



# International Baby Food Action Network (IBFAN)

## ASIA



## *Annual Report 2010*

Submitted by:



Breastfeeding Promotion Network of India (BPNI)/  
IBFAN Asia

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Supported by:





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*Organization:*

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*The UN Secretary General's Global Strategy for Women's and Children's Health among other outputs to achieve MDG 4, calls for enhancing the number of infants exclusively breastfed for the first six months by 21.9 million...*



# **I**BFAN's 7 Principles

1. Infants everywhere to have the right to the highest attainable standard of health.
2. Families, and in particular women and children, to have the right to access adequate and nutritious food and water.
3. Women have the right to breastfeed and to make informed decisions about infant and young child feeding.
4. Women have the right to full support to breastfeed for two years or more and to exclusively breastfeed for the first six months.
5. All people have the right to access quality health care services and information free of commercial influence.
6. Health workers and consumers have the right to be protected from commercial influence which may distort their judgement and decisions.
7. People have the right to advocate for change which protects, promotes and supports basic health, in international solidarity.

# Acknowledgements

IBFAN Asia acknowledges with thanks the support provided by Norad and Sida to implement our Strategic Plan for 2008-2013. It would not have been possible to achieve these results without this support during the third year of the Plan.

I am very thankful to the sub-regional representatives of IBFAN, Ms. Ines for Southeast Asia and Ms. Kim for East Asia as well all other Policy Council members of IBFAN Asia. It is with their dedication and commitment that the plan 2010 has been so successful.

I am most grateful to the Government of Indonesia, Ministry of Health for collaboration with AIMI, the mother support group of Indonesia for being the host of “One Asia Breastfeeding Partners’ Forum-7”, held with a very apt theme for the region, “A Call to an End of Baby Food Promos”. I would like to thank all partners who supported this event as well as participated to make it meaningful.

I am indebted to the contribution of all our IBFAN national focal points for their ongoing support to the success of this work.

My sincere appreciation is due for every one who works for the regional coordinating office of International Baby Food Action Network (IBFAN) Asia and the Breastfeeding Promotion Network of India (BPNI), who spent day in day out to make this success possible.

Dr. Arun Gupta MD, FIAP  
*Regional Coordinator*  
*IBFAN Asia*

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# Introduction

This is the narrative report for the period January 2010-December 2010; which is a part of the IBFAN Asia's Strategic Plan 2008-2012/13. This plan has been jointly supported by funds from Norwegian Agency for Development Cooperation (Norad) and Swedish International Development Cooperation Agency (Sida).

The report reflects our achievements towards the Goal of the strategic plan, "To contribute to reduction in child malnutrition, and improvement in infant and young child survival, health and development through improved infant feeding practices".

Activities and results (outputs) are provided for each of the objective and these are listed as in the original plan developed in 2008/09. However, there have been some changes that evolved over this period and activities were conducted because of the need arose. For example in the objective six, which was to organize, a conference on PPPs and conflicts of interests has given way to follow up action. Similarly World Breastfeeding Trends Initiative (WBTi) has also led to several actions at national and regional level. Therefore the 2010 report reflects that dynamic phenomenon. Impact that is sort of medium-term, is described in the end rather than following each objectives as we believe that many actions together would have led to that impact. There are certain overlaps in these objectives which demonstrate the deep linkages these have with each other.

# Executive Summary

The Annual work plan of IBFAN Asia for 2010 was designed to meet IBFAN's overall goal "To contribute to reduction in child malnutrition, and improvement in infant and young child survival, health and development through improved infant feeding practices". The goal was to be achieved through nine objectives. IBFAN Asia activities relate to its three sub-regions: South Asia, East Asia and Southeast Asia. Major activities are clubbed under objectives 1-6 including those in South Asia, objective 7 is about Southeast Asia, and 8 about East Asia. Objective 9 is about Codex. The third year of the five-year strategic plan of IBFAN has seen the region make tremendous progress on protecting, promoting and supporting breastfeeding, especially in the areas related to capacity building, strengthening of the International Code, prevention of conflict of interest in policy making and enhancing support to women to breastfeed successfully. This has been particularly evident in the objectives related particularly to World Breastfeeding Trends Initiative and advocacy conducted by the RCO, especially in India.

The **first Objective**, related to the World Breastfeeding Trends Initiative (WBTi) was met in full, with over 70 countries participating in the assessments and 33 completing it. Their experience was shared at the One Asia Breastfeeding Partners' Forum at Jakarta, Indonesia. The assessment process using WBTi led to identification of gaps in policies and programmes in many countries. It further led to affirmative actions by the national governments. Analysis of 33 countries was completed and a combined report published as well launched and shared at many places globally.

The **second objective**, related to building global public opinion to support women and mothers, has been equally successful, and several results are visible. The One Million Campaign successfully requested the Secretary General of the UN, Ban ki-Moon, to recognize the role of exclusive breastfeeding for the first six months and build it into the upcoming plans to meet MDGs. The UN Secretary General's Global Strategy for Women's and Children's Health now includes an output indicator that 21.9 million more infants will be exclusively breastfed for the first six months. More than 3300 persons from 129 countries sent him petitions via the website of [www.onemillioncampaign.org](http://www.onemillioncampaign.org). In addition, RCO's advocacy in India led to the launching of a scheme of conditional maternity benefits for women, the conditions being related to utilizing the health system for proper antenatal care and exclusive breastfeeding.

**Objective 3**, that of facilitating and supporting programmes for increasing health workers' skills (using the "3 in 1" training programme), has also been especially successful in India where several states are working with IBFAN's host organization, Breastfeeding Promotion Network of India (BPNI), to train both trainers of trainers, as well as breastfeeding consultants, middle level trainers and field workers. In addition RCO also supported the creation of national trainers using the 3-in-1 training programme in Timor Leste, as well as the first Breastfeeding Advocacy and Practice Course held at Gorakhpur, India. Under this objective, BPNI has also conducted several studies

and analysis of the situation of malnutrition in the country, and is updating its 3-in-course to include the learning from these studies. BPNI has succeeded in getting a letter sent jointly by the Secretaries of the Ministries of Health and of Women and Child Development to all state officials to strictly implement the IMS Act as a follow up to the World Health Assembly resolution 63.23 on infant and young child nutrition. The letter has also included a reference to the front organizations of baby and infant food manufacturers that they should not indulge in sponsorship or education of health professionals.

The **4<sup>th</sup> Objective** - Strengthening HIV and Breastfeeding working group in Asia

The IBFAN Asia working group on HIV and Infant feeding continued to work this year also. The group interacts on a Google group titled IF HIV IBFAN ASIA GROUP with a URL - <http://groups.google.co.in/group/ifhivbfanasiagroup>. Working group members are regularly sent important documents and research studies electronically. RCO also communicate with international organizations like WHO and WABA about the technical issues on the subject. The RCO also acts as a resource centre for providing documents on the subject to researchers and policy makers.

**Objective 5**, Increasing effectiveness of IBFAN in strengthening the breastfeeding movement and providing inputs at regional and international level, was achieved by several ways. Besides the obvious strengthening of the movement through WBTi assessments and One Million Campaign, BPNI, the host of RCO IBFAN Asia, has been regularly maintaining the websites of BPNI and IBFAN Asia, and now also the portals [www.worldbreastfeedingtrends.org](http://www.worldbreastfeedingtrends.org) and [www.onemillioncampaign.org](http://www.onemillioncampaign.org). Through advocacy, RCO has been strengthening the regional network and coordination of all actions in relation to planning and implementation, review and evaluation, as well as providing technical assistance on child health and survival, HIV and breastfeeding and other related issues and has thus contributed to the successes at the World Health Assembly. In India, particularly, BPNI has become an integral part of several national networks and civil society movements related to food, nutrition and health, and has been networking strongly with the government.

RCO is also responsible for contributing to the national, regional and the global agenda on child health and nutrition and participates in meetings to advocate for implementation of the global strategy for infant and young child feeding as well as other issues related to Code. It also coordinates the participation of sub-regional representatives in international policy guidance meetings of IBFAN every alternate year. Regular communication through SKYPE or using other channels, answering emails enquiries, writing regional and national advocacy articles, and meetings with parliamentarians and ministers, policy managers and other high profile individuals and holding media workshops are among ongoing works that the regional coordinator does for enhancing support to breastfeeding programmes. RCO coordinates to develop a yearly regional plan through a consultative process, which also helps to internally monitor and evaluate. Regional operational plan for IBFAN Asia for 2011 was developed at the management committee meeting held in Nov. 2010 at Indonesia. As BPNI, the host of the RCO is also the regional focal point of WABA, there is close cooperation and synergy created between the three networks.

In addition to the above tasks, the RCO has been playing an important role in advocacy to protect infant and young child feeding through prevention of conflict of interest at the international, regional and national level, including both governments and civil society groups. This advocacy has included several issues which impact optimal infant and young child feeding, such as national policies related to the Integrated Child Development Scheme in India, development of National Child Health Policy in India, public private partnerships in health and nutrition in India and internationally, changes in standards related to infant and young child feeding at Codex Alimentarius Commission, the role of international agencies such as Global Alliance for Improved Nutrition and UNICEF, WHO, FAO, etc. in protecting, promoting and supporting breastfeeding, and so on.

**Objective 6** relates to organizing the global conference on conflicts of interests and Public Private Partnerships in child nutrition/ health. This was achieved in 2009 and follow up action began from there, which got added to our existing work. IBFAN-Asia has been concerned about the new policy trend of public-private partnerships (PPPs) i.e. partnerships with for profit entities that have a direct commercial interest in the outcome. To address these concerns, BPNI, the host of RCO IBFAN Asia has initiated the formation of Alliance Against Conflict of Interest, comprising of members of civil society including lawyers, medical professionals, activists in the human rights movement and health movements, to raise the issue at all for a, including with the media. The RCO has been raising the issue of conflict of interest at every possible forum.

**Objective 7** relates to IBFAN's work to mobilize action on Global Strategy for Infant and Young Child Feeding in Southeast Asia. The highlight of the activities in Southeast Asia was the One-Asia Breastfeeding Partners Forum in Jakarta, Indonesia, involving the participation of over a 100 persons from 17 countries. Continued advocacy resulted in the participation of Myanmar, Singapore, Timor Leste and Fiji for the first time. Violations of the International Code were documented and shared, as were strategies to support women to breastfeed including during disasters and emergencies. The region has also been collecting recipes for complementary foods based on indigenous locally available ingredients. National actions evolved in Vietnam, Thailand, Myanmar, and Philippines and Indonesia.

**Objective 8** relates to IBFAN's work to mobilize action on strengthening implementation of the Code and Global Strategy for Infant and Young Child Feeding in East Asia. Member organizations in the five countries launched activities on Localising WBTi through education programmes, research. National assessment results were shared at the One Asia Breastfeeding Partners Forum. The 33-country global report of WBTi was shared through mass media and education programmes. WBTi materials were translated into Chinese and report was shared with key persons in all countries to sensitize the programme people.

**Objective 9** relates with Global Breastfeeding Initiative for Child Survival CODEX Alimentarius Programme. The RCO contributed to the international Codex work of IBFAN by coordinating workshop on Codex Alimentarius at Mauritius for the IBFAN Africa. The workshop came out with recommendations on participation in the Codex process at National, regional and international level, Nutrition and Health claims & Labelling, Conflict of Interest, and new

challenges in the form of RUTFs etc. The workshop resulted in establishing an e group of about 15 people from different African countries who did extensive discussion to formulate IBFAN's position on the ongoing proposals on infant feeding in the CCFNSDU meeting at Chile. RCO also contributed to the position of IBFAN in the international Codex meetings.

# Narrative Report 2010

## **OBJECTIVE 1 - To organize assessments of the global strategy for IYCF using and expanding World Breastfeeding Trends initiative (WBTi), to other regions.**

The **WBTi** is a flagship programme of **IBFAN Asia** that initiates a participatory assessment of the strengths and weaknesses in the 10 areas of policies and programmes meant for implementing the *Global Strategy for Infant and Young Child Feeding*. The **WBTi** works on the philosophy that when people collectively find gaps, it stimulates them to find solutions. The **WBTi** works as a tool for this action; while it acts as a lens to find out gaps, but later the process brings action at the national level. As this global initiative made progress in all regions of the world, it is showing unexpected results at the national and regional level. National IBFAN focal points are using WBTi findings to make people, policy and programme managers aware of the need to bridge certain gaps in policy and programmes. The groups used seminars, panel discussions and various other forms of communication for advocacy at the national level.

This has been a year of localizing WBTi details of which appear in this section as well as sub regional objectives 7 and 8. IBFAN Asia achieved completely the results of this objective.

### **Activity/Results**

#### **1.1. Analysis of 33 country reports and preparation of the combined report: “The State of Breastfeeding in 33 Countries 2010: Tracking Infant and Young Child Feeding Policies and Programmes Worldwide” launched globally**

IBFAN Asia analysed the WBTi assessment reports that were completed and verified for 33 countries by early 2010. Analysis was done based on each indicator and its sub set of questions, comparing each region. National findings were studied for type of gaps and recommendations. These were up loaded on the WBTi website: [www.worldbreastfeedingtrends.org](http://www.worldbreastfeedingtrends.org). A complete report of the 33 countries was put on the web site. This allowed viewers to get at a glance, both the global and national status of the implementation of the Global Strategy in these countries. More than 1400 people have registered for using this portal. The average scores indicated that women are not universally supported either at the level of the health facility or at the community to carry out optimal breastfeeding practices. This is reflected in the low rates of breastfeeding practices. Exclusive breastfeeding average rate was 46%, which requires that the mother is in close proximity with the infant for the first six months of life, median duration of breastfeeding at 18 months. These are clear reflection of the lack of support to women, which may be lack of skilled counselling or accurate information, paid leave or breastfeeding breaks. IBFAN Asia also ranked these 33 countries in order of their performance and colour- coded it based on the guideline developed for this purpose.

Table: Ranking of WBTi 33 countries in 2008-2009

<b>Countries</b>	<b>Scores on a scale of 150 &amp; Color-coding</b>	<b>Ranking</b>
<i>Sri Lanka</i>	124	1 <sup>st</sup>
<i>Malawi</i>	121.5	2 <sup>nd</sup>
<i>Maldives</i>	119	3 <sup>rd</sup>
<i>Zambia</i>	111.5	4 <sup>th</sup>
<i>Mongolia</i>	107	5 <sup>th</sup>
<i>Ghana</i>	105.5	6 <sup>th</sup>
<i>Mozambique</i>	100.5	7 <sup>th</sup>
<i>Nicaragua</i>	99	8 <sup>th</sup>
<i>Costa Rica</i>	95	9 <sup>th</sup>
<i>Bolivia</i>	90	10 <sup>th</sup>
<i>Pakistan</i>	88.5	11 <sup>th</sup>
<i>Bangladesh</i>	87	12 <sup>th</sup>
<i>Afghanistan</i>	86.5	13 <sup>th</sup>
<i>Uruguay</i>	85.5	14 <sup>th</sup>
<i>Argentina</i>	85	15 <sup>th</sup>
<i>Uganda</i>	81.5	16 <sup>th</sup>
<i>Brazil</i>	81	17 <sup>th</sup>
<i>China</i>	80.5	18 <sup>th</sup>
<i>Nepal</i>	80.5	18 <sup>th</sup>
<i>Peru</i>	78.5	19 <sup>th</sup>
<i>Colombia</i>	77	20 <sup>th</sup>
<i>Gambia</i>	77	20 <sup>th</sup>
<i>Vietnam</i>	76	21 <sup>st</sup>
<i>Philippines</i>	75.5	22 <sup>nd</sup>
<i>Republic Of Korea</i>	73	23 <sup>rd</sup>
<i>Bhutan</i>	72	24 <sup>th</sup>
<i>India</i>	69	25 <sup>th</sup>
<i>Ecuador</i>	65.5	26 <sup>th</sup>
<i>Dominican Republic</i>	58.5	27 <sup>th</sup>
<i>Indonesia</i>	57.5	28 <sup>th</sup>
<i>Mexico</i>	49	29 <sup>th</sup>
<i>Cape Verde</i>	43.5	30 <sup>th</sup>
<i>Taiwan</i>	32.5	31 <sup>st</sup>

Note: If the score of 2 countries is similar, we provide same ranking

Table B: Average rates for the 5 IYCF Practices in 33 countries

<b>IYCF Practices</b>	<b>Average</b>
<b>Early Initiation of Breastfeeding (28 Countries having data)</b>	<b>51.2%</b>
<b>Exclusive Breastfeeding for first 6 months (30 Countries having data)</b>	<b>46.%</b>
<b>Median duration of Breastfeeding Rates (28 Countries having data)</b>	<b>18.6 months</b>
<b>Bottle-feeding Rates (25 Countries having data)</b>	<b>31.0%</b>
<b>Complementary Feeding Rates (30 Countries having data)</b>	<b>67.7%</b>

The splitting up of each indicator into subsets revealed that while overall scores for certain indicators appear to be high, very serious gaps remain in the area of implementation. The assessment of the subset of questions on the International Code of Marketing of Breastmilk Substitutes reveals that while this indicator has received the highest score, there are serious gaps in its implementation in almost all the countries. A similar assessment of the National Policy, Programme and Coordination indicator reveals that while policies and programmes may exist,

scarce financial resources are made available as specific budgets in any of the countries for their implementation. Maternity protection gets a low score because most countries are today challenged with resource constraints to provide maternity entitlements to all women. The report highlighted the need to go beyond the health sector in order to achieve a rise in optimal breastfeeding rates. Findings of the report were shared with key individuals within WHO, Countdown process, IBFAN and researchers on breastfeeding. Having feedback from them all, and after complete analysis, IBFAN Asia published as a combined report of 33 countries.

### **1.2. WBTi Action in more countries**

WBTi has been launched effectively in 72 countries beginning in 2008 to 2010, from all regions: the Arab world, Asia, Africa, Afrique (Francophone region) and Latin America. 40 countries have so far completed the assessment. These have been analysed, verified and their reports are published on the website [www.worldbreastfeedingtrends.org](http://www.worldbreastfeedingtrends.org). Five countries have completed their assessment and shared their reports with RCO. Analysis and verification is in process for these countries. In 27 countries, which have received WBTi training, the national process to complete assessment has been initiated. Many new countries from Southeast Asia and the Oceania region are learning WBTi and likely to be involved in future. (Annexure-1)

### **1.3. The training and support material for WBTi was translated in Arabic**

IBFAN Arab world supported the translation of materials in Arab language; that helped local groups to work easily. This adds to existing languages Spanish, French, and English.

### **1.4. Promotion and Dissemination of information about WBTi**

IBFAN Asia and WABA came together to disseminate a flyer on WBTi specifically highlighting BFHI, the theme for global WBW 2010. IBFAN Asia resource person Dr Dadhich shared WBTi lessons learnt at the 8<sup>th</sup> **IBFAN Africa regional conference 2010** at Mauritius in September 2010. (See Annexure-1a) Malawi and Zambia shared their presentations on WBTi .



### **1.5. Advocacy based on WBTi to localise it**

Action as a follow up evolved over the year both regionally and locally. Much could be seen at the One Asia Breastfeeding Partners Forum 7 held in Jakarta, Indonesia, from 9<sup>th</sup> to 12<sup>th</sup> November 2010. Details are given further in the report. Dr. Arun Gupta presented WBTi in the opening

plenary during the Global Breastfeeding Partner’s Forum organized by WABA in October 2010. In most countries, groups have been involved in advocacy work to strengthen national policy and programmes related to breastfeeding and infant and young child feeding. There are reports from Nepal, Afghanistan, Sri Lanka, East Asian and Southeast Asian countries in this regard.

**1.6. WBTi report “The State of Breastfeeding in 33 Countries 2010: Tracking Infant and Young Child Feeding Policies and Programmes Worldwide” launched globally**



IBFAN Asia organized a global launch of the 33- country report in December 2010. It happened in Vietnam, Sri Lanka, Indonesia, London, India, Korea, China, Argentina, Colombia, and many more places. In India, where the main launch took place, Her Excellency, Ann Ollestad, Ambassador of Norway in India released the report to media on 22<sup>nd</sup> December 2010. The Report was widely circulated to national and global media, and was covered by the Wall Street Journal, the Daily Report of the Kaiser Family Foundation, The Medical News from Medical.Net, The Daily Sun (Bangladesh), News from the SOS Children’s Village (Canada) and the Times of India and Deccan Herald (India). (See Annexure 2) An article on the findings of the assessment was prepared and sent to BMJ, and was published as a News in 2011 <http://www.worldbreastfeedingtrends.org/media/bmj.pdf>



### 1.7. Organised the One Asia Breastfeeding Partners Forum 7 in Indonesia

The One Asia Breastfeeding Partners Forum 7 was held in Jakarta, Indonesia from November 9<sup>th</sup> to 12<sup>th</sup> and provided a unique opportunity to support a country that is in the process of legislating the International Code for Marketing of Breastmilk Substitutes. Economic growth in Indonesia has made an impact on the growth of almost all industry including the industry of formula milk. The Forum theme, **A Call for an End to Baby Food Promos**, echoed the call of the Indonesian Minister of Health, Ibu Dr. Endang Rahayu Sedyaningsih, “End of Baby Food Promos”.

Forum 7 was organized jointly by IBFAN Asia and by Asosiasi Ibu Menyusui Indonesia (AIMI), in cooperation with the Ministry of Health, Republic of Indonesia, and supported by the Ministry of Women Empowerment and Child Protection, World Health Organization (WHO), United Nation International Children’s Emergency Fund (UNICEF), international NGO such as Care, Mercy Corps, World Vision Indonesia (WVI) and CARE.

More than 100 participants representing several Asian countries - Afghanistan, Bangladesh, Cambodia, People’s Republic of China, Fiji, India, Indonesia, Laos PDR, Myanmar, Mongolia, Nepal, Philippines, Sri Lanka, Taiwan, Thailand, and Vietnam shared the current violations to



the International Code for Marketing of Breastmilk Substitutes taking place in their countries and the actions their governments are taking in this context.

The Forum highlighted the massive influx of formula during and after disasters, when corporations take advantage to introduce and perpetuate formula feeding through donations. The problem is intensified with lack of adequate support to women to breastfeed, both during normal times and especially during disasters.

The One Asia Breastfeeding Partners' Forum 7 called on all nations of the world to prioritise their infants' health and stop promos. A declaration was adopted to that effect. (See Annexure 3)

The results of the WBTi assessments in Asian countries were shared, and country representatives formulated plans based on the recommendations for regional national advocacy and action. These actions include more frequent communication, identifying national and regional opportunities, such as ASEAN and SAARC meetings, for advocacy.

## **OBJECTIVE 2 - To launch the international web campaign and build global public opinion to support women and mothers**

Launched in February 2009, the **ONE MILLION CAMPAIGN Support Women to Breastfeed** ([www.onemillioncampaign.org](http://www.onemillioncampaign.org)) attempts to mobilize public opinion demanding support to women to breastfeed. The campaign brings together people of all ages from all walks of life to generate the support women need to breastfeed successfully.

### **2.1. Petition to UN Secretary General on budget for support to women to breastfeed**

The Campaign launched a drive to collect signatures for a petition to the UN Secretary General, Ban Ki-Moon to include specific budgetary measures to support women to practice optimal breastfeeding and complementary feeding in the Global Strategy for Women and Children's Health, launched on 22<sup>nd</sup> September 2010. More than 3000 persons from 129 countries signed the petition. ([http://onemillioncampaign.org/view\\_campaigns/3313-people-129-countries-send-petition-un-secretary-general-ban-ki-moon](http://onemillioncampaign.org/view_campaigns/3313-people-129-countries-send-petition-un-secretary-general-ban-ki-moon) See Annexure 4) The Campaign was instrumental in the high importance given to breastfeeding in the Global Strategy for Women and Children's Health.

### **2.2. Rolling petition**

In addition, the site has a rolling petition ([http://onemillioncampaign.org/rolling\\_petition](http://onemillioncampaign.org/rolling_petition)) that calls for a stop to commercial interference in infant nutrition, the strict implementation of the International Code for Marketing of Breastmilk Substitutes and ensuring support for women to breastfeed. The petition also calls for a budgeted plan of action to promote and support women for optimal breastfeeding and to ensure breastfeeding friendly workplaces with adequate nursing breaks in the public and private sector.

### **2.3. Opinion Polls**

The Campaign has also run two polls to assess public opinion on issues related to the kinds of support women need to breastfeed successfully. The first poll related to support needed to initiate breastfeeding within one hour of birth and the second to the kind of support needed to practice exclusive breastfeeding for six months. The responses to both the polls point out to the need for comprehensive support systems that include support from the health system and the community, skilled counseling, unbiased information and support at the work place. (See Annexure 5)

## 2.4. Maintenance of One Million Campaign Website

The website was converted from .Net (Windows Server ) to PHP (Linux Server Open Sources ) and haired a Dedicated Linux Server and made more user friendly through acquisition of more space and annual maintenance contracts were signed with service providers.

New features like Poll, Blog, and News have been added and the site has also been linked with Facebook, Twitter and Youtube to reach and involve more and more people. There are over 1,30,000 persons who have joined the campaign till now . We are creating petition, news, poll, blog and sharing it with our registered users and other in regular basis.

The screenshot shows the homepage of the One Million Campaign website. At the top, there is a navigation bar with a search box, a "Log in" button, and links for "Join Us", "Support Us", and "Forgot Password". The main header features the "ONE MILLION CAMPAIGN" logo on the left and a large image of silhouettes of people holding hands on the right, with the text "139096 people have already joined us" and a link to "Pledge Your Support Join Us Now!". Below the header is a navigation menu with links for HOME, CAMPAIGNS, MEDIA, BLOG, PEOPLE'S VOICES, RESOURCES, ABOUT US, CONTACT US, and DONATE. The main content area is divided into two columns. The left column has a purple background and contains the text "COUNT YOUR VOICE TO SUPPORT WOMEN TO BREASTFEED. SIGN THE PETITION TO WORLD LEADERS !" followed by a paragraph about infant mortality and a link to "Pledge Your Support Join Us Now!". The right column has a white background and contains the text "LATEST NEWS AND EVENTS" followed by two news items: "2011-03-07 07:20 Making the workplace work for women" and "2011-01-31 07:32 Treading The Fine Line : Nestle's awareness programme runs too".

## 2.5. Impact of One Million Campaign

Messages regarding support to women to breastfeed has reached more than 1,30,000 people as a result of the One Million Campaign. Opinion polls have made it possible for the members to give voice to their views on how to improve such support.

### **OBJECTIVE 3 - Facilitating and supporting programmes for increasing health workers' skills (using the "3 in 1" training programme)**

The year, 2010, saw a spurt in programmes for increasing health workers' skills. Advocacy done over the past year culminated in several state level programmes in India. Dr. Arun Gupta, Regional Coordinator IBFAN Asia and Central Coordinator BPNI, has been nominated as a member to the Prime Ministers Council on India's Nutrition Challenges. (See: Annexure 6). This has provided a special impetus to optimising IYCF counselling skills in government programmes.

#### **3.1. Supporting Capacity Building**

IBFAN Asia held a training of trainers in Infant and young child feeding (An Integrated Course in Breastfeeding, Complementary Feeding and Infant Feeding and HIV) in Timor Leste on 12-26 July 2010. Prof. MMA Faridi, course director for BPNI/IBFAN Asia "3 in 1" training programme led the activity. The course produced 6 master trainers and 24 IYCF specialists. Material was translated into local language. (See Annexure 7)



The Ministry of Health, Punjab, asked BPNI to train its doctors and selected nurses at the district level as 'Middle Level Trainers' and supervise their training of grassroots health workers in skill counselling for IYCF. During October - December 2010, BPNI has conducted 10 trainings (6 days each) of 'Middle Level Trainers' in 7 districts of Punjab comprising of 267 doctors and nurses. The trainers subsequently trained 963 community level health functionaries (Auxillary Nurse Midwives and Accredited Social Health Activists). BPNI supervised 25% trainings of community level workers in these districts. (See Annexure 8)

## Infant and Young child Feeding Counseling Training in Punjab, India



### 3.2. Supporting Training Cell at BPNI

BPNI has constituted a training cell housed at BRD Medical College, Gorakhpur. The Cell maintains the quality and standards of the course curriculum by regularly updating the course material. Prof. KP Kushwaha and Prof MMA Faridi are the co-chairs of the cell.

### 3.3. Facilitating of the international training course on breastfeeding

RCO also facilitated 'the Breastfeeding: Advocacy and Practice course' conducted by Dr. Felicity Savage and held at BRD Medical College. The Course was jointly organised by IBFAN Asia, together with ICH London, BRD Medical College and Hospital, Deen Dayal Upadhyay University and WABA. There were 18 Participants for the course. (See Annexure 9)



### 3.4. Organising '3-in-1' IYCF Counselling Specialist Training Courses

The Three special '3-in-1' IYCF Counselling Specialist Training Courses were held in Madhya Pradesh (Gwalior), Andhra Pradesh (Hindupur) and Delhi during the year 2010. A total of 75 participants were certified as 'the IYCF Counselling Specialist' by BPNI. (See Annexure 10)





### 3.5. Participation in the expert group meetings

- Dr. JP Dadhich participated as an expert in the process of **Strengthening IYCF Counseling Component in Pre-Service IMNCI** in India on 2<sup>nd</sup> July 2010 (WHO, Government of India)
- Dr. JP Dadhich participated in expert group meeting to finalize the module of IYCF for Pre-service training in India on 21<sup>st</sup> November, 2010 (WHO, Government of India)

## OBJECTIVE 4 - Strengthening HIV and Breastfeeding working group in Asia

### 4.1 Developing Feeding guidelines for HIV exposed infants

Dr. JP Dadhich contributed in developing the guidelines on "Feeding guidelines for HIV exposed infants" as a member of the National AIDS control organization's expert group on revising existing guidelines in India. He also contributed to the National nutritional guidelines for HIV affected children prepared by an expert group constituted by the National AIDS control organization of India.

### 4.2 E-group for HIV and Infant Feeding information dissemination

IBFAN Asia RCO coordinates an e-group of professionals working on the issue of infant feeding and HIV (<http://groups.google.com/group/ibfanasiahivif?hl=en> ). The group continued its work this year also including sharing of technical updates. Among the important documents disseminated through the group was the report of the 7th Asia-Pacific United Nations Prevention of Mother-to-Child of HIV Task Force meeting held at Chennai, India in 2009. Guidelines on HIV

and infant feeding. WHO Guidelines on HIV and infant feeding 2010 were also disseminated to the group members as well as to the IBFAN Asia mailing list.

#### **4.3 Participating in National Consultation on Operational Research**

Dr. JP Dadhich attended the National Consultation on Operational Research in PPTCT and Pediatric HIV Care and Treatment on 22-24 April at Manesar, India. The meeting was organised by the National AIDS Control Organization of India in collaboration with the UNICEF, India. The meeting had expert participation from medical colleges, government departments, UN agencies, NGOs etc. The meeting identified and recommended some areas of research in PPTCT which included studies on HIV and infant feeding.

#### **4.4 Member of global think tank on Infant feeding and HIV**

Dr. JP Dadhich is a member of the "IBFAN - HIV Infant Feeding Work Group", which is a newly constituted global think tank on the issues of HIV and infant feeding. He is contributing to the ongoing work of the group.

#### **4.5 Draft booklet for parents and health workers prepared**

IBFAN Asia has developed a booklet on questions and answers on HIV and infant feeding for use by parents and health workers. Draft of the booklet is ready but necessary revision is being done to include newer WHO guidelines on the subject.

### **OBJECTIVE 5 - Increasing effectiveness of IBFAN in strengthening the breastfeeding movement and inputs at regional and international level**

Besides the obvious mechanisms of WBTi assessments, the One Asia Breastfeeding Partners' Forum and One Million Campaign, several activities of the RCO strengthened the breastfeeding movement at the national, regional and international levels.

#### **International Actions**

##### **5.1. Advocacy at 63<sup>rd</sup> World Health Assembly**

Dr. Arun Gupta attended the 63<sup>rd</sup> World Health Assembly in Geneva in May 2010 and together with other IBFAN partners, advocated for the banning of baby food promos. The advocacy resulted in the inclusion in the 63<sup>rd</sup> World Health Assembly Resolution (2010) of the following: *"to end inappropriate promotion of food for infants and young children and to ensure that nutrition and health claims shall not be permitted for foods for infants and young children, except where specifically provided for, in relevant Codex Alimentarius standards or national legislation"*.

##### **5.2. gBICS meeting held in Penang**

Dr. Arun Gupta and Dr. JP Dadhich attend the gBICS Core Group Meeting, IBCoCo meeting, Sida Project Meeting, Expanded Global Breastfeeding Partners' Meeting (GBPM) and WABA Steering Committee meetings at Penang in October 2010.



### 5.3. Contributing to Breastfeeding Gateway

Dr. JP Dadhich made contribution in the RUTF, IFE, BFHI, and HIV sections of the Breastfeeding Gateway being developed by WABA.

### 5.4. Informing European Commission on health claims for infant formula

Dr. JP Dadhich, in coordination with Baby Milk Action, UK wrote a letter on behalf of BPNI to the European Commission on the issue of authorization of four new health claims for infant formula. (See Annexure 11)

### 5.5. Coordination with Bangladesh on Code Implementation

IBFAN Asia RCO coordinated with Bangladesh Breastfeeding Foundation (BBF) to oppose the holding of a seminar by Nestle in Apollo hospital, Dhaka in April 2010.

BPNI supported BBF by supplying necessary resource material for preparing document for amendment of Bangladesh BMS CODE ordinance.

### 5.6. Attending Workshop for Youth in Penang

Ms. Preeti Gupta and Mr. Amit Dahiya attended the WABA Workshop for Youth held in Penang in October 2010.



### 5.7. Articles to strengthen breastfeeding

- Dr. JP Dadhich contributed an article titled “**Commentary on impact of maternity benefits on successful breastfeeding**” in the WABA Research Task Force E-newsletter, 2010. (See Annexure 12)
- Global PHA invited contribution from Dr. Arun Gupta for the **Global Health Report 2010**.

## National activities

### 5.8. Leveraging infant and young child malnutrition

Meetings were held with the Planning Commission, Ministry of Health and Ministry of Women and Child Development. Leveraging activities included

- Dr. Arun Gupta made a presentation “Enhancing the value of maternity benefit scheme: Making breastfeeding counseling a specific ‘service’, which is budgeted and coordinated in the plan’, at the Civil Society Window, Planning Commission, on 16<sup>th</sup> April 2010. (See Annexure 13)
- Dr. Arun Gupta participated in the 2-day **Multi-stakeholder Retreat on Addressing India’s Nutrition Challenges**, August 7-8, 2010, to identify crucial priority actions for addressing malnutrition especially in children below six years.
- Dr. Arun Gupta encouraged the Ministry of Women and Child Welfare to hold the National Breastfeeding Partners Meeting. This meeting resulted in the formation of three working groups for the protection, promotion and support of breastfeeding. BPNI was a member of all three groups and chair of the group working on protection. The working groups came up with recommendations on steps to enhance breastfeeding rates.
- Dr. Arun Gupta, as member of the Prime Ministers Council on India’s Nutrition Challenges, attended a meeting called by the Prime Minister on 24<sup>th</sup> November 2010 and informed on the need for enhancing breastfeeding rates and how to do it. The Council has decided to strengthen IEC in nutrition, using leading advertising and film personalities. BPNI informed a working group meeting on messaging for IYCF, and Dr. Arun Gupta has been in communication with the media personalities. In addition, the Ministry of Women and Child Development will develop and implement a comprehensive strategy in 200 of the poorest districts in the country. This component has yet to take off.
- The National Health Systems Resource Centre (NHSRC), which develops modules for training grassroots health workers, included optimal breastfeeding and information on the IMS Act in it. In addition, NHSRC requested BPNI to share resource material on infant and young child feeding for its’ web based ‘**Repository on Child Health**’. A significant amount of material provided by BPNI has been uploaded on this web repository.

### 5.9. Participation in workshop on maternal, newborn and child health

BPNI participated in the workshop "**Prioritizing areas of Operational Research in Maternal, Newborn and Child Health**’ organised by National Institute of Health and Family Welfare (NIHFW) and Norway India Partnership Initiative (NIPI) on **26<sup>th</sup>** November, 2010. BPNI coordinated the infant feeding group and facilitated identifying research issues in this area.

### 5.10. Contributing technical expertise for infant nutrition in disaster management

Dr. JP Dadhich participated as a technical expert for the Health sector in the **National workshop on Preparation of Guidance Note on Recovery** at New Delhi on 18<sup>th</sup> March 2010 organised by the United Nations Development Programme (UNDP) India and the International Recovery Platform (IRP) to develop disaster recovery tools and guidance notes.

### 5.11. Monitoring violations of the IMS Act

BPNI continued to monitor violations of the IMS Act. The following are some the important actions and their impact. BPNI opposed holding of symposium by the Nestle Nutrition Institute in Chennai in April 2010. BPNI wrote to the ministry of health, state government of Tamilnadu; Ministry of Health, government of India; and issued a press release for the media.

One thousand copies of the IMS Act and its explanation were printed for dissemination.

Dr. Arun Gupta's advocacy with the Ministry of Health resulted in a joint letter by the Secretaries of this Ministry and the Ministry of Women and Child Development to state secretaries reminding about the IMS Act, its interpretation and the need to ensure its implementation. (See Annexure 14)

Using the Right to Information Act, BPNI has been highlighting how corporations are using Public Private Partnerships, among other means, to violate the IMS Act. Actions include briefing network partners, civil society, legal professionals and Parliamentarians on this issue.

### 5.12. Issuing Joint Statement for support to women to breastfeed successfully

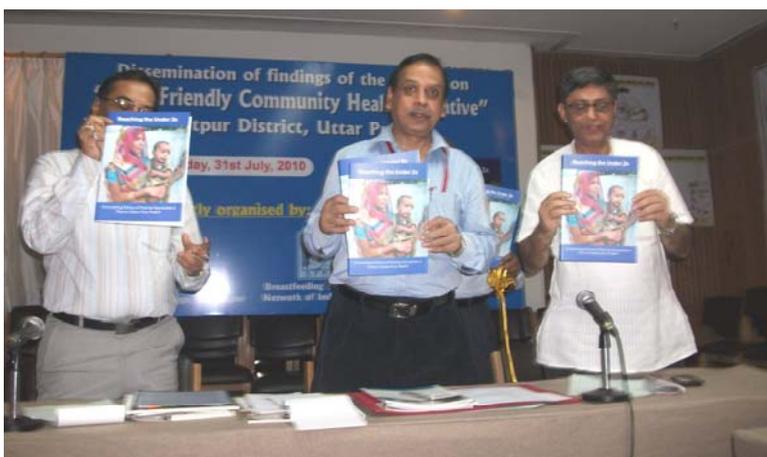
*Joint Statement calling on the government for support to women to breastfeed.* In the context of India developing a Food Security Act, over 35 organizations signed the **Joint Statement Calling for Food Rights of Infants (First year of life)** calling upon the Prime Minister to include provide services with specific budgets to support women to follow optimal IYCF practices. 1000 copies of the Statement were printed and distributed. (See Annexure 15). The activity, together with



other forms of advocacy, resulted in the Ministry of Women and Child Development launching a scheme in 52 districts to give Rs. 4000/- as maternity benefit. The scheme is universal and not targeted.

### 5.13. Organising release of report on Baby Friendly Community Health Initiative, Lalitpur

The RCO and its host organization in India, BPNI, continued to advocate for skilled counselling to



be included as an integral part of the child health and survival strategy for meeting MDG goals 1 and 4. BPNI organized a conference to release the report of findings of the project on Baby Friendly Community Health Initiative, Lalitpur on 31<sup>st</sup> July 2010. Among those present were senior bureaucrats of the ministries of Health and Women and Child Development. The report, *Reaching*

*the Under-2s: Universalising Delivery of nutrition Interventions in District Lalitpur, Uttar Pradesh*, was widely quoted in the press. Copies of the Report have been printed and disseminated. (See Annexure 16)

#### **5.14. Social Mobilisation during World Breastfeeding Week**

RCO IBFAN Asia, through BPNI, took the lead in social mobilization to strengthen the breastfeeding movement through organising the World Breastfeeding Week. The Action Folder was developed based on WBTi findings (see Annexure 17) and 5000 copies were widely mailed to members, other NGOs and CSOs, and government ministries and departments at the national, state and district level.

Eighty BPNI members conducted several activities at the local level including organising seminars, workshops, talks, baby shows, etc. The activities were covered by the local media

The Ministry of Women and Child Development conducted programmes at the state and district level.

The food and nutrition board of the Ministry of Women and Child Development wrote to their Community food and Nutrition Extension Units in southern India (10 in number) to use BPNI as a resource for WBW programmes.

National media did features on several aspects of exclusive breastfeeding and IYCF during the week; there were special features on the challenges faced by working women.

#### **5.15. Informing the Food Security Act on infants' right to nutrition**

BPNI, as a Steering Committee Member of the *Right to Food Campaign*, which comprises of 37 national networks and other organizations, was instrumental in including children's and infants' rights to food in the Campaign's Draft Right to Food Act, which includes maternity benefits for women. This draft Bill has informed the National Advisory Council to include these provisions in their draft Food Security Bill.

#### **5.16. Informing Indian NGOs on infants' right to nutrition for alternate CRC report**

As member of the *India Alliance on Child Rights* BPNI drafted the section on nutrition and health for the NGO report on CRC being submitted by IACR. The section includes data on support being given to women for practicing optimal IYCF. Currently, IACR has over a 100 organizations as members. BPNI has also been informing the Alliance on the status of infant and young child nutrition, and is participating in drafting the Alliance's demands related to child rights for inclusion in the 12<sup>th</sup> Plan as well as a new National Policy for Children for advocacy.

#### **5.17. Capacity building of NGOs for infants' right to nutrition**

BPNI helped to build capacity of *Neenvo, Delhi FORCES*-a network that includes grassroots NGOs, CBOs, individuals and experts who are committed to holistic development of children under 6 working with the poorest of the poor in Delhi including migrant workers, construction workers and people of slums. The Delhi FORCES Neenvo is also the part of national chapter of FORCES-Forum for Creches and Child Care Services and the network is widely spread in 12 states of the country for the same. The Workshops focused primarily on Support to women, especially maternity benefits and crèche facilities at the workplace and in the community.

### 5.18. Strengthening RCO through internships

- Dr. Vinay Kumar, pursued his internship in BPNI for his MPH Programme which he was doing with the Des Moines University, USA. Dr. JP Dadhich was his preceptor.
- Ms. Richa Sonu and Ms. Tina Joseph Jacob, students from Stella Maris College, Chennai, India completed their summer internship with BPNI. They conducted a survey on the effectiveness of IMS Act, in which they studied implementation of the IMS Act in two government and three private hospitals of Delhi.

### 5.19. Visit of NORAD Advisor

On 7th May 2010, Tone Seles, Advisor to NORAD, visited BPNI/IBFAN Asia office in New Delhi. She discussed various issues related with gBICS programme. RCO staff responded to her questions and clarifications regarding coordination, funding, WBTi, One Million Campaign etc.



### 5.20. Conducting research to strengthen infant and young child feeding

RCO and BPNI conducted surveys and studies, either independently or with other organizations, as well as published articles in reputed journals to create the demand for skilled counselling as a vital intervention to prevent infant and young child mortality and malnutrition. These included the following:

- A Nutrition Survey was conducted in selected villages in region of Bundelkhand (covering parts of Madhya Pradesh and Uttar Pradesh), to identify severely malnourished children under 3 years of age and examine the role of optimal IYCF in preventing malnutrition. Report is being prepared.
- BPNI, in partnership with Save the Children, undertook a qualitative research study titled “Documentation of cultural beliefs and practices that impact neonatal and child survival”

### 5.21. Articles by RCO staff on infant and young child feeding

- Dr. JP Dadhich contributed an article titled “Are these guidelines relevant to Indian situation?” in the peer reviewed indexed journal ‘Indian Pediatrics’. (See Annexure 18)
- Dr. JP Dadhich (national coordinator BPNI), Dr. MMA Faridi (co-coordinator BPNI training cell) and Dr. Anita Gupta (national trainer BPNI) wrote the **clinical practice guidelines on**

**Breastfeeding** for the National Neonatology Forum of India. Dr. Arun Gupta was one of the reviewers for this document. (See Annexure 19)

- Dr. Arun Gupta, Dr. JP Dadhich and Dr. MMA Faridi contributed a review article in the peer reviewed indexed journal titled “**Breastfeeding and complementary feeding as a public health intervention for child survival in India**”. (See Annexure 20)

## 5.22. Maintenance of websites

As host of RCO IBFAN Asia, BPNI has been regularly maintaining the websites of BPNI and IBFAN Asia, and now also the portals [www.worldbreastfeedingtrends.org](http://www.worldbreastfeedingtrends.org) and [www.onemillioncampaign.org](http://www.onemillioncampaign.org).

- **WBTi Website**

The website has been regularly updated and shared with our network, 1417 users registered and viewed online report using WBTi toolkit and many more visited

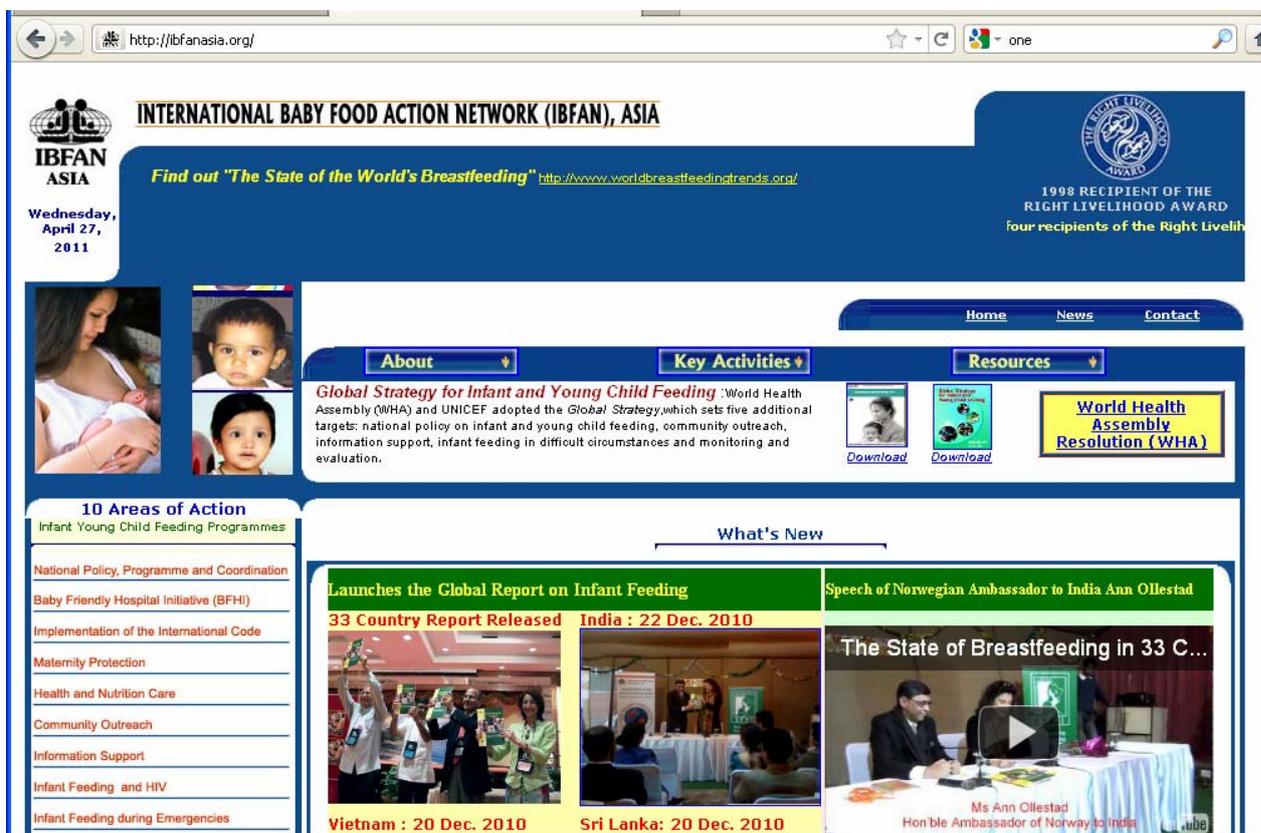
We have updated the website with 33 country report launch worldwide and uploaded 33 country WBTi report “**The State of Breastfeeding in 33 Countries - 2010**”. We have individual country page for each country and 36 country having their Country WBTi **Detailed** Report and the findings of the **assessment** of the state of implementation of the *Global Strategy for Infant and Young Child Feeding*, reflecting current policy and programmes that support optimal infant and young child feeding (IYCF) practices. <http://worldbreastfeedingtrends.org/WBTi-report.php>



- **One-Asia google group**

There is a need to build a networking group to support each other and for seeking support from the regional coordinating office. This has been done and working. Additionally, IBFAN Asia’s 3 sub-regions are now on a Google Group “One Asia” breastfeeding network, which began for South Asia and now added on East Asia contacts and SEA contacts/affiliates.

- **WBTi Coordinators google group**
- For the purpose of a **specific response on WBTi assessment**, another Google group called "WBTi Coordinators" has been developed, in which only emails of individuals who will stand responsible for liaison with IBFAN Asia and coordinate national work have been included. The purpose of this Google group is to provide online support to each other to facilitate WBTi assessment.
- **IBFAN ASIA website**  
 IBFAN Asia website [www.ibfanasia.org](http://www.ibfanasia.org). The website is uploaded with documents, reports and publications from time to time. All-important documents, articles, scientific updates, news from the region are shared with the network on regular basis. Every effort is made to keep it updated.



## **OBJECTIVE 6 - Organize action on conflicts of interests and Public Private Partnerships in child nutrition/ health.**

IBFAN-Asia has been concerned about the new policy trend of public-private partnerships (PPPs) i.e. partnerships with for profit entities that have a direct commercial interest in the outcome. RCO has been raising these issues at all forums.

### **6.1. Educating civil society on conflict of interest**

BPNI presented the issue of conflict of interest in decision making processes in food and nutrition at the Seminar on Malnutrition: Issues and Concerns organized by SNDT Women's University in Mumbai in January 2010.

### **6.2. Advocacy to prevent Nestle sponsorship of neonatology conference**

BPNI wrote a letter to **Georg Simbruner, M.D.** Chairman, IPOKRATES about the Nestle Nutrition Institute's sponsorship of its' neonatology seminar in India. (see Annexure 21)

### **6.3. Advocacy with government against conflict of interest in corporate sponsorships of conferences and seminars**

RCO's advocacy resulted in a letter dated August 17, 2010, signed jointly by the Secretaries of the Ministry of Health and the Ministry of Women and Child Development and addressed to all state secretaries. The letter extends the IMS Act's ban on sponsorships of health and nutrition conventions, conferences, etc., by food manufacturers to their front organizations, such as Nestle Nutrition Institute. It has since been used by the Ministry of Health to challenge sponsorships of conferences and other events by industry, and has also been widely circulated by BPNI to all professional organizations.

### **6.4. Convening Alliance Against Conflict of Interest (AACI)**

RCO called for creating an Alliance Against Conflict of Interest (AACI). The first meeting was held on October 29, 2010. (See Annexure 22). The Alliance brings together members of civil society including lawyers, medical professionals, activists in the human rights movement and health movements working in the area of health, food and nutrition to highlight cases of conflict of interest in decision making in these sectors, and draft legislation to prevent and manage conflict of interest. AACI has raised the issue of conflict of interest with the media in the following instances:

- Nestle's co-sponsorship of an important conference on nutrition with a leading medical institution in December 2010. The conflict of interest inherent in this was highlighted by the media, and the conference was ultimately cancelled. (See Annexure 23).
- AACI has raised the issue of the impropriety of Nestle and other food manufacturers tying up with educational institutions to provide nutrition education to adolescent girls in schools with the ministries of health, women and child development and human resource development. (See Annexure 24)

## **OBJECTIVE 7 - to mobilize action on Global Strategy for Infant and Young Child Feeding in Southeast Asia.**

The countries of the Southeast Asian region extensively documented violations of the International Code and national legislations to protect breastfeeding, including new members such as Singapore and Myanmar. IBFAN partners in the region have also been focusing on documenting and further developing complementary food recipes based on indigenous local foods, encouraging the formation of mother support groups and promoting support to breastfeeding during emergencies and disasters. (See Annexure 25)

The region also saw the strengthening of networking between IBFAN groups, as well as between the groups and their national governments.

### **7.1. One Asia Breastfeeding Partners Forum 7 - a sign of successful networking between IBFAN Partners and governments**

- IBFAN Partner in Indonesia - AIMI and the Indonesian government have been working together to legislate the International Code. The government was a co-host of the One Asia Breastfeeding Partners' Forum 7 held in Jakarta in November 2010.
- For the first time the ministries of health from Myanmar and Fiji sent representatives to the Forum.



#### **National actions include:**

### **7.2. Vietnam - Advocacy to improve maternity entitlements**

IBFAN partners CEPHAD and LIGHT are lead NGOs in providing Safe Motherhood training for provincial, district and communal health staff, mothers, and pre-marriage training workshops including a Breastfeeding module. They have also been advocating for better maternity entitlements, including extending maternity leave to six months, and strengthening national legislation to protect breastfeeding. The organizations identified the ways in which the baby food manufacturers are bypassing the provisions of Decree 21, the law to protect breastfeeding, by organizing conferences for parents, offering products at discounted rates, giving gifts such as lottery tickets, and so on.

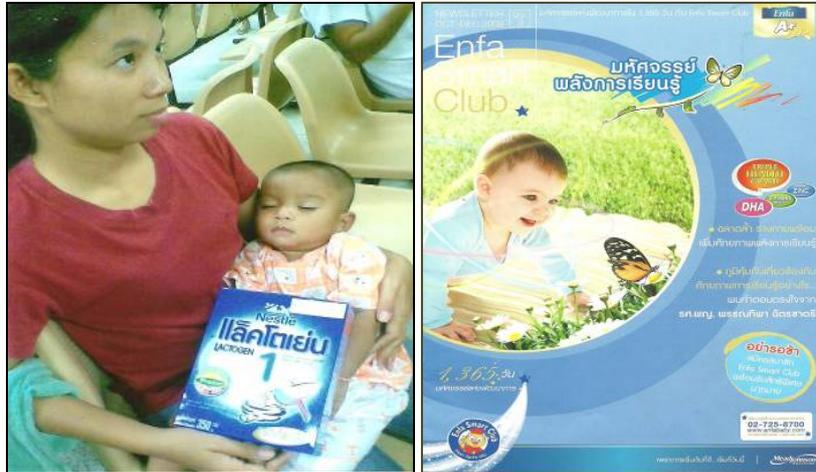
### **7.3. Myanmar - Improving support to women for delivery and breastfeeding**

The Myanmar Ministry of Health has been diligently pursuing the Baby Friendly Hospital Initiative, and 504 out of 667 Hospitals were designated as BFHI hospitals in 2010. In addition, 178 townships achieved the Baby Friendly Home Delivery status in 2010.



#### 7.4. Thailand – Advocacy to support birthing

IBFAN partner in Thailand has been conducting advocacy to make birthing a more woman-and baby-friendly process. In addition, training was conducted in Code Monitoring. 24 public hospitals, 5 private hospitals, 10 clinics, 10 drug stores, 9 superstores, Municipality, District office, and Social Security Office were monitored for violations, which were documented.



#### 7.5. Indonesia – Promoting and supporting breastfeeding

IBFAN partners have been providing one-to-one and group counseling to mothers to help them breastfeeding successfully. In addition, the Breastfeeding Clinic shares best-practices through seminars, workshops, and invitations from local, international institutions, government institutions, etc. The organization also provides trainings for motivators of Mother Support Groups and healthcare providers on breastfeeding counseling management, infant feeding, kangaroo mother care and LBW management.



#### 7.6. Philippines – Continuing focus on the infant and young child

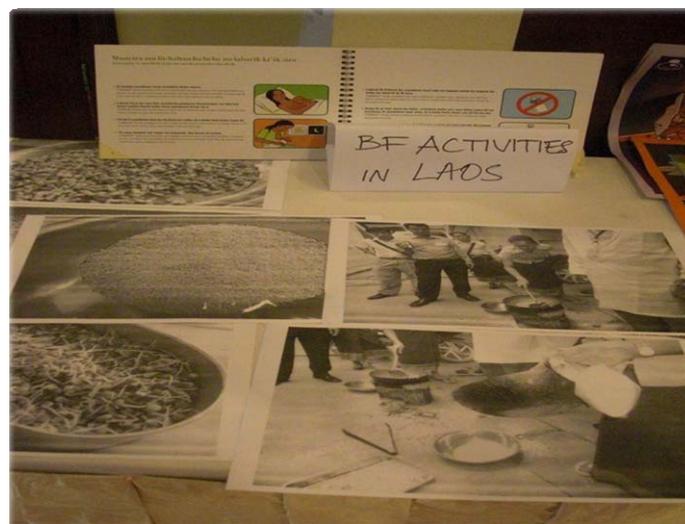
Arugan, the IBFAN partner in Philippines and coordinating office for Southeast Asia, continued its advocacy for setting up well-run crèches as support systems for mothers. In addition, the organization made a film documenting violations of the Code, which was shown at the One Asia

Forum. They also developed a mime the show the effects of bottlefeeding, and why the Code needs to be strengthened and protected.



### 7.7. Laos PDR – Campaigning to protect exclusive breastfeeding

Recognising the impact of promos of baby food on infant feeding choices, IBFAN partners focused on strengthening exclusive breastfeeding. The strategy included training of health staff, creating awareness through the use of media, mobilizing the administration to support women to breastfeed. An important part of the strategy was door-to-door promotion of exclusive breastfeeding by health workers. Breastfeeding was turned into a brand that was aggressively marketed.



## **OBJECTIVE 8 - To mobilize action on strengthening implementation of the Code and Global Strategy for Infant and Young Child Feeding in East Asia.**

In the East Asia region following activities/results demonstrate how each country is fully involved in furthering work on implementing the global strategy for IYCF. This action comes as an effort to localize WBTi results in the respective countries; China & China HK, Taiwan, Mongolia and Korea. The work has led to a stronger sub regional action and sustainable action at the national level.

### **8.1. Localising in Korea**

Seminars were organised to impart education to women and men to explain the benefits as well good breastfeeding skills like teaching good sucking position. The Korean group also organised Code training workshop for health professionals. World Breastfeeding Week 2010 with the theme “Breastfeeding Just 10 Steps-the Baby friendly way” was



organised by the Korean Breastfeeding Promotion Network (KBN) - network of many Breastfeeding organizations and Consumers Korea-together. They also appointed a KBN Hon Ambassador for Breastfeeding, Ms Han-Misin who is a Judge in Seoul family court. These events were widely covered by the media. They also reached 8000 persons through e-newsletter, and printed 1000 leaflets after translation into local language.

### **8.2. Localising WBTi in China**

China prepared a ‘Mothers advisory booklet’ on management of breastmilk substitutes. The booklet aims to improve the Code implementation in China through monitoring and awareness generation. The “Cartoons” to be used have been finalized with the text and they plan to print and share it through baby friendly Hospitals.

### **8.3. Localising in Taiwan**



The Chinese Women Consumers Association (CWCA) has a history of consumer education. They collaborated with Taiwan Academy of Breastfeeding to organize a seminars for health and nutrition professionals on ‘History of promotion of Breastfeeding’, ‘Code and Code violations’, ‘Ethics of breastfeeding promotion’, ‘How to support women’ and BFHI. They also organised monitoring of companies promoting baby foods and found that gifts are being given to health professionals in

the form of Weighing scales and wall clocks etc.

#### **8.4. Localizing in Mongolia.**

The Mongolian group organised assessment of Baby friendly hospitals WBTi workshop for staff of hospitals, programme managers.



**8.5. China HK.** The group piloted a peer Counselling programme and developed training material for that purpose. They trained trainers first who then trained the counseles and did periodic evaluation.

#### **8.6. 33 Country WBTi report launched:**

The regional groups launched this report in 'Korea, and China. China also did translation of WBTi materials in local language while promoting its use.

#### **8.7. IBFAN East Asia organised strategy meeting**

In December 2010 the regional group organised the strategy meeting in Beijing for 2011. Five countries took part in this development of plan for 2011. Discussions focused on how to take forward the call to “End Baby Food Promos by 2015”, legislating and implementing the International Code, enhancing breastfeeding rates, strengthening IYCF through training of health workers, especially Infant Feeding in HIV/ AIDS

**8.8. IBFAN East Asia represented** at the IBFAN Form “One Asia Breastfeeding Partners Form” in Indonesia.

## **OBJECTIVE 9 - Global Breastfeeding Initiative for Child Survival CODEX Alimentarius Programme**

The IBFAN Asia RCO has contributed significantly to the global advocacy efforts on Codex Alimentarius process.

### **9.1 Participating in 8<sup>th</sup> IBFAN Africa Regional Conference**

Dr. JP Dadhich participated in the 8<sup>th</sup> IBFAN Africa Regional Conference on 'Kindling Child Survival and Maternal Health Interventions towards the Attainment of Millennium Development Goals through Effective Integration of Infant and Young Child Feeding', held at Port Louis, Mauritius, Africa in September 2010. Dr. Dadhich conducted a training workshop on Codex Alimentarius. The workshop came out with recommendations on participation in the Codex process at national, regional and



international level, nutrition and health claims & labelling, conflict of interest, and new challenges in the form of RUTFs etc. The workshop resulted in establishing an e group of about 15 people from different African countries (See Annexure 26). The group subsequent to the Mauritius meeting did extensive discussion to formulate IBFAN's position on the ongoing proposals on infant feeding in the CCFNSDU meeting at Chile.



### **9.2 Participating in Codex Shadow Committee in India**

BPNI is a member of the national shadow committee on CCFNSDU and participated in the proceedings of the committee several times during 2010. BPNI submitted inputs for the ongoing work in the CCFNSDU on a proposal for complementary foods for under nutrition submitted by India. BPNI raised the issue of conflict of interest in the committee due to participation of formula industry representatives in the national committee.

### **9.3 Advocacy on complementary foods**

As a part of coordinating Codex work in Asia, IBFAN Asia RCO interacted with the IBFAN contacts from Lao PDR, Philippines, Vietnam, Nepal and Sri Lanka to undertake advocacy at national level on the ongoing proposals on complementary foods in CCFNSDU. These IBFAN contacts were trained on Codex Alimentarius at Colombo in 2009.

# Deviation from annual plans

We are happy to state that we have accomplished all the planned activities for the year 2010 and even some activities which were originally not planned. This is due to the fact that in the budget we had envisaged funds amounting Euro 177,281. However due to exchange rate gain we received more funds from SIDA than envisaged and also we received additional funds from NORAD. Thus with additional funds in hand we transferred US\$ 8500 to nine countries: Afghanistan, Canada, Costa Rica, Indonesia, Philippines, Sri Lanka, The Gambia, UK and Vietnam, to convene meetings to highlight outcome of WBTi assessment by releasing the 33 country report in their respective countries among the stakeholders and the media for promotion of WBTi and gBICS . This activity was originally not planned in the budget; hence an electronically concurrence was taken from IBFAN Asia managing committee.

Also owing to availability of funds we could meet the travel and accommodation expenses of three additional participants from the Governments for regional meeting at Jakarta, Indonesia on programme on WBTi activities to have an enhanced action on policies and plans on IYCF in the region. Also to fulfill the increasing demand for the web space and other requirements of the campaign a dedicated server was hired duly supported by a professional agency. This was not part of the original plan.

# Assessment of the effectiveness of the programme

The impact of actions on breastfeeding and young child feeding are usually difficult to document, except through national surveys that measure infant mortality and malnutrition. However, enhancing optimal IYCF rates, especially rates of exclusive breastfeeding, depend on actions in the 10 areas identified by the *Global Strategy for Infant and Young Child Feeding*, that cover three areas of action – protection, promotion and support. The effectiveness of RCO’s work can be gauged by the manner in which the two major programmes during the year – WBTi assessments including the documentation of violations of the International Code and One Million Campaign– were utilized nationally and internationally.

## **Effectiveness of WBTi in generating national and international advocacy and action**

- RCO fully demonstrated the efficacy of the WBTi as a tool for action to improve IYCF indicators in several ways. Both the process of the assessment (bringing together several stakeholders including CSOs, international organizations, professional bodies and often governments) and identification of gaps resulted in better networking amongst groups and improved linkages with governments. The net result was
  - Developing national plans of action (eg. Bhutan, Nepal, Zambia, Uganda)
  - Updating BFHI criteria and training (eg. Mongolia, China (including piloting baby friendly communities), Nepal, Afghanistan, Uganda)
  - Improved action on the Code (eg. China, Hong Kong SAR, Indonesia, Philippines, Sudan, Pakistan, Afghanistan, Argentina, Uganda)
  - Improving IYCF in disasters and emergencies and in the HIV AIDS (eg. China, Indonesia, Uganda)
  - Highlighting issues of conflict of interest in the sectors of health, food and nutrition of children (eg. setting up of Alliance Against Conflict of Interest in India)
  - Highlighting issues related to support to women to breastfeed (eg. Sudan, India (government has initiated the Indira Gandhi Maitritva Sahyog Yojna of financial assistance for exclusive breastfeeding in 52 district), Vietnam, Philippines)

Further, the WBTi assessment highlighted the importance of promoting breastfeeding. Laos PDR developed and implemented a campaign specially designed to promote exclusive breastfeeding. Breastfeeding, especially early initiation and exclusive breastfeeding, has been recognized as requiring skilled support, and Timor Leste, Afghanistan and India increased the capacity of health workers to support women to breastfeed.

### **Effectiveness of One Million Campaign - Support Women to Breastfeed**

One Million Campaign - support women to breastfeed - successfully intervened in the development of the Global Strategy for Women and Children's Health through a petition signed by over 3000 persons. IYCF, and particularly breastfeeding is now a vital intervention in the Global Strategy, and countries have been asked to ensure budgets for supporting women.

### **Highlighting issues of conflict of interest**

Both the WBTi process and documentation of violations highlighted the issue of conflict of interest in policy making in the food and nutrition sectors, both nationally and internationally.

- RCO initiated the setting up of a think tank - Alliance Against Conflict of Interest in India. AACI highlighted several instances related to this in both Indian and global media. This has resulted in global interest in conflict of interest, and AACI convener (Dr. Arun Gupta) has been dialoguing with groups across the world on how to create international consensus against conflict of interest in policy making
- RCO also raised issues of potential conflict of interest in the guidelines being developed for the use of RUTF and RUSF (Ready to use therapeutic foods and Ready to use Supplementary Foods), as well as in the presence of industry in national delegations to Codex and other forums where policy decisions are made.

### **Effective coordination by RCO**

The success of the two major programmes as well as training conducted as part of RCO activities can be attributed wholly to the coordination efforts of RCO. RCO managed effective trainings for WBTi assessments. Through regular correspondence, emails, google groups, skype chats and phone calls, the RCO closely encouraged, guided and monitored the work of the partner RCOs and country coordinators during the assessment, validated and fed the data into the web tool, generated maps, scores and report cards that national groups could use for advocacy. As part of the One Million Campaign, polls, blogs and other tools were generated to keep the visitors informed and involved in the Campaign. Timely reminders were sent to viewers to sign the petition, which contributed immensely towards the inclusion of Breastfeeding in the Global Strategy for Women and Children's health.

# Risks and problems

## **Public Private Partnerships (PPPs)**

PPPs in the sector of child health and nutrition can pose risks to optimal infant and young child health and nutrition.

- Ensuring human rights, including children's rights to food, nutrition and health, is the mandate of the state – states are commanded to this. PPPs allow the state to transfer this responsibility to a private party, whose mandate is not public good, but enhancing private profit for their shareholders. This creates the potential for dilution of the rights of citizens.
- The decision to award a PPP is usually imbued with conflict of interest.
- Baby food manufacturers are setting up ostensibly “independent” research and educational organizations, which, however, are independent in name only. These organizations use PPPs to further strengthen brand images and create markets, including future markets for their products.

## **Ready to use supplementary foods (RUSF)**

The push towards including RUSF in public health and nutrition programmes threatens the international code and subsequent WHA resolutions for safeguarding continued breastfeeding and complementary feeding based on local and indigenous foods. It also diverts attention and finances from developing and implementing policies that enhance breastfeeding and assure people of all economic classes access to safe and diverse food in adequate quantities, as malnutrition is the outcome of a complex set of factors rooted in inequity.

## **IYCF counselling not yet fully understood**

Successful breastfeeding is dependent upon a woman's confidence in her ability to breastfeed successfully, a confidence that has been undermined by aggressive marketing of breastmilk substitutes. While most governments understand the need to promote breastfeeding through providing correct, unbiased information, there is little understanding or acceptance of the need to provide women with skilled counselling services to build their confidence that they can successfully breastfeed. This confidence building component of IYCF counselling is vital to enhancing optimal breastfeeding rates.

## **Aggressive behavior of baby food manufacturers, especially in Asia**

Baby food manufacturers, led by Nestle, are trying to enlarge their markets in the populous Asian countries, especially in China and Indonesia, where currently, there is weak or no implementation of the International Code.

## **Risk of deregulation**

The emphasis on trade-led economic growth highlights the risk that industry may be deregulated,

including the baby food industry. Regulations are looked upon as trade barriers, and attempts to remove them or bypass them have been on since liberalization. Labour laws are also being changed, encouraging informalization of work, especially women's work, which affects breastfeeding negatively.

### **Funding for IYCF is not a priority**

As breastmilk is not a tradable product, there is little funding for promoting breastfeeding, whether for research or for programme implementation. While nutrition itself receives very little funding, the majority of this goes towards promoting or distributing packaged foods or micronutrients.

# Lessons Learnt

## **Consensus is difficult to achieve in current environment**

Given the low health budgets in most developing countries, the complex set of factors giving rise to health and nutrition problems, and the overwhelming emphasis on trade-led growth, policy makers do not arrive at any consensus on which problems are priority problems and what means should be used to tackle them. Decisions on policies and programmes are usually funder-led, and do not make optimum use of the scarce resources.

## **Policy development should be led and guided by people where problem is highest**

National and international policy making in bodies like UN bodies, especially WHO and UNICEF, are again led, not by national priorities as perceived by its people, but by priorities set by the funding agencies.

## **All countries cannot work with same speed, especially where it is a government-led group or NGO**

The WBTi assessment clearly showed that governments and groups led by them, or NGOs work at different speeds that is often dictated by the priority accorded to the project and funds and human resource available. This needs to be factored in when assessing probable outcomes of any project.

## **Widespread action is possible though regional involvement**

The documentation of violations of the international code made it clear that involving regions and countries and coordinating their efforts closely will result in widespread action.

## **There is a need to push early and exclusive breastfeeding for child survival**

Increasing evidence on the role of early and exclusive breastfeeding in child survival is not matched by enhancement of rates of early and exclusive breastfeeding. There is need for further advocacy and action to push this agenda.

# Challenges and Opportunities

## **World Breastfeeding Conference**

The World Breastfeeding Conference, scheduled for early December 2012, provides an opportunity to do intensive global and national advocacy, strategize action plans for improving IYCF. The challenge is to raise adequate financing for this, so that policy makers from as many countries as possible can participate in the conference.

## **Millennium Development Goals**

Improving rates of optimal breastfeeding is essential to meet MDGs 1 and 4, which provides the best opportunity to convince nations to prioritise this. The WBTi is today, the only tool that allows countries to examine their policies and implementation in this regard as well as build consensus amongst diverse stakeholders over what action needs to be taken. While over 70 countries have either used this tool or are in the process of doing so, the challenge is to increase their number, as well as to have the tool included in monitoring nations' progress towards MDG 1 and 4.

## **UN role in breastfeeding and promotion of vaccines**

The UN has been a prime promoter of optimal breastfeeding. However, this emphasis seems to have declined in the recent past, and shifted to trade-related costly "product-based" interventions such as promoting new vaccines for diseases like diarrhoea and pneumonia, and packaged foods for malnutrition. There is enough global evidence that the primary method of prevention of diseases that kill infants is early and exclusive breastfeeding and provision of safe drinking water and sanitation facilities; the primary intervention for the prevention of malnutrition is optimal breastfeeding and the provision of safe diverse foods for complementary feeding. The global focus on malnutrition and recognition of the importance of interventions for children 0-2 years of age provides an opportunity for enhancing optimal IYCF. The challenge is to convince UN to promote proven interventions - IYCF, safe potable drinking water, sanitation and equity in food-related policies, rather than new, unproven and costly interventions in an environment of trade liberalization.

# Impact

The impact of IBFAN's work is most evident in WBTi and One Million Campaign.

The WBTi assessments resulted in strengthening national networks, strengthening national advocacy for implementing the Global Strategy by identifying gaps and making recommendations, strengthening links with national governments and strengthening action to improve IYCF. (See Annexure ) These actions included, among others

- updating of BFHI criteria and training (eg. Mongolia, China, Zambia, Nepal),
- strengthening/creating national legislation and regulations to implement the international code (eg. Afghanistan, Pakistan, Uganda, China, Hong Kong SAR)
- fund raising for implementing strategies to improve IYCF (Uganda)
- creating support structures to help women breastfeed optimally (India - initiation of Indira Gandhi Maitritva Sahyog Yojna, a scheme to give financial assistance to women to stay with their infants and practice exclusive breastfeeding)
- increasing focus on conflict of interest in decision-making in IYCF related policies and programmes

WBTi findings for India were utilized in the WBW India action folder to highlight need for improving policies and programmes on IYCF. (See Annexure 17). Information available from the WBTi national assessment reports from many countries provided a useful resource material while preparing the CRC IBFAN report by Elaine Petitat-Cote, GIFA. IBFAN Asia shared WBTi information on maternity protection with WABA to help upgrading the maternity protection chart.

Dialogue was initiated with the Countdown team to include WBTi indicators in the Count Down process.

The entire WBTi process, strengthened the links between RCO (Asia) and other regional and sub-regional offices; the RCO exhibited efficient coordination and successfully showcased the assessments, analysis and interactive mapping and grading of the 33 countries which had given in their reports. The coordination was made specially effective through keeping close touch with the country coordinators as well as regional coordinators through creation of google groups.

The strong coordination ability of RCO was also demonstrated at the One Asia Breastfeeding Partners' Forum, where RCO guided participating countries to back the call to ban promos of baby foods by 2015 with documentation of violations of the International Code and national legislations.

RCO's One Million Campaign - Support Women to Breastfeed successfully petitioned the UN Secretary General to urge countries to create budget lines for this, in the Global Strategy for Women and Children's Health.