li>• Media Conference on IMS Act</li> <li>• Awareness on IMS Act for the media</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness of Judiciary on IMS Act</li> <li>• Breaking the Law Series</li> <li>• Media Conference on IMS Act</li> </ul>
<b>Maternity Protection</b>	<ul style="list-style-type: none"> <li>• Survey/Research MP awareness in corporate/public &amp; private sector in Delhi, Jharkhand &amp; Maharashtra</li> <li>• Sensitization workshop during WBW on MP</li> <li>• Develop report on MP</li> <li>• Press conference on Maternity Protection (31<sup>st</sup> July) release of global report &amp; results of survey</li> </ul>	<ul style="list-style-type: none"> <li>• Repeat</li> </ul>	<ul style="list-style-type: none"> <li>• Repeat</li> </ul>
<b>Nutrition &amp; Health Care System</b>	<ul style="list-style-type: none"> <li>• National level consultation on undernutrition/ implementing IYCF guidelines of NHM</li> <li>• National TOT at Gorakhpur (March 2015)</li> <li>• IYCF counselling specialist</li> </ul>	<ul style="list-style-type: none"> <li>• IYCF counselling specialist course</li> </ul>	<ul style="list-style-type: none"> <li>• IYCF counselling specialist course</li> </ul>

	<ul style="list-style-type: none"> <li>course</li> <li>• Accreditation of 4 in 1 course –MCI</li> <li>• Orientation of NT on revised 4 in 1 training programme</li> </ul>		
<b>Mother Support &amp; Community Outreach</b>	<ul style="list-style-type: none"> <li>• Establish IYCF counselling centre at BPNI</li> <li>• FAQ on IYCF</li> <li>• Mobile App on IYCF (MP and Formula Feeding)</li> </ul>	<ul style="list-style-type: none"> <li>• Establish IYCF counselling centre at BPNI</li> <li>• FAQ on IYCF</li> <li>• Mobile on IYCF (MP and Formula Feeding)</li> </ul>	<ul style="list-style-type: none"> <li>• Establish IYCF counselling centre at BPNI</li> <li>• FAQ on IYCF</li> <li>• Mobile App on IYCF (MP and Formula Feeding)</li> </ul>
<b>Information Support</b>	<ul style="list-style-type: none"> <li>• Celebration of WBW facilitating action folder to Asian country, adapted in India &amp; translated in Indian languages &amp; disseminated</li> <li>• Contest at National level and awards</li> <li>• Promoting the Documentary on breastfeeding</li> <li>• Promoting Movie TIGERS</li> <li>• Newswire</li> <li>• Facebook page</li> <li>• Build upon BNMMNMM campaign</li> </ul>	<ul style="list-style-type: none"> <li>• Celebration of WBW facilitating action folder to Asian country, adapted in India &amp; translated in Indian languages &amp; disseminated</li> <li>• Contest at National level and awards</li> <li>• Newswire</li> <li>• Facebook page</li> <li>• Build upon BNMMNMM campaign</li> </ul>	<ul style="list-style-type: none"> <li>• Celebration of WBW facilitating action folder to Asian country, adapted in India &amp; translated in Indian languages &amp; disseminated</li> <li>• Contest at National level and awards</li> <li>• Newswire</li> <li>• Facebook page</li> <li>• Build upon BNMMNMM campaign</li> </ul>
<b>Infant Feeding &amp; HIV</b>	<ul style="list-style-type: none"> <li>• Position statement on HIV and Infant feeding</li> <li>• Global report on IF &amp; HIV from WBTi assessment</li> </ul>		
<b>Research/publication</b>	<ul style="list-style-type: none"> <li>• Documenting carbon footprint of formula feeding in India</li> <li>• Research on Maternity Protection</li> <li>• Awareness on IMS Act at health facility</li> <li>• Antenatal counselling at community and health facility</li> <li>• Review article on risk of formula feeding</li> <li>• Economics of breastfeeding</li> <li>• Research Brief</li> </ul>	<ul style="list-style-type: none"> <li>• Research Brief</li> </ul>	<ul style="list-style-type: none"> <li>• Research Brief</li> </ul>
<b>Others</b>	<ul style="list-style-type: none"> <li>• BPNI foundation day celebration</li> </ul>	<ul style="list-style-type: none"> <li>• BPNI foundation day celebration</li> </ul>	<ul style="list-style-type: none"> <li>• BPNI foundation day celebration</li> </ul>
<b>ACCI/COI</b>	<ul style="list-style-type: none"> <li>• International Consultation on COI</li> <li>• COI Primer</li> <li>• AACI update</li> </ul>	<ul style="list-style-type: none"> <li>• AACI update</li> </ul>	<ul style="list-style-type: none"> <li>• AACI update</li> </ul>

## Maldives



PLAN OF ACTION 2015- 2017	2015	2016	2017
1. BMS code advocacy meeting Relevant stake holders – Trade, MFDA and MOH	X		
2. IYCF – master training	X		
3. IYCF training of HWs.	X	X	X
4. Complete national IYCF guideline in line with HIV infant feeding strategies Feeding of infants in emergency situations. Incorporate infant feeding guideline into emergency preparedness plan	X	X	X
5. BFHI – Assessment and maintenance of BFHI...status		X	
6. Stake holder forum of maternity leave to extend to 6 months	X	X	X
7. Reassessment of WBTi ( HPA, MFDA, UNICEF, WHO, SHE, MOH) /2006 – 2015	X		
8. Celebration of WBW – advocacy media/ awareness / Training -.HW	X	X	X
9. Training Traditional birth attendants (ANC/ PNC)		X	X
10. Parent awareness sessions...junk foods / fizzy drinks			
11. Maternal and child health online surveillance system – Training of health workers	X		
12. Maternal and child nutrition Campaign ( Guide, HWs manual/ TV/ Radio/ sports/ leaflets/ posters/ banners/ billboard	X	X	X
13. Training on WBCi ( programme M) Nutrition/MFDA/HP/ HW	X	X	X
14. Feeding package of local recipes for complementary feeding	X	X	X



# Nepal



**Plan of Action for year 2015**

Jan	February	March	April	May	June	July	August	September	October	November	December
<b>NEBPROF Facebook Page on IYCF</b>	Advocacy for: 1.Revitalization of National Committee on Promotion and Protection of BF  2. Revitalization BFHI	WBTi Assessment and Reporting  Situation Analysis of maternity protection (research)  Publication of existing BMS Act in Professional journals					Workshop on Maternity Protection  Dissemination of WBTi report  Celebration of World Breast Feeding Week	Master Training on BMS Code Monitoring		Implementation of recommendations from WBTi 15	
	IYCF Master Training									IYCF Mater Training	
<b>Advocacy and Awareness Program</b>											

**Plan of Action for the year 2016**

Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
<b>SMART App on IYCF (Tele-Medicine)</b>		IYCF middle level training		Collaboration with stake holders: NEPAS, NESOG,			Celebration of Breast feeding week			IYCF middle level training	

		Nursing Asso. etc. on IYCF and Maternity Protection	Classes for working mothers at their workplaces	
<b>Market Survey on BMS</b>		Research: Knowledge on IYCF among health professionals		
<b>Implementation of recommendation from WBTi 15</b>				
<b>Advocacy and Awareness Programs</b>				

***Plan of Action for the year 2017***

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
<b>Recipe Book for complimentary feeding from locally available food</b>		IYCF: Middle Level Training		Master training on BFHI			Celebration of World Breast feeding week				IYCF: Middle Level Training	
<b>Strengthening and Establishment of Lactation Management Clinic in different Hospitals</b>												
<b>Advocacy and Awareness Program</b>												

## Sri Lanka



Indicators	2015	2016	2017
<b>Policy, Programme &amp; Coordination</b>	<ul style="list-style-type: none"> <li>National Workshop in the NGO sector to get consensus on influencing the government to come up with the policy</li> <li>A meeting between the NGO's and Government to formulate policies on IYCF</li> <li>WBTi re-assessment 2015</li> </ul>	<ul style="list-style-type: none"> <li>Follow up workshops in the NGO sector to assess the progress of formulation of policy by Government</li> <li>Follow up meeting between the NGO's and Government to formulate policies on IYCF</li> </ul>	<ul style="list-style-type: none"> <li>Follow up workshops in the NGO sector to assess the progress of formulation of policy by Government</li> <li>Follow up meeting between the NGO's and Government to formulate policies on IYCF</li> </ul>
<b>Baby Friendly Hospital Initiative</b>	<ul style="list-style-type: none"> <li>Expanding BFHI initiative to private sector hospital</li> <li>2 hospitals per year</li> </ul>	<ul style="list-style-type: none"> <li>Expanding BFHI into private sector hospital -3 hospital per year</li> </ul>	<ul style="list-style-type: none"> <li>Expanding BFHI into private sector hospital -3 hospital per year</li> </ul>
<b>Implementation of International code</b>	<ul style="list-style-type: none"> <li>Media awareness workshop on breastfeeding code</li> <li>Workshop on breastfeeding code for NGOs</li> </ul>	<ul style="list-style-type: none"> <li>Media awareness workshop on breastfeeding code</li> <li>Follow up Workshop on breastfeeding code for NGOs</li> </ul>	<ul style="list-style-type: none"> <li>Media awareness workshop on breastfeeding code</li> <li>Workshop on breastfeeding code for NGOs</li> </ul>
<b>Maternity Protection</b>	<ul style="list-style-type: none"> <li>Advocacy programmes for TOP Politicians to provide more benefits to private sector and plantation workers</li> <li>Advocate TOP Management to provide more legal covers to punish the violators of the law</li> </ul>	<ul style="list-style-type: none"> <li>Follow up of Advocacy programmes for TOP Politicians to provide more benefits to private sector and plantation workers</li> <li>Advocate TOP Management to provide more legal covers to punish the violators of the law</li> </ul>	<ul style="list-style-type: none"> <li>Follow up of Advocacy programmes for TOP Politicians to provide more benefits to private sector and plantation workers</li> <li>Advocate TOP Management to provide more legal covers to punish the violators of the law</li> </ul>

Indicators	2015	2016	2017
<b>Health and Nutrition Care Systems</b>	<ul style="list-style-type: none"> <li>To provide services through Non Governmental mechanisms to locations where government services are not reaching</li> <li>Provide training to Service Providers</li> </ul>	<ul style="list-style-type: none"> <li>To provide services through Non Governmental mechanisms to location where government services are not reaching</li> <li>Provide training to Service Providers</li> </ul>	<ul style="list-style-type: none"> <li>To provide services through Non Governmental mechanisms to location where government services are not reaching</li> <li>Provide training to Service Providers</li> </ul>
<b>Mother Support and community Outreach</b>	<ul style="list-style-type: none"> <li>Organise mother support groups in remote areas where government services are not well established</li> <li>Organise and conduct Breastfeeding week events</li> </ul>	<ul style="list-style-type: none"> <li>Organise mother support groups in remote areas where government services are not well established</li> <li>Organise and conduct Breastfeeding week events</li> </ul>	<ul style="list-style-type: none"> <li>Organise mother support groups in remote areas where government services are not well established</li> <li>Organise and conduct Breastfeeding week events</li> </ul>
<b>Information Support</b>	<ul style="list-style-type: none"> <li>To assist dissemination of information materials to the community</li> </ul>	<ul style="list-style-type: none"> <li>To assist dissemination of information materials to the community</li> </ul>	<ul style="list-style-type: none"> <li>To assist dissemination of information materials to the community</li> </ul>
<b>Infant Feeding and HIV</b>	<ul style="list-style-type: none"> <li>To create awareness among the community HIV and infant feeding</li> </ul>	<ul style="list-style-type: none"> <li>To create awareness among the community HIV and infant feeding</li> </ul>	<ul style="list-style-type: none"> <li>To create awareness among the community HIV and infant feeding</li> </ul>
<b>Infant feeding during Emergencies</b>	<ul style="list-style-type: none"> <li>Create awareness among disaster preparedness groups/teams about infant feeding</li> </ul>	<ul style="list-style-type: none"> <li>Create awareness among disaster preparedness groups/teams about infant feeding</li> </ul>	<ul style="list-style-type: none"> <li>Create awareness among disaster preparedness groups/teams about infant feeding</li> </ul>
<b>Mechanisms of Monitoring and Evaluation System</b>	<ul style="list-style-type: none"> <li>Periodic review of IYCF programme in the country</li> </ul>	<ul style="list-style-type: none"> <li>Periodic review of IYCF programme in the country</li> </ul>	<ul style="list-style-type: none"> <li>Periodic review of IYCF programme in the country</li> </ul>
<b>Training on IYCF</b>	<ul style="list-style-type: none"> <li>IYCF Capacity building training for GO/NGO leaders</li> <li>IYCF Master Training Programme for GO/NGO Members</li> <li>IYCF Counselling Training for GO/NGO/CBO leaders</li> </ul>	<ul style="list-style-type: none"> <li>IYCF Capacity building training for GO/NGO leaders</li> <li>IYCF Master Training Programme for GO/NGO Members</li> <li>IYCF Counselling Training for GO/NGO/CBO leaders</li> </ul>	<ul style="list-style-type: none"> <li>IYCF Capacity building training for GO/NGO leaders</li> <li>IYCF Master Training Programme for GO/NGO Members</li> <li>IYCF Counselling Training for GO/NGO/CBO leaders</li> </ul>

## Afghanistan



Indicator	2015	2016	2017
<b>National Policy, Programme and Coordination</b>	<ul style="list-style-type: none"> <li>• Revision of IYCF strategy</li> <li>• Finalization IYCF communication strategy</li> <li>• Advocacy workshops at different level (policy makers, health managers)</li> <li>• Annual coordination workshop</li> <li>• WBTi assessment</li> <li>• Developing IYCF website and Facebook page.</li> </ul>	<ul style="list-style-type: none"> <li>• Annual coordination workshop</li> <li>• Sharing result of WBTi assessment</li> <li>• Advocacy workshops at different level ( policy makers, health managers)</li> <li>• Regular updating and maintenance of the website and Facebook page</li> </ul>	<ul style="list-style-type: none"> <li>• Annual coordination workshop</li> <li>• Sharing result of WBTi assessment</li> <li>• Advocacy workshops at different level (policy makers, health managers)</li> <li>• Regular updating and maintenance of the website and Facebook page</li> </ul>
<b>Baby Friendly Hospital Initiative</b>	<ul style="list-style-type: none"> <li>• Certification of BFHI to 50 DH, PH, RH and national Hospitals</li> <li>• Assessment of 20 BFHI hospitals</li> <li>• 10 Refresh training to BFHI hospitals</li> <li>• 20 monitoring visits of BFHI hospitals</li> </ul>	<ul style="list-style-type: none"> <li>• Certification of BFHI to 80 DH, PH, RH and national Hospitals</li> <li>• Assessment of 10 BFHI hospitals</li> <li>• 10 Refresh training to BFHI hospitals</li> <li>• Regular monitoring of BFHI hospitals</li> </ul>	<ul style="list-style-type: none"> <li>• Certification of BFHI to 100 DH, PH, RH and national Hospitals</li> <li>• Assessment of 10 BFHI hospitals</li> <li>• 10 Refresh training to BFHI hospitals</li> </ul>
<b>Implementation of the International Code</b>	<ul style="list-style-type: none"> <li>• Finalization of BMS (breast milk substitute) procedure</li> <li>• Monitoring of BMS code at national and provincial level</li> <li>• Orientation workshop on BMS code</li> <li>• Dissemination of BMS IEC</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring of BMS code at national and provincial level</li> <li>• Orientation workshop on BMS code</li> <li>• Dissemination of BMS IEC materials (billboards, Spots, leaflet)</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring of BMS code at national and provincial level</li> <li>• Orientation workshop on BMS code</li> </ul>

Indicator	2015	2016	2017
	materials (billboards, Spots, leaflet) <ul style="list-style-type: none"> <li>• Orientation workshop on BMS violations reporting</li> </ul>		
<b>Maternity Protection</b>	<ul style="list-style-type: none"> <li>• Establishment of maternity protection committee</li> <li>• Advocacy workshop for leadership, policy makers, health promoters and donors maternity leave</li> <li>• Advocacy Workshops for unpaid 3-month maternity leave.</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy workshop for leadership, policy makers, health promoters and donors maternity leave</li> <li>• Advocacy workshops for 6-day paternity leave</li> <li>• Advocacy Workshops for unpaid 3-month maternity leave.</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy workshop for leadership, policy makers, health promoters and donors maternity leave</li> <li>• Advocacy Workshops for unpaid 3-month maternity leave.</li> </ul>
<b>Health and Nutrition Care System</b>	<ul style="list-style-type: none"> <li>• Review workshop of health provider that IYCF curricula or session plans are adequately indicated</li> <li>• Make ensure the standards and guidelines for mother-friendly childbirth procedures;</li> <li>• Dissemination of standards and guidelines to 1000 facilities and personnel providing maternity care;</li> <li>• Conducting in-service training programmes providing knowledge and skills related to IYCF for relevant medical, midwifery and nursing curricula;</li> <li>• Conducting in-service training on essential new born care with focus on IYCF;</li> <li>• Conducting training for midwives, medical doctors and nurses with responsibility towards Code implementation as a key input.</li> <li>• Integrating Infant feeding-related content and skills as appropriate, into training programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Review workshop of health provider schools and pre-service education programmes in the country indicating IYCF curricula or session plans are adequate/inadequate</li> <li>• Dissemination of standards and guidelines to 700 facilities and personnel providing maternity care;</li> <li>• Conducting in-service training programmes providing knowledge and skills related to IYCF for relevant medical, midwifery and nursing curricula;</li> <li>• Conducting in-service training on essential new born care with focus on IYCF;</li> <li>• Conducting training for midwives, medical doctors and nurses with responsibility towards Code implementation as a key input.</li> </ul>	<ul style="list-style-type: none"> <li>• Review workshop of health provider schools and pre-service education programmes in the country indicating IYCF curricula or session plans are adequate/inadequate</li> <li>• Dissemination of standards and guidelines to 700 facilities and personnel providing maternity care;</li> <li>• Conducting in-service training programmes providing knowledge and skills related to IYCF for relevant medical, midwifery and nursing curricula;</li> <li>• Conducting in-service training on essential new born care with focus on IYCF;</li> <li>• Conducting training for midwives, medical doctors and nurses with responsibility towards Code implementation as a key input.</li> </ul>

Indicator	2015	2016	2017
	<p>focusing on diarrhoeal disease, ARIs, IMCI, family planning, nutrition, etc.)</p> <ul style="list-style-type: none"> <li>• Providing in-service IYCF training programmes throughout the country;</li> <li>• Ensure availability of IMCI mother card.</li> </ul>		
<b>Mother Support and Community Outreach</b>	<ul style="list-style-type: none"> <li>• Integrating Community-based support services for the pregnant and breastfeeding woman into an overall infant and young child health and development strategy;</li> <li>• Follow up workshop on integrated Community-based support services for the pregnant and BF woman into an overall infant and young child health and development strategy;</li> <li>• Translating and printing community IYCF training package;</li> <li>• Community health worker training in 12 provinces;</li> <li>• Establishment of IYCF counseling corners in 8 national, 5 regional and 10 provincial hospitals;</li> </ul>	<ul style="list-style-type: none"> <li>• Follow up workshop on integrated Community-based support services for the pregnant and BF woman into an overall infant and young child health and development strategy;</li> <li>• Disseminating community IYCF training package;</li> <li>• Community health worker training in 12 provinces;</li> <li>• Establishment of IYCF counseling corners in 10 provincial and 34 District hospitals;</li> </ul>	<ul style="list-style-type: none"> <li>• Community health worker training in 10 provinces;</li> <li>• Establishment of IYCF counseling corners in 10 provincial and 34 district hospitals;</li> </ul>
<b>Information Support</b>	<ul style="list-style-type: none"> <li>• Develop implementation plan for IYCF communication strategy</li> <li>• Conduct national IYCF communication campaign</li> <li>• Conduct world breast feeding week at national and provincial level</li> <li>• Interpersonal communication and counseling training workshop for 800 midwives</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct national IYCF communication campaign</li> <li>• Conduct world breast feeding week at national and provincial level</li> <li>• Interpersonal communication and counselling training workshop for 800 midwives</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct national IYCF communication campaign</li> <li>• Conduct world breast feeding week at national and provincial level</li> <li>• Interpersonal communication and counselling training workshop for 800 midwives</li> </ul>

Indicator	2015	2016	2017
<b>Infant Feeding and HIV</b>	<ul style="list-style-type: none"> <li>• Inclusion of infant feeding and HIV in national HIV strategy</li> <li>• Inclusion of infant feeding and HIV in PMTCT guideline and other related guidelines</li> <li>• Conduct training of PMTCT for 800 health providers</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct training of PMTCT for 800 health providers</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct training of PMTCT for 800 health providers</li> </ul>
<b>Infant Feeding during Emergencies</b>	<ul style="list-style-type: none"> <li>• Establish coordination with Emergency preparedness department</li> <li>• Developing of comprehensive protocol on infant feeding in emergency</li> <li>• Developing training package for infant feeding in emergency</li> <li>• Training of health providers about infant feeding in emergency situations</li> </ul>	<ul style="list-style-type: none"> <li>• Training of health providers about infant feeding in emergency situations</li> </ul>	<ul style="list-style-type: none"> <li>• Training of health providers about infant feeding in emergency situations</li> </ul>
<b>Monitoring and Evaluation</b>	<ul style="list-style-type: none"> <li>• Key infant and young child feeding monitoring indicators added in to nutritional surveillance and/or health monitoring system or periodic national health surveys.</li> <li>• KAP survey of IYCF</li> <li>• Monitoring of IYCF activities at provincial and national level.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring of IYCF activities at provincial and national level.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring of IYCF activities at provincial and national level.</li> </ul>



## Session 9: Agenda Issues as proposed by participants

### *SUN Movement & COI*



Dr. Arun Gupta presented about SUN Movement Strategy. **Scaling Up Nutrition or SUN** calls itself “a global movement led by countries” to scale up measures to deal with malnutrition. The SUN leadership approaches countries and asks them to join this “movement”. SUN promotes public private partnership and ignores the evidence that the consumption of processed foods especially those high in salt, sugar and trans fats, contributes to dietary induced Non Communicable Diseases (NCDs), whose costs are steadily overwhelming families and governments.

He explained how the SUN approach does pay some lip service to known best practices, for example to breastfeeding for the first 6 months, however, the main programs are product-based. SUN’s Framework for Action is clearly geared towards products for treating malnutrition, rather than to addressing the underlying causes of malnutrition and action to prevent it. This is clear from its budgeting, which allocates almost 5 times more to products than it does for the promotion of breastfeeding and adequate complementary feeding, hand washing and sanitation.

Most importantly, GAIN is on the Advisory Board of the SUN Business Network, where it assists the private food industry to enter into partnerships with governments to capture the market.

Dr.Chandrasa, who happened to be SUN focal point in Sri Lanka, shared about the problems happening under the SUN initiative mentioning that they are not taking care to sort out Conflict of interest issues. He shared how at recent SUN meeting in Indonesia they were not able to answer key questions on this issue.

## **Maternity Protection– Sharing by Countries**

### **Afghanistan**

Women working in the government sector are entitled for three months maternity leave. The Non government organizations have their own HR policy for maternity leave to women employees.

### **Bangladesh**

Government employees are entitled to six months of paid maternity leave, and provided to women upto two children. This is being followed for the last 2 years in government sector Private sector provides paid maternity leave for 4 months to its employees..

### **Bhutan**

As of now women are entitled to maternity leave for three months. However the new government is planning to extend the maternity leave to six months. Women are also entitled to two hours nursing break in a day till child is one year. Private sectors provide two months maternity leave.

### **India**

As per the Maternity Benefit Act 1961, all women are entitled for 12 weeks of paid maternity leave and three 3 breastfeeding breaks per day till the child is 15 months old. However after the Sixth Pay Commission, women working with central government have been granted six months paid maternity leave. Paternity leave is provided for 15 days. Other than this 2 years child care leave is provided which a mother can avail till her child is 18 years old.

### **Maldives**

Sixty days of maternity leave is provided excluding the holidays along with one hour of nursing break. Also one can avail one year unpaid leave.

### **Nepal**

Government provides 60 days of paid leave to the mothers and 7 days paid leave to the father. In the private sectors, 15 days to 2 months leave is provided to the mothers without any rules and regulations. Baby crèches are also provided at some secretariat and hospitals.

### **Sri Lanka**

Women are entitled for twelve weeks of paid maternity leave, and also provided with a sum of Rs.20, 000/. They are provided with one hour of breastfeeding break till child is 12 months in case crèche or suitable place is provided by the employer, otherwise two hours of break is provided till child is 12 months.

## **Session 10: IBFAN Network & it's working**

The last session was on IBFAN Network and It's working by Dr. Arun Gupta. IBFAN was founded in 1979. It is a network of 273 groups in 168 countries. Member groups include consumer organisations, health workers associations, parents' groups and diversity of organizations in the social justice movement. It has also individual members. Each group is autonomous and raises its own funds, with the assistance of IBFAN's Regional and Programme Coordinating Offices, in accordance with the Seven Principles of IBFAN.

IBFAN is arranged into eight regional offices i.e. IBFAN Africa, IBFAN Afrique, IBFAN Arab World, IBFAN Asia, IBFAN Europe, IBFAN Latin America & Carribean, IBFAN Oceania and IBFAN North America. IBFAN is divided regionally with representatives from each region making up the IBFAN Coordinating Council (IBCoCo). Other IBFAN groups are members of IBCoCo as they have specialist responsibilities in the

network. The other global programme offices are IBFAN Code Documentation Centre in Penang, Malaysia, supports the whole IBFAN network in Code implementation and Code monitoring, IBFAN-GIFA supports the whole IBFAN network as a liaison office for the international organisations based in Geneva, Baby Milk Action, UK leads Company Campaigns, Nestle Boycott Committee, and IBFAN Codex Alimentarius global programme.

The global Breastfeeding Initiative for Child Survival (gBICS): a worldwide Civil Society Initiative to improve infant health and development. The gBICS aims to accelerate progress in attaining the health-related Millennium Development Goals (MDGs) by 2015, especially Goal 4, reduction of child mortality, by scaling up early, exclusive and continued breastfeeding. As an initiative, the gBICS implies a process of bringing on board traditional as well as new allies and rallying them around the common purpose expressed in the general objective: to mainstream breastfeeding protection, promotion and support in the Global Campaign for the health-related Millennium Development Goals, led by Norway. ***The World Breastfeeding Trends Initiative (WBTi) is central to the project and provides the doorway and stairway*** for this process at country level. The WBTi is a participatory process bringing together governments, civil society, UN agencies and professional associations as partners. Following the principles laid down by the Global Strategy for Infant and Young Child Feeding (GSIYCF), the producers of breastmilk substitutes are not a partner. Civil society is the key facilitator that builds momentum for actions resulting in lasting improvements.

#### **DAY 4: December 12<sup>th</sup> 2014 (08:30 am)**

The fourth day of the workshop started with the recap of Day 3, which was presented by Ms. Purna Bhardwaj.

#### **Session 1: World Breastfeeding Costing Initiative (WBCi) financial planning tool**

Dr. Shoba Suri introduced the World Breastfeeding Costing Initiative (WBCi) financial planning tool and how it was developed with the participants of the workshop.

Breastfeeding has been recognized as the most important intervention for child survival and optimal growth and development. However, throughout the world, optimal breastfeeding rates are abysmally low, stagnating for over a decade, because of the lack of the enabling environment where women can practice optimal breastfeeding successfully. Protecting, promoting and supporting breastfeeding is not free, it costs money. As the World Breastfeeding Trends Initiative (WBTi) analysis of the implementation of the Global Strategy for Infant and Young Child Feeding shows, very few of the 51 countries that conducted the assessment could implement all the strategies and the primary obstacle was lack of adequate resources, especially financial resources. The few estimates existing consider only some aspects of promotion, even though there is evidence that several actions, including effectively enforcing the International Code of Marketing of Breastmilk Substitutes and Maternity Protection need to be taken concurrently if breastfeeding rates have to improve. In 2012, International Baby Food Action Network Asia (IBFAN Asia) took on the challenge of trying to estimate the minimal cost of implementing the *Global Strategy* in its entirety through the World Breastfeeding Costing Initiative.





WBCi comprises of two components- an advocacy document that gives the rationale behind the need to invest in breastfeeding, what interventions to invest in as a priority, and an estimate of the global costs of universalizing the enabling environment where women can successfully breastfeed optimally and second the financial planning tool which is excel based, flexible, user friendly and helps to generate annual as well as multiyear estimates for IYCF. It will assist planners, MCH/nutrition coordinators, public health practitioners, and finance personnel in developing budget. It is intended for programme managers and partners to initiate advocacy with national govt. and donors. The tool takes into consideration all the possible activities like capacity building, research, social mobilization, conferences/seminar/workshop/forum, campaigns etc.

In March 2014, in India, at a regional workshop, 7 countries made use of the financial planning tool and found this to be truly useful. Till date about 27 countries have launched the WBCi and some have trained on the tool. The financial planning tool is available on our website and can be downloaded at [http://ibfan.org/wbci/WBCi\\_Ver\\_1\\_Jan06\\_2015.xlsm](http://ibfan.org/wbci/WBCi_Ver_1_Jan06_2015.xlsm).

### **Session 2: Demo video on WBCi financial planning tool**

A short video explaining the WBCi financial tool and its components. The video also gave a quick start guide of the tool. The demo video is available on our website and can be downloaded at [http://bpni.org/wbcitool/WBCi\\_Video.zip](http://bpni.org/wbcitool/WBCi_Video.zip).

### **Session 3: Demo cum Hands on exercise on use of WBCi financial planning tool**

The next session of the workshop was a hand on exercise on WBCi tool by Dr. Shoba Suri. The participants sat in country groups and practically worked on the WBCi tool software. Each country group was assisted by a resource person from BPNI/IBFAN Asia. They were instructed step by step from beginning of the Excel page i.e. enabling macros and filling the country profile page and following up with each IYCF strategies along with the activities following it. The participants learned how to use the tool for developing a budget for IYCF programmes and enjoyed working on the tool by themselves, making it an interactive session.

## Session 4: Budgeting the plan of action using the WBCi financial planning tool

In this session the country groups worked on the WBCi financial tool to budget the plan of action developed in the participants were asked to budget their respective plan of action that they had prepared on the previous day. Participants were told to choose an indicator of their choice and budget the activities using the WBCi financial tool. This exercise not only helped them in developing an actual budget and experience of working on the WBCi tool.

## Session 5: Presentation of budget developed and experience of using the WBCi financial planning tool

Country	Activity and Budget
<b>Afghanistan</b>	Budget for IYCF : 815,389,383.00 AFS = 14,058,437.64 USD 14,058,437.64 Activities planned and budgeted <ul style="list-style-type: none"> <li>• Program and policy</li> <li>• BFHI</li> <li>• Code of BMS</li> <li>• Information support</li> </ul>
<b>Bangladesh</b>	Budget for IYCF: Bangladesh Taka 3,24,39,221.00 = USD 4,05,490.26 (without maternity protection) Activities planned and budgeted <ul style="list-style-type: none"> <li>• Baby Friendly Hospital Initiative (Ten Steps for Successful breastfeeding)               <ul style="list-style-type: none"> <li>○ Research, studies, surveys on BFHI Development</li> <li>○ Conferences, seminars, workshops for BFHI policy review and development</li> <li>○ Lobbying- dialogues/meetings with policymakers and stakeholders</li> <li>○ Public Dissemination Forum</li> <li>○ Training</li> </ul> </li> </ul>
<b>Sri Lanka</b>	Budget for IYCF: 15,56,000.00 = USD 11,969.23 Activities planned and budgeted <ul style="list-style-type: none"> <li>• Policy Development, Legislation , Planning and Coordination               <ul style="list-style-type: none"> <li>○ Research, studies, surveys for policy development</li> <li>○ Conferences, seminars, workshops for policy review and development</li> <li>○ Lobbying- dialogues/meetings with policymakers and stakeholders</li> <li>○ Social Mobilizations &amp; Other Advocacy Events</li> </ul> </li> </ul>
<b>Nepal</b>	Budget for IYCF: Nepalese Rupee 5,61,600.00 = USD 5,672.73 Activities planned and budgeted <ul style="list-style-type: none"> <li>• Health and Nutrition Care System (Pre-service, In-service Training)               <ul style="list-style-type: none"> <li>○ Pre-Service/In-Service Training</li> <li>○ TOT Infant and young child feeding counselling: An integrated course</li> <li>○ Nutrition Friendly School Initiative (NFSI)</li> </ul> </li> </ul>
<b>Maldives</b>	Budget for IYCF 17,24,823.00 = USD 1,11,856.23 Activities planned and budgeted <ul style="list-style-type: none"> <li>• IYCF Communication for behaviour and social change and Information Support               <ul style="list-style-type: none"> <li>○ Public Dissemination Forum</li> <li>○ Training</li> <li>○ Development and Airing of Radio and TV Ads</li> </ul> </li> </ul>
<b>Bhutan</b>	Budget for IYCF 13,06,600.00 = USD 21,776.67 Activities planned and budgeted <ul style="list-style-type: none"> <li>• IYCF in exceptionally difficult circumstances (IYCF in the HIV Context, IYCF in Emergencies)</li> </ul>
<b>India</b>	Budget for IYCF: INR 59,61,200.00= USD 94,622.22 (without maternity protection) Activities planned and budgeted <ul style="list-style-type: none"> <li>• Policy Development, Legislation , Planning and Coordination               <ul style="list-style-type: none"> <li>○ Conferences, seminars, workshops for policy review and development</li> <li>○ Codex: Conferences, seminars, workshops for policy review and development</li> <li>○ Training</li> </ul> </li> <li>• Maternity Protection entitlements</li> </ul>

## Country experience of using the WBCi financial planning tool

During this session country representatives provided feedback on the tool, which International Baby Food Action Network (IBFAN) Asia would use in updating the tool.

Country	Benefits	Challenges
<b>Afghanistan</b>	<ul style="list-style-type: none"> <li>▪ User friendly</li> <li>▪ Give us percentage</li> <li>▪ Total budget for each components</li> <li>▪ Can be done easily even if no training is given</li> </ul>	<ul style="list-style-type: none"> <li>▪ Small cell in excel sheet</li> <li>▪ Similar tables in all startegies</li> <li>▪ Half of the sheet is occupied with IBFAN and other logos and names, wasting space</li> </ul>
<b>Bangladesh</b>	<ul style="list-style-type: none"> <li>▪ Automatic calculation</li> <li>▪ user friendly</li> <li>▪ will be helpful to make a budget otherwise too</li> </ul>	
<b>Sri Lanka</b>	<ul style="list-style-type: none"> <li>▪ Systematic</li> <li>▪ Gives thorough and detailed budgeting</li> <li>▪ Gives a realistic estimation of the money required</li> </ul>	<ul style="list-style-type: none"> <li>▪ no column for no. of people takes only units</li> </ul>
<b>Nepal</b>	<ul style="list-style-type: none"> <li>▪ user friendly</li> <li>▪ very effective</li> <li>▪ gives very specific to the point details</li> <li>▪ would love to use again and again</li> </ul>	<ul style="list-style-type: none"> <li>▪ venue, kit meals are all combined in one column</li> <li>▪ no separate column for training coordinator so the OTHER column has a larger proportion of the budget than the main activities column</li> <li>▪ some green boxes do not have a formula</li> </ul>
<b>Maldives</b>	<ul style="list-style-type: none"> <li>▪ user friendly</li> <li>▪ can be used for making budgets other than IYCF</li> </ul>	
<b>Bhutan</b>	<ul style="list-style-type: none"> <li>▪ this tool is very important and very user friendly</li> <li>▪ can be used for other purposes than IYCF too</li> </ul>	
<b>India</b>	<ul style="list-style-type: none"> <li>▪ Can be used for other things than IYCF alone</li> </ul>	

## Session 5: Way Forward, Recommendations, and Country Commitments

This concluding session was chaired by Dr. Arun Gupta. Almost all the countries present had used the WBTi and done three assessments for their country, except for participants from Bhutan who were new to the tool. The WBCi has been launched/used by Afghanistan, Bangladesh, India, Nepal and Maldives. The countries were requested to mobilize action and lobby with the governments to introduce the tool and use it on a regular basis to prepare budgets for IYCF or otherwise, giving an example of Afghanistan. Afghanistan has used the WBCi tool to develop budgets and presented it to the government and donor for funding.

Regarding the WBTi assessments, Dr. Arun Gupta suggested the countries to plan for a “Call to action” event in their respective countries based on the gaps from the WBTi assessment, and it will be funded by

IBFAN Asia. It could be organized before or during WBW 2015, countries can call upon the governments and other stakeholders to endorse the call to action. He also requested the countries to prepare an impact report of the WBTi assessment on policy and programme and changes in practice indicators as well. He encouraged the countries to translate the WBW action folder into local languages, print and disseminate the funding for it is available with IBFAN Asia.

Dr. Saeed, Maldives suggested that till now SAFANSI project of World Bank has been focussing mainly on 4 focus countries i.e. Afghanistan, Bangladesh, India, and Nepal and it is high time it should think about merging other countries in its projects too for strengthening of IYCF across South Asia.

This was followed by a brainstorming session on the recommendations; all the countries together with consensus formulated the following recommendations:

S. No.	Recommendations
1.	Strengthening/extension of WB project to all countries and strengthen WBCi implementation across the globe.
2.	Organize advocacy event for government official in the country by formalizing the dialogue between government and IBFAN groups
3.	Organize capacity building on updated IYCF training courses within the country
4.	Organize regional and national advocacy on maternity protection
5.	Documents related to WBTi assessment and other relevant information to be uploaded on country page of WBTi website
6.	Make use of celebrity at national level during campaigns
7.	Re-energize the IBFAN Asia research group (Dr.JP Dadhich, Dr.Roy, Dr.Prakash, Dr.Ludin, Dr.Alka, Dr.Neelima, Dr.Shoba)
8.	Organise a regional workshop for private sector management on maternity protection
9.	Organise a sensitization workshop for media on maternity protection/Code
10.	Reaching out to SAARC with recommendations on Code and other policies
11.	Development of IBFAN Asia guideline management of acute malnutrition
12.	Organize a consultation on management of acute malnutrition
13.	Invite professional association heads to participate in the meetings in order to sensitize them on the issue
14.	Cross country evaluation of country policy & programme

## Country Commitments

In this session each country made promises and commitments for future:

Country	Commitments
<b>Afghanistan</b> (Dr. Homayoun Ludin, MOPH)	<ul style="list-style-type: none"> <li>• Mobilize donors and agencies for funding</li> <li>• Need support from IBFAN Asia about any event, forum on health &amp; nutrition</li> </ul>
<b>Bangladesh</b> (Dr. S.K.Roy, BBF)	<ul style="list-style-type: none"> <li>• Committed to do their best by in mobilizing civil society &amp; governments for strengthening IYCF activities</li> <li>• WBTi assessment start in January</li> <li>• Celebrate WBW 2015</li> <li>• Training of health and medical staff on IYCF</li> <li>• Training of staff at community clinic and non governing staff, for which they have been allocated funds</li> <li>• Work with government for Maternity Protection</li> <li>• Planning a conference on maternity protection and IYCF in 3<sup>rd</sup> week of October 2015</li> </ul>
<b>Bhutan</b> (Mr. Tashi Penjor, Ministry of Health)	<ul style="list-style-type: none"> <li>• Training of village health workers on IYCF</li> <li>• Promotion of breastfeeding through TV, radio</li> <li>• WBTi assessment</li> <li>• Focus on health education and re-enforcement of mother on the importance of exclusive breastfeeding and complementary feeding.</li> </ul>
<b>India</b> (Dr.J.P.Dadhich, BPNI)	<ul style="list-style-type: none"> <li>• We will work towards extension with World Bank and persuade them to accept our proposal so that we can have all the recommendations and activities implemented</li> <li>• WBTi assessment process will start in first quarter 2015, try to lobby for partnership with ministry/government department for the assessment</li> </ul>
<b>Nepal</b> (Dr.Prakash Shrestha, NEBPROF)	<ul style="list-style-type: none"> <li>• Capacity building trainings would be conducted on IYCF</li> <li>• Would like to work on maternity protection</li> <li>• Research and community assessment</li> <li>• WBTi assessment</li> </ul>
<b>Maldives</b> (Ms Fathimath Thohira, Health Protection Agency, Government of Maldives)	<ul style="list-style-type: none"> <li>• Would continue to work on strengthening of IYCF activities</li> <li>• Will work towards implementing all activities listed in the action plan</li> <li>• Mainstream IYCF into other public health programmes</li> <li>• Do WBTi reassessment as soon as possible.</li> </ul>
<b>Sri Lanka</b> (Ms. Wimala Ranatunga, Sarvodaya Women's Movement)	<ul style="list-style-type: none"> <li>• WBTi assessment</li> <li>• Celebration of WBW 2015 and organize advocacy programmes</li> <li>• IYCF promotion programme at community level</li> <li>• IYCF capacity building training and IYCF counselling training</li> </ul>

In the end, Dr. Arun thanked all the participants for their active participation and making the workshop a success and a learning experience for all.



## Annexure 1

### Participants of the South Asia Regional Meeting at Parwanoo from 9-12 December 2014

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